

Student Health Insurance Plan 2023-2024



The new insurance carrier for 2023-2024 is UnitedHealthcare Insurance Company.

Eligibility

All international students are automatically enrolled in this insurance plan, unless proof of comparable Government issued insurance coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

What's Included?

- Student Assistance Program
- Virtual visits through AcademicLiveCare
- Voluntary dental and vision coverage
- Coverage when traveling
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at valpo.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: valpo.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit valpo.myahpcare.com/additionalresources

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network UnitedHealthcare Options PPO.**

Valparaiso University - International Students 2023-2024

Student Health Center: No Charge for Covered Medical Expenses, Deductible Waived, 100% of Usual and Reasonable Charge for Covered Prescription Expenses.

Benefits (Deductible applies unless otherwise stated below)

| | IN-NETWORK PROVIDER Insured's Cost | NON-NETWORK PROVIDER Insured's Cost |
|--|--|--|
| Benefit Maximum Per Insured Person, per Policy Year | | Unlimited |
| Overall Deductible Per Insured Person, per Policy Year | \$ 250 | \$ 600 |
| Student Out-of-Pocket Limit Per Insured Person, per Policy Year | \$ 6,000 | \$ 20,550 |
| Family Out-of-Pocket Limit For all Insureds in a Family, per Policy Year | \$ 12,000 | N/A |
| Primary Care Visit to treat an injury or illness | 20% | 40% |
| Hospital Stay (All inpatient stays including Maternity, Mental/ Behavioral Health, and Substance Abuse) | 20% | 40% |
| Outpatient Surgery | 20% | 40% |
| Emergency Room Facility Charges, Copay waived if admitted. (Deductible waived) | 20% after a \$150 Copay per visit | 20% after a \$150 Copay per visit |
| Diagnostic Services, Lab, X-ray & Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans) | 20% | 40% |
| Durable Medical Equipment | 20% | 40% |
| Outpatient Mental/Behavioral Health and Substance Abuse Doctor Office Visit | 20% | 40% |
| Preventive care/screening/immunization (Deductible waived) | No charge | Not covered |
| Prescription Drug Benefit Select Drug List This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies. | UHC Tier 1 - Generic: \$15 Copay per prescription UHC Tier 2 - Preferred Brand: \$30 Copay per prescription UHC Tier 3 - Non-Preferred Brand: \$50 Copay per prescription | Not covered |

Coverage Period & Cost

| | Fall 08/01/23 - 12/31/23 | Spring/Summer 01/01/24 - 07/31/24 | Summer 05/01/24 - 07/31/24 |
|-------------------------|-----------------------------|--------------------------------------|-------------------------------|
| Student | \$ 817.00 | \$ 1,137.00 | \$ 492.00 |
| Spouse | \$ 817.00 | \$ 1,137.00 | \$ 492.00 |
| Each Child ¹ | \$ 817.00 | \$ 1,137.00 | \$ 492.00 |

¹The child rate is up to two (2) children. The cost for two (2) or more children will be two (2) times the child rate. To view all enrollment and coverage periods available, please visit valpo.myahpcare.com.