



AM I ELIGIBLE?

All International students with a current passport or non-immigrant visa, temporarily located outside his or her home country as a non-resident alien and; a) is engaged in educational activities; b) has not obtained permanent residency status in the United States; and c) is not a U.S. Citizen. Coverage under this program is mandatory unless the Eligible Person waives coverage. Proof of comparable coverage may be required.

ADDITIONAL BENEFITS

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services
- Academic Emergency Services*

COVERAGE PERIOD & COST

Fall	08/01/22 - 12/31/22	Spring/Summer	01/01/22 - 05/31/23	Summer	06/01/23 - 07/31/23
Student	\$ 345.00	Student	\$ 345.00	Student	\$ 138.00

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

AHP-PHF(22)RSU

A STUDENT HEALTH PLAN FOR YOU!



ROGERS STATE UNIVERSITY 2022-2023

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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of the [PHCS network](#).

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	\$250,000
Deductible Per Sickness or Injury	\$50 at SHC / \$100 Outside SHC
Coinsurance (Plan Pays):	80% for first \$5,000; 100% thereafter

NOTE: Pre-Existing Condition Limitation (6 month Lookback Period) Student: Pre-Existing Conditions are covered without a 12 month Waiting Period.

BENEFIT CATEGORY

Deductible applies unless otherwise stated below

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum of \$5,000

Payments are based on Usual & Customary Charges (U&C)

Physician Visit or Consultation by Specialist (Copayment waived at the Student Health Center)	80%
Urgent Care Center	80%
Emergency Room and Medical Services (Copayment waived if admitted)	80%
Hospitalization (Room & Board)	80%
Inpatient/Outpatient Surgery	80%
Diagnostic Testing X-ray and Laboratory	80%
Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy	80% after \$75 per visit Up to \$500 maximum
Mental Health Office Visit	80% Up to \$80,000 maximum
Sports and Other Activities \$5,000 maximum per injury	80%
Prescription Drugs Up to a 31-day supply per prescription	At pharmacies contracting with Express Scripts Tier 1: \$10 Copayment Tier 2: \$20 Copayment

For more information, please visit: rsu.myahpcare.com

This document contains a summary of your school's student policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy is accessible upon approval at rsu.myahpcare.com.