



## 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.

For more information, visit [valpo.myahpcare.com](http://valpo.myahpcare.com).

## What's Included?

- Access to Academic Vision Care (AVC)
- Virtual visits through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services (AES)\*
- Voluntary dental coverage
- PPO is UnitedHealthcare Choice Plus

## Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

## Insurance ID Card

To access your ID card, please visit [valpo.myahpcare.com/additionalresources](http://valpo.myahpcare.com/additionalresources)

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [valpo.myahpcare.com](http://valpo.myahpcare.com) upon approval by federal and state authorities.



**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)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
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
Physician's Visits	80%	50%
Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	80% after a \$150 Copay per visit	80% after a \$150 Copay per visit
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Durable Medical Equipment	80%	80%
Mental Illness/Substance Use Disorder Treatment	80%	50%
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/ preventive-care-benefits</a>	100% (Deductible waived)	No Benefits
Prescription Drugs Up to a 31-day supply per prescription This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay Tier 4: 20% Coinsurance (Deductible waived)	No Benefits

## Coverage Periods & Rates

	FALL 08/01/2026 - 12/31/2026	SPRING/SUMMER (NEW STUDENTS) 01/01/2027 - 07/31/2027	SUMMER 05/01/2027 - 07/31/2027
Student	\$1,162	\$1,611	\$699
Spouse	\$1,162	\$1,611	\$699
Each Child <sup>1</sup>	\$1,162	\$1,611	\$699

<sup>1</sup>The 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](https://valpo.myahpcare.com).