

## Student Health Insurance Plan 2024-2025



### Eligibility

All degree-seeking Domestic Undergraduate, Graduate and Law Students will be enrolled in the Student Health Insurance Plan (SHIP) with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the waiver deadline, the premium will not be removed from your student account.

All degree-seeking International Undergraduate, Graduate, and Law & ELA Students holding an F-1 visa will be enrolled in SHIP with the ability to provide proof of comparable insurance via the waiver process. If you do not waive coverage by the waiver deadline, the premium will not be removed from your student account. International Students holding a J-1 visa are not eligible for SHIP.

### What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Emergency Services (AES)\*
- Access to Academic Student Assistance Program (ASAP)

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 PPO.**

\*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).

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.

# DePaul University 2024-2025

## Benefits

Deductible applies unless otherwise stated below

	PREFERRED PROVIDER Payments are based on the PPO Allowance	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charges
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$500	\$1,000
Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	\$10,000
Inpatient Physician's Visits	80% (waived at campus health center)	60%
Outpatient Physician's Visits	100% after \$25 Copay (Deductible waived)	60%
Urgent Care Center	80%	60%
Room and Board Expense	80%	60%
Medical Emergency Expenses	80%	80%
Inpatient/Outpatient Surgery	80%	60%
Diagnostic X-ray Services	80%	60%
Prescription Drugs Up to 31 day supply per prescription (Deductible waived)	100% after a Tier 1: \$15 Copay Tier 2: \$50 Copay Tier 3: \$75 Copay	100% after a Generic: \$50 Copay Brand-Name: \$75 Copay
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	100% (Deductible waived)	60%