

Vanderbilt University - Postdoctoral Trainees

Student Health Insurance Plan
2024-2025



The new insurance carrier for the 2024-2025 plan year is **UnitedHealthcare Insurance Company**.

Eligibility

All Postdoctoral Trainees who are funded by an Individual Fellowship or Training Grant are automatically enrolled in and billed for the Student Injury and Sickness Plan on a mandatory basis.

Eligible Postdoctoral Trainees who do enroll may also insure their dependents.

What's Included?

- UnitedHealthcare Choice Plus is the Preferred Provider and will provide maximum benefits at lowest cost
- Dental included with SHIP enrollment
- Academic Vision Care (AVC)
- Academic Emergency Services*

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

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 vanderbiltpostdoc.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: vanderbiltpostdoc.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 vanderbiltpostdoc.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 is **UnitedHealthcare Choice Plus**.

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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	
Deductible Per Insured Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$5,000	\$10,000
Family Out-of-Pocket Maximum All Insureds in a Family, per Policy Year	\$10,000	\$20,000
Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Physician's Visits	100% after a \$25 Copay (Deductible waived)	50%
Diagnostic X-Ray Services & Laboratory Procedures	80%	50%
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	80% after a \$250 Copay	80% after a \$250 Copay
Urgent Care Center	80%	50%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	50%
Prescription Drugs including specialty drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$15 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay	No Benefits