

Xavier University 2018-2019

# Student Health Insurance Plan



## Eligibility

Xavier University requires all full-time domestic students taking at least 12 or more credit hours to enroll in the Student Health Insurance Plan unless proof of comparable coverage is provided. All international students are required to enroll in the Student Health Insurance Plan unless proof of comparable coverage is provided. International students with F-1 and J-1 Visas are required to have current health insurance coverage with a U.S. claims address.

Other Xavier students who are eligible to purchase this plan on a Voluntary basis include:

- Undergraduate taking 6-11 credit hours
- Graduate students taking six (6) or more credit hours who are enrolled in an organized course of study or degree program given by an academic department of the University
- Students taking less than six (6) credit hours, but who are enrolled in an organized course of study or degree program given by an academic department of the University, or students who are fulfilling a non coursework requirement of that program (thesis, dissertation etc).

Please view the complete brochure on-line at [xavier.myahpcare.com](http://xavier.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

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

 1-855-939-9719

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 Academic HealthPlans

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# Student Health Insurance Plan

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 PPO.

**STUDENT HEALTH CENTER:** Benefits at the Student Health Center will be paid at 100% after a \$30 copay.

## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>In-Network Individual Deductible</b>	\$ 500 per Insured Person, per Policy Year
<b>In-Network Family Deductible</b>	\$1,000 for all Insureds in a Family, per Policy Year
<b>In-Network Individual Out-of-Pocket Maximum</b>	\$7,150 per Insured Person, per Policy Year
<b>In-Network Family Out-of-Pocket Maximum</b>	\$14,300 for all Insureds in a Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on the Usual and Customary Charges</i>
<b>Hospital Room and Board Expense</b>	80%	50%
<b>Inpatient/Outpatient Surgery</b>	80%	50%
<b>In-Office Physician Fees</b> \$25 copayment per visit	80%	50%
<b>Physiotherapy</b> \$25 copayment per visit	80%	50%
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	50%
<b>Emergency Services Expense</b> \$250 Copayment per visit	80%	80%
<b>Prescription Drugs</b> Up to 30-day supply per prescription	<b>At pharmacies contracting with UnitedHealthcare Pharmacy</b> 100% after a \$15 Copayment per Tier 1 \$25 Copayment per Tier 2 \$25 Copayment per Tier 3	50%
<b>*Preventive Care Services</b>	100%	50%

\*Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for more information

## 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual	Spring/Summer	Summer
	08/15/2018 through 08/14/2019	(New Students Only) 01/01/2019 through 08/14/2019	(New Students Only) 05/15/2019 through 08/14/2019
<b>Open Enrollment</b>	06/18/2018 through 09/21/2018	11/19/2018 through 01/31/2019	04/01/2019 through 05/31/2019
Student	\$ 2,937	\$ 1,818	\$ 740
Spouse	\$ 2,937	\$ 1,818	\$ 740
Child	\$ 2,937	\$ 1,818	\$ 740
Two or More Children	\$ 5,874	\$ 3,636	\$ 1,480

To view all enrollment and coverage periods available, please visit [xavier.myahpcare.com](http://xavier.myahpcare.com) or call Academic HealthPlans at 1-855-939-9719.

**DISCLAIMER:** This information is subject to change based upon the mandated benefits approved within the filing for the plan.