

Western Illinois University 2017-2018 Student Health Insurance Plan

Eligibility

Students taking nine (9) class hours or more on the Macomb campus are automatically enrolled in the Student Health Insurance Program, unless proof of comparable coverage is furnished.

All Graduate Assistants under contract with the University and enrolled in on-campus classes, WESL students, and Spoon River College students residing in University housing are also assessed the fee for this coverage. Students from the WIU Quad Cities campus are eligible to opt into the program.

Coverage for spouses/domestic partners and children is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, go to wiu.myahpcare.com.

Please view the complete brochure online at wiu.myahpcare.com for full details of participation in the plan.



Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

 wiu.myahpcare.com

 1-855-357-0244

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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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	Network Provider: \$1,000 per Insured Person, per Policy Year Non-Network Provider: \$2,000 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$2,250 for all insureds in a family, per Policy Year Non-Network Provider: \$4,500 for all insureds in a family, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$6,850 per Insured Person, per Policy Year Non-Network Provider: \$13,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$13,200 per Family, per Policy Year Non-Network Provider: \$38,400 per Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	70%	50%
Inpatient/Outpatient Surgery	70%	50%
In-Office Physician Fees	100% after a \$25 Copayment	50%
Diagnostic X-ray Services & Laboratory Procedures	70%	50%
Emergency Services Expense <i>\$200 Copayment per visit</i>	70%	70%
Prescription Drugs <i>Up to 31 day supply</i>	At pharmacies contracting with UnitedHealthcare 100% after a \$30 Copayment per Tier 1 \$60 Copayment per Tier 2 \$80 Copayment per Tier 3	50% after a \$30 Copayment per Generic Drug \$60 Copayment per Preferred Brand Drug
*Preventive Care Services	100%	50%

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring
	08/01/2017 through 01/31/2018	02/01/2018 through 07/31/2018
Open Enrollment	06/01/2017 through 09/08/2017	12/01/2017 through 02/01/2018
Each Insured	\$ 815	\$ 815

To view all enrollment and coverage periods available, please visit wiu.myahpcare.com or call Academic HealthPlans at 1-855-357-0244.