

# Western Illinois University

## Student Health Insurance Plan

### 2023-2024

The Insurance Carrier is  
UnitedHealthcare Insurance Company (UHC)

#### What's Included?

- Access to Telehealth and Behavioral Health
- Coverage when traveling
- Academic Emergency Services\*
- Access to UHC's vast PPO network - UnitedHealthcare Choice Plus



#### More Information

For full details of participation in the plan, please view the complete brochure online at: [wiu.myahpcare.com](http://wiu.myahpcare.com)

#### 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 [wiu.myahpcare.com/additionalresources](http://wiu.myahpcare.com/additionalresources)

#### Eligibility

Students taking a minimum of nine (9) class hours, at least five (5) on 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. At least 50% of domestic students credit hours must be on campus.

To waive the student health insurance plan, you must complete the online waiver by the absolute deadlines. If you do not waive coverage by the deadline, the premium will be charged to your student account. No changes will be made to a student's account after the waiver deadline.

An eligible student must attend classes at the Policyholder's school for at least the first 31 days of the period for which he or she is enrolled and/or pursuant to his or her visa requirements for the period for which coverage is elected.

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.

Dependent eligibility expires concurrently with that of the Insured student.

\*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).

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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 Preferred Provider Network is the UnitedHealthcare Choice Plus.**

\*McDonough District Hospital will be treated as an In-Network facility.

**Student Health Center:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Beu Health Center. The Copayment will be waived for Covered Medical Expenses incurred at the Beu Health Center for the following services: Physician's Visits and Prescription Drugs.

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 [wiu.myahpcare.com](http://wiu.myahpcare.com).

Academic HealthPlans, Inc. (AHP), is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

## Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER* <small>Payments are based on the PPO Allowance</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on Usual &amp; Reasonable Charges</small>
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$500	\$1,000
Family Deductible For all Insureds in a Family, per Policy Year	\$1,500	\$3,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$7,200	\$20,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$13,200	\$38,400
Hospital Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Physician's Visits Including Specialists and Consultants	100% after a \$25 Copay (Deductible waived)	50%
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Medical Emergency Expense Copay waived if admitted	80% after a \$300 Copay	80% after a \$300 Copay
Preventive Care Services For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	80%
Prescription Drugs (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after: Tier 1: \$30 Copay Tier 2: \$60 Copay Tier 3: \$80 Copay	50% after: Tier 1: \$30 Copay Tier 2: \$60 Copay Tier 3: \$80 Copay

## Rates & Coverage Periods

	Fall 08/01/23 - 01/31/24	Spring 02/01/24 - 07/31/24
Open Enrollment	06/01/2023 - 09/03/2023	12/01/23 - 02/01/2024
Wavier Deadline	09/01/2023	01/29/2024
Student	\$ 1,052	\$ 1,052
Spouse	\$ 1,052	\$ 1,052
Each Child <sup>1</sup>	\$ 1,052	\$ 1,052

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).  
To view all enrollment and coverage periods available, please visit [wiu.myahpcare.com](http://wiu.myahpcare.com).