

Winthrop University International Students

Student Health Insurance Plan 2024-2025

Eligibility

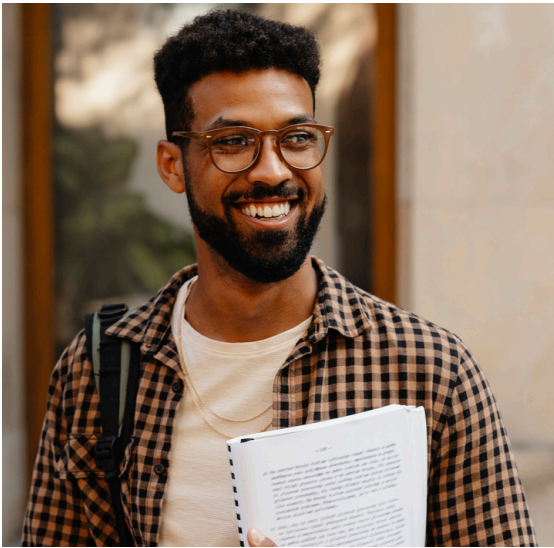
Winthrop University requires all international students, and their dependents, to maintain a certain level of health insurance while enrolled as a student at Winthrop University. International students who do not have insurance coverage that meets the minimum waiver requirements of the Student Health Insurance Plan, will be required to enroll in the Student Health Insurance Plan.

What's Included?

- Access to after-hours nurse line
- Telehealth Services
- Urgent Care Benefits
- Coverage when traveling
- Emergency Medical and Travel Assistance*

Rates & Coverage Periods

| | FALL 08/01/2024 - 12/31/2024 | SPRING (Graduating Students Only) 01/01/2025 - 05/31/2025 | SPRING/SUMMER 01/01/2025 - 07/31/2025 |
|------------------------|---------------------------------|---|--|
| Enrollment Periods | 07/01/2024 - 09/30/2024 | 11/27/2024 - 02/03/2025 | 11/27/2024 - 02/03/2025 |
| Student | \$1,290.29 | \$1,263.73 | \$1,784.71 |
| Spouse | \$1,290.29 | \$1,263.73 | \$1,784.71 |
| Each Child | \$1,290.29 | \$1,263.73 | \$1,784.71 |
| Three or More Children | \$3,870.87 | \$3,791.19 | \$5,354.13 |



More Information

For full details of participation in the plan, enrollment, & coverage periods, please view the complete brochure online at: winthrop.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 [click here](#).

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 **Preferred Blue PPO Network**.



*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 winthrop.myahpcare.com.

Winthrop University 2024-2025

BENEFITS

| | | PARTICIPATING PROVIDER | NON-PARTICIPATING PROVIDER |
|---|--|--|--|
| Benefit Maximum per Insured Person, per Policy Year | | Unlimited | |
| Individual Deductible per Insured Person, per Policy Year | | \$500 | \$3,000 |
| Family Deductible for all Insureds in a Family, per Policy Year | | \$1,000 | \$6,000 |
| | | PARTICIPATING PROVIDER & STUDENT HEALTH SERVICES | NON-PARTICIPATING PROVIDER |
| Individual Out-of-Pocket Maximum per Insured Person, per Policy Year | | \$9,450 | \$15,000 |
| Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year | | \$15,000 | \$30,000 |
| | **STUDENT HEALTH SERVICES Payments are based on the Allowable Charge | PARTICIPATING PROVIDER Payments are based on the Allowable Charge | NON-PARTICIPATING PROVIDER Payments are based on the Allowable Charge |
| In Office Physician's Visits Primary Care and Specialist | 100%, \$20 Copayment (if applicable) | \$25 Copayment, then Deductible, 80% | \$40 Copayment, then Deductible, 70% |
| Physician Services in the Office Includes Lab, X-Ray, Office Surgery, Allergy Injections, Treatment Modalities, IV's, Breathing Treatments and Other Diagnostic Services. | 100% | \$25 Copayment, then Deductible, 80% | \$40 Copayment, then Deductible, 70% |
| Emergency Room Facility Charges Copayment waived if admitted | N/A | \$200 Copayment, then Deductible, 80% | \$200 Copayment, then Deductible, 80% |
| Diagnostic Imaging Services & Outpatient Lab Services | 100% | \$25 Copayment, then Deductible, 80% | \$40 Copayment, then Deductible, 70% |
| Durable Medical Equipment | \$20 Copayment, 100% | \$25 Copayment, then Deductible, 80% | \$40 Copayment, then Deductible, 70% |
| Mental Health & Substance Use Inpatient/Outpatient Facility Charges | N/A | Deductible, 80% | Deductible, 70% |
| Mental Health & Substance Abuse Office Visits | 100% | \$40 Copayment, 100% | \$40 Copayment, then Deductible, 70% |
| Prescriptions Drug Benefit Includes diabetic supplies - no charge for contraceptives at SHC and In-Network Prescription Deductible: \$100 | N/A | Prescriptions should be filled at an OptumRx participating Pharmacy 100% after a: Generic: \$20 Copayment Preferred: \$40 Copayment Non-Preferred: \$100 Copayment Specialty: \$100 Copayment | 100% after a: Generic: \$20 Copayment Preferred: \$40 Copayment Non-Preferred: \$100 Copayment |
| Pediatric Dental Care Benefit Under age 18 (Limited to one dental exam every six months) | N/A | Preventive: 100% Basic & Major Services: 50% | Preventive: 100% Basic & Major Services: 50% |
| Adult Dental Care Age 18 and older (Limited to one dental exam every six months) | N/A | Preventive: 100% Basic Services: 80% | Preventive: 100% Basic Services: 80% |
| Children's Eye Exam & Glasses Under age 18 (Limit one Visit & one Pair of Prescribed Lenses & Frames per Policy Year) | N/A | 100% | 100% |
| Adult Eye Exam Age 19 and older (Limit one Routine Eye Exam per Policy Year) | N/A | \$20 Copayment, 100% | Deductible, 100% Up to \$75 (balance billing may apply) |
| Adult Glasses Age 19 and older (Limit one Pair of prescribed lenses & frames or contact lenses in lieu of frames & lenses per Policy Year) | N/A | 100% after a: Lenses: \$20 Copayment, Up to Single - \$50; Bifocal - \$70; Trifocal - \$400 Frames: \$20 Copayment, Up to \$150 Contact Lenses (in lieu of lenses and frames): \$20 Copayment, Up to \$100 | 100% after Deductible (balance billing may apply) Lenses: Up to: Single - \$50; Bifocal - \$70; Trifocal - \$400 Frames: Up to \$150 Contact Lenses: Up to \$100 |
| Wellness/Preventive Benefits For more information, please visit healthcare.gov/coverage/preventive-care-benefits/ | 100% | 100% | 100% |

**Plan Deductible Waived