

Western Illinois University

Student Health Insurance Plan

2024-2025

The Insurance Carrier is
UnitedHealthcare Insurance Company (UHC)

What's Included?

- Access to Telehealth and Behavioral Health
- Coverage when traveling
- Academic Emergency Services*
- Vision coverage through Academic Vision Care (AVC)
- 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

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 wiu.myahpcare.com/additionalresources

Eligibility

Students taking nine (9) class hours or more are automatically enrolled in the Student Health Insurance program, unless proof of comparable coverage is furnished. Credit hours must be met at least 50% on campus classes. All Graduate Assistants under contract with the University and enrolled in classes, and Spoon River College students residing in University housing are also assessed the fee for this coverage. All international students in the US are required to have this plan, unless they have employer or embassy coverage.

Students from WIU Quad Cities campus are eligible to opt into the program.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse, Civil Union partner or Domestic Partner and dependent children under 26 years of age.

The student must actively attend classes for at least 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.

*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), a Risk Strategies Company.

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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.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company 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* 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
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
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 healthcare.gov/preventive-care-benefits	100% (Deductible waived)	80%
Prescription Drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after: Tier 1: \$30 Copay Tier 2: \$60 Copay Tier 3: \$80 Copay	50% after: Generic Drug: \$60 Copay Brand-Name Drug: \$80 Copay

⁴Coverage 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.