Southern Illinois University - Edwardsville

International Student Health Insurance Plan 2023-2024



Eligibility

Each international student, no matter how many classes they are enrolled in, will be enrolled in the student health insurance with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the deadline, the premium will not be removed from your student account.

To review rates and waiver information, please go to siue.mycare26.com.

What's Included?

- Telehealth solutions through AcademicLiveCare
- Coverage When Traveling
- Academic Emergency Services*
- Access to Academic Student Assistance Program (ASAP)

More Information

For full details of participation in the plan, please view the complete brochure online at: siue.mycare26.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 siue.mycare26.com/additionalresources

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 **UnitedHealthcare Choice Plus**.

RSE (23) UHC-SIUE INTL

SIUE 2023-2024 | International Students

	PREFERRED PROVIDER	OUT-OF-NETWORK PROVIDER	
BENEFITS A Deductible applies unless otherwise stated below.	Payments are based on the PPO Allowance	Payments are based on Usual and Customary Charges	
Individual Deductible Per Insured Person, Per Policy Year	\$400	\$800	
Family Deductible For all Insureds in a Family, Per Policy Year	\$1,200	\$2,400	
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$6,850	\$13,700	
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$13,700	\$27,400	
Hospital Room and Board Expense	80%	60%	
Inpatient/Outpatient Surgery	80%	60%	
Physician's Visits	80%	60%	
Diagnostic X-ray Services & Laboratory Procedures	80%	60%	
Medical Emergency Expense \$50 Copayment per visit (Copay waived if admitted, Deductible waived)	80%	80%	
Prescription Drugs Up to 31-day supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a	100% after a Generic Drug: \$10 Copay Preferred Brand Name Drug: \$30 Copay	
	Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay	Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.	
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60%	

RATES

Coverage Periods	FALL 08/07/23 - 01/06/24	SPRING/SUMMER 01/07/24 - 08/06/24	SUMMER 05/06/24 - 08/06/24
Open Enrollment	05/30/23 - 09/01/23	10/31/23 - 01/19/24	03/26/24 - 07/12/24
Student	\$1,200	\$1,200	\$610
Spouse	\$1,200	\$1,200	\$610
Child1	\$1,200	\$1,200	\$610

¹The child rate is up to two (2) children. The cost for two (2) or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit siue.mycare26.com.

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

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 siue.mycare26.com.