



STUDENT BENEFITS GUIDE



BENEFITS HIGHLIGHTS



WHAT'S NEW FOR 2023:

VENDOR CHANGE

Drexel Student Health will be moving from Aetna to United Healthcare for medical, prescription drug, dental and vision coverages effective July 01, 2023. Additionally, rates will be decreasing for the upcoming plan year. United Healthcare will offer the same great coverage as Aetna has in years past. Based on our review, we believe United Healthcare will provide a vast network of providers to choose from, as well as excellent customer service.

ENHANCED BENEFITS

- The Medical/Rx plan deductible will now be \$100 for individual utilizing in-network coverage and \$350 for out-of-network coverage. This represents a decrease in last year's deductible from last year's plan with Aetna.
- A number of services are covered at a higher coinsurance with United Healthcare, resulting in less out of pocket costs for students.

STUDENT HEALTH CENTER BENEFITS

The Deductible and Copays will be waived, and **benefits will be paid at 100% for Covered Medical Expenses** when treatment is received at the Student Health Center.

NEW I.D. CARDS

Enrolled students will be receiving new I.D. cards.

PRESCRIPTION DRUG CHANGES

United Healthcare utilizes a tiered drug system: Tier 1, Tier 2, and Tier 3. Certain brand name drugs may fall into Tier 1 or Tier 2. Please visit [United Healthcare's Prescription Drug Formulary](#) to see which tier your prescription(s) fall into.

ELIGIBILITY & HEALTH INSURANCE REQUIREMENTS

All full-time students must demonstrate proof of health insurance each academic year, by either waiving or enrolling in the Drexel Health Insurance Plan at the beginning of each academic year.

FULL-TIME DOMESTIC UNDERGRADUATE AND GRADUATE STUDENTS:

All full-time domestic students are required to demonstrate proof of health insurance each academic year. Students can demonstrate proof of insurance through a waiver process or enrolling in the Drexel-sponsored plan.

INTERNATIONAL UNDERGRADUATE STUDENTS: International undergraduate students will be default enrolled into the Drexel University Dragon Plan. The premium amount for this plan will be placed on your student account.

The only plan accepted in lieu of this plan will be Government-Sponsored Coverage. If you have a government-sponsored insurance plan, you must submit proof of this once you arrive at the University by bringing a copy of your sponsored health insurance card to our office in Creese Student Center, room 215, by the posted deadline date. **It is your responsibility to do this, and if you do not bring this verification to our office by the compliance deadline date, the premium amount will remain on your student account, and you will be responsible for payment. This process must be completed each academic year.**

GOVERNMENT-SPONSORED STUDENTS:

Government-sponsored students whose home governments pay 100 percent of tuition and insurance are potentially eligible. (If your government sponsor only supplies funds to purchase a plan of your choice, you cannot waive. Your government must pay for the insurance directly, and the insurance provided must be a US-based plan.).

STUDENTS WITH U.S.-BASED MEDICAL INSURANCE PAID BY AN EMPLOYER

Students with U.S.-based insurance due to their employment, or their parents' or spouses' employment, might also be able to waive.

INTERNATIONAL GRADUATE STUDENTS

All full-time students are required to demonstrate proof of health insurance each academic year. Students can demonstrate proof of insurance through a waiver process or enrolling in the Drexel-sponsored plan.

ONLINE STUDENTS

All full-time Drexel Online students are required to demonstrate proof of health insurance each academic year. Students are able to demonstrate proof of insurance through a waiver process or enroll in the Drexel-sponsored plan.

VETERAN STUDENTS

All student-veterans are required to demonstrate proof of health insurance each academic year. Students are able to demonstrate proof of insurance through a waiver process or enrolling in the Drexel-sponsored plan. For student-veterans, the military insurance is a form of acceptable coverage, and if you decide to waive the Drexel Student Health Insurance Plan, you can go to Aetna's website and use your Tricare card to demonstrate proof of coverage. You can also bring your military ID to the Office of Health Insurance and Immunizations in the Creese Student Center, Suite 215 to waive the Drexel Student Health Insurance Plan by the deadline date.

If you do not waive or enroll in Drexel's Student Health Insurance Plan by the deadline, then you will be default enrolled into the plan and the premium amount will be placed on your University bill. Once this premium amount is added, it cannot be removed.

HOW TO ENROLL / WAIVE STUDENT HEALTH INSURANCE

IMPORTANT INFORMATION FOR INCOMING AND RETURNING STUDENTS FOR THE 2023–2024 ACADEMIC YEAR:

To comply with the University's Health Insurance Policy, please go to Drexel's [UnitedHealthcare page](#) to waive or enroll beginning July 15.

REQUIREMENTS FOR WAIVING DREXEL STUDENT HEALTH INSURANCE COVERAGE

To successfully waive the Drexel coverage, your plan must meet the following requirements:

- My plan provides coverage for emergency, non-emergency, inpatient and outpatient care in the Drexel University area (emergency only care does not satisfy the requirement).
- My plan provides coverage for Mental Health & Substance Abuse in the Drexel area.
- My plan offers a policy year maximum of at least \$500,000 in coverage.
- Plans must be provided by a company licensed to do business in the United States — with a U.S. claims payment office and a U.S. phone number.
- My plan provides coverage for pre-existing conditions immediately upon enrollment.
- My plan will cover me for the full academic year.
- My plan is not a reimbursement plan. (A reimbursement plan requires you to pay for all services up front and out of pocket.)

HOW TO WAIVE THE DREXEL HEALTH INSURANCE

- Please scan and email the Health Insurance and Immunizations office the front and back of your health insurance card with your full name, student ID#, and notate that you are a summer start on the copy for processing.
- Please email your insurance waiver requirements to healthimmu@drexel.edu.



MEDICAL & PRESCRIPTION DRUG PLANS

MEDICAL PLAN SUMMARY

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$100 (Per Insured Person, Per Policy Year)	\$350 (Per Insured Person, Per Policy Year)
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$5,000/\$10,000	\$10,000/\$20,000
PREVENTIVE CARE SERVICES	Plan pays 100%	Plan pays 80% after deductible
STUDENT HEALTH CENTER VISIT	Plan pays 100%	N/A
PCP OFFICE VISIT	\$20 copay; plan pays 100% after deductible	Plan pays 80% after deductible
SPECIALIST OFFICE VISIT	\$20 copay; plan pays 100% after deductible	Plan pays 80% after deductible
DIAGNOSTIC LABORATORY	Plan pays 80% after deductible	Plan pays 60% after deductible
DIAGNOSTIC X-RAY/IMAGING (MRI, CT-SCAN)	Plan pays 80% after deductible	Plan pays 60% after deductible
EMERGENCY ROOM	\$150 copay; plan pays 80% after deductible (copay waived if admitted)	\$150 copay; plan pays 80% after deductible (copay waived if admitted)
URGENT CARE CENTER	\$30 copay; plan pays 100% after deductible	\$10 copay; plan pays 80% after deductible
INPATIENT HOSPITAL	\$250 copay; plan pays 80% after deductible	\$250 copay; plan pays 60% after deductible
OUTPATIENT SURGERY	Plan pays 80% after deductible	Plan pays 60% after deductible
SKILLED NURSING FACILITY	\$250 copay; plan pays 80% after deductible	\$250 copay; plan pays 60% after deductible
HOME HEALTH CARE (MAXIMUM OF 60 VISITS PER POLICY YEAR)	Plan pays 80% after deductible	Plan pays 80% after deductible
INPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	\$250 copay; plan pays 80% after deductible	\$250 copay; plan pays 60% after deductible
OUTPATIENT MENTAL HEALTH/SUBSTANCE ABUSE	\$20 copay; plan pays 100% after deductible	Plan pays 80% after deductible
DURABLE MEDICAL EQUIPMENT	Plan pays 80% after deductible	Plan pays 60% after deductible

PRESCRIPTION DRUG PLAN SUMMARY

PRESCRIPTION DRUG BENEFITS*	RETAIL (UP TO 31 DAY SUPPLY)	MAIL ORDER (UP TO 90 DAY SUPPLY)
TIER 1	\$15 copay	\$37.50 copay
TIER 2	\$40 copay	\$100 copay
TIER 3	\$75 copay	\$187.50 copay

* Out-of-network benefits will have higher copayments. Please refer to the Schedule of Benefits

HOW TO FIND A PROVIDER & ACCESS UHC RESOURCES:

HOW TO SIGN UP FOR A UHC ACCOUNT

GO TO [MYACCOUNT.UHCSR.COM](https://myaccount.uhcsr.com)

1. If you have an existing HealthSafe ID, click Sign In. If not, click on Register Now.
2. Follow the on-screen prompts to register. You will need your 7-digit SRID or Student ID/Civil ID/National ID (SACM).
3. Enter the username and password of your choice.
4. Choose a confirmation method. Once you confirm your email, you will need to sign in using the username and password you created.



**SCAN THIS CODE
TO SIGN IN
OR REGISTER**

GET THE UHC MOBILE APP

The UHCSR app can be used to:

- Search for a provider and their location
- Create your My Account with your email address, school ID or SR
- ID number
- View and share your ID card
- View claims
- Quick access to Customer Service
- Appoint a Personal Representative
- Explore the best care options for your needs

ELECTRONIC ID CARDS

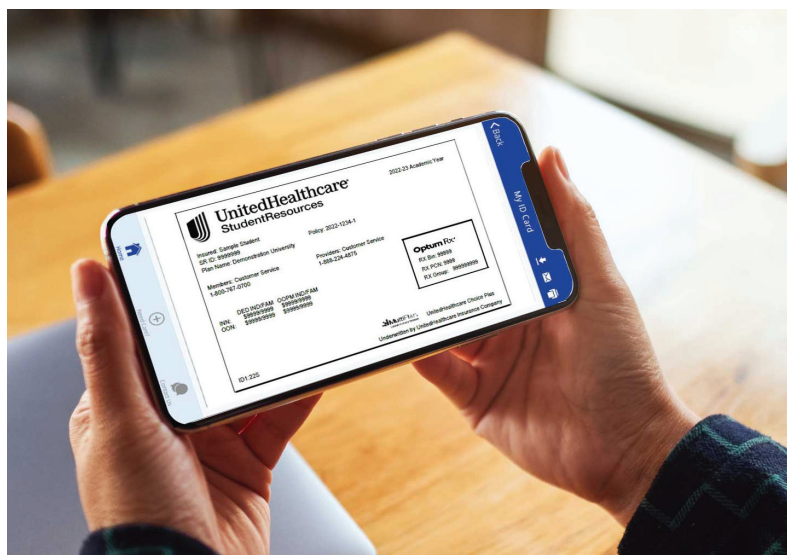
Accessing your ID card through UHC's website or mobile app gives you the ability to download the image to your device for easier access and even fax or e-mail your ID card image on the spot. Once your insurance coverage is active, you'll receive an email letting you know your ID card is available.

ACCESS YOUR ID CARD VIA MOBILE APP

Access to your ID card is available through the UHCSR Mobile App- available on both GooglePlay and the App Store.

ACCESS YOUR ID CARD VIA MY ACCOUNT

Go to your My Account at uhcsr.com/myaccount. Once you've logged in, click on ID Card. From this screen you have the option to view, download, fax or request an ID card to be mailed to you.



DREXEL STUDENT HEALTH CENTER



Drexel's Student Health Center offers comprehensive health services to support the academic and social well-being of our students. The Drexel Student Health Center is available to all full-time and part-time students who are enrolled in classes for the current quarter in which services are needed.

NEW FOR 2023-2024 WITH UNITED HEALTHCARE

There will be no deductibles or copays for any covered services when utilizing the Student Health Center, covered services will be paid at 100%.

STUDENT HEALTH CENTER SERVICES:

- Sick Visits
- Women's health care, including PAP Smears, birth control and pregnancy testing
- Physical exams for co-op, driver's license, study abroad, etc.
- Confidential STD testing
- Allergy shots
- Travel immunizations (Hep A and Hep B)
- Routine Immunizations (HPV, MMR, Varicella, Meningococcal, Tdap, pneumococcal, influenza)
- Tuberculosis screening
- Certain medications on site
- Refills of ADHD medications when documentation of diagnosis and current treatment are provided
- Office-based procedures
- Free condoms
- On-site lab for bloodwork

APPOINTMENTS

Visits to the Drexel Student Health Center are by appointment. Students who are sick are encouraged to contact us as early in the day as possible to receive same day services. **Call 215.220.4700 for an appointment.** If you have never been to the Drexel Student Health Center before, please plan to arrive 15 minutes early to complete the necessary paperwork. You can also print the forms ahead of time so you can complete them and bring them to your visit.

WHAT TO BRING TO YOUR APPOINTMENT

- Valid Dragon Card (student ID)
- Cash, check, or credit card (Visa, MasterCard) for cost of visit
- Private insurance card; bring your physical card or a copy of the front and back of the card.

Please know your insurance coverage for processing lab work. LabCorp or Quest Diagnostic services will bill your insurance for processing blood tests, throat cultures, etc.

If you need X-Rays, CT scans, MRIs, etc. then you will be referred off campus for these types of tests. Coverage for these services is dependent on your health insurance plan.

If indicated, you will be referred to specialty services, e.g. Neurology, Psychiatry, Gastroenterology, Cardiology, Orthopedics, etc. that are available off campus. Coverage for these services is dependent on your health insurance plan.

DENTAL PLAN OVERVIEW

NETWORK: OPTIONS PPO 30

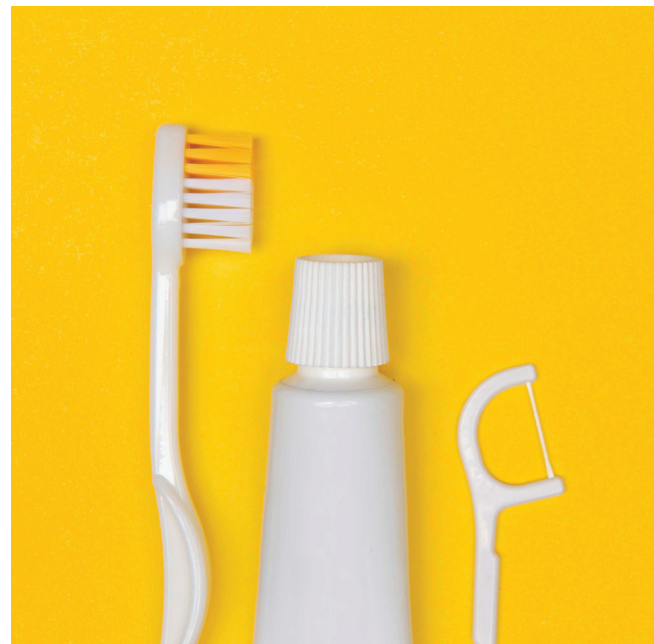
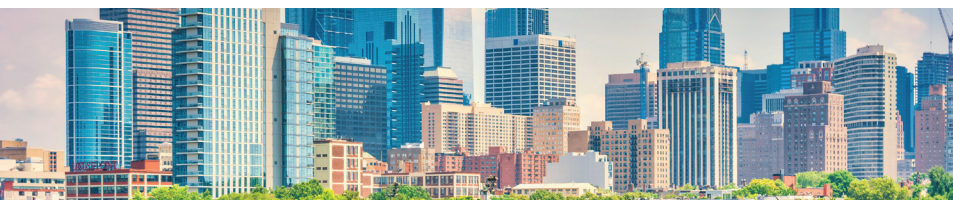
DENTAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK**
DEDUCTIBLE: PLAN YEAR	\$50 individual/\$150 family	\$50 individual/\$150 family
PLAN YEAR MAXIMUM (PER PATIENT)	\$1,000	\$1,000
PREVENTIVE & DIAGNOSTIC SERVICES Exams, Cleanings, Bitewing X-rays, other X-rays Fluoride Treatment	100%	80%*
BASIC SERVICES X rays - Intra/Extraoral Restorations (amalgams or composite) General Services Adjunctive Emergency Treatment Sealants	80%*	60%*
MAJOR SERVICES Endodontics (root canal) Periodontics, Oral Surgery Full and Partial Dentures Inlays/Onlays/Crowns Space Maintainers	60%*	50%*

* after deductible

**out of network reimbursement is based on an 80th percentile of usual, customary, and reasonable fees

LOCATE AN IN-NETWORK DENTAL PROVIDER

To find a dental network provider near you, visit myuhc.com or call the number listed on your digital dental ID card.



VISION PLAN OVERVIEW

VISION BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
EXAM	\$10 copay	Up to \$24 reimbursement
FRAMES	\$25 Materials copay, then \$130 allowance	Up to \$65 reimbursement
LENSES		
Single Vision Lenses	100%	Up to \$10 reimbursement
Bifocal Lenses	100%	Up to \$25 reimbursement
Trifocal Lenses	100%	Up to \$55 reimbursement
Lenticular Lenses	100%	Up to \$55 reimbursement
CONTACT LENSES (IN LIEU OF EYEGLASSES)	Covered Formulary Contacts: Up to 4 boxes Non-Formulary: \$105 allowance	Up to \$105 reimbursement
FREQUENCY		
Vision Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 12 months	Every 12 months



TRAVEL ASSISTANCE PROGRAM

GLOBAL TRAVEL PLUS

You now have access to a unique global emergency assistance program provided by Global Travel Plus(GTP). This program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling or studying in a foreign country.

DREXEL REQUIRES STUDENTS WHO CO-OP OR TRAVEL ABROAD TO CARRY THIS TRAVEL INSURANCE PROGRAM.

ONE SIMPLE PHONE CALL TO GTP WILL CONNECT YOU TO:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance service providers

HOW TO CONTACT:

- By calling **1-855-289-2618** (inside the United States), or **1-609-986-1212** (outside of the United States)
- Email: medservices@globaltravelplus.com
- Downloading the Mobile App: Access a wide range of global emergency assistance services from your phone including your ID card, one-touch phone call, Embassy Information by downloading the FREE Global Travel Plus Mobile App for iPhone and Android

SERVICES INCLUDED

- **Medical/Behavioral Health Referrals:** 24/7 access to multilingual personnel who can immediately evaluate and troubleshoot for any emergency situation anywhere in the world and direct you to Western-trained physicians.
- **Emergency Medical Evacuation:** If you become ill or experience an injury in an area where appropriate care is unavailable. Global Travel Plus pays for the full cost of any evacuation, including medical treatment while in transport.
- **Medical Monitoring:** Global Travel Plus remains a connected, caring and medically savvy partner through the duration of every case.
- **Prescription Assistance:** Global Travel Plus works with your prescribing physician and a pharmacy near you to replace your important medications.
- **Medical Repatriation:** When deemed medically necessary, Global Travel Plus will provide transportation home or to a rehabilitation facility with a medical or non-medical escort as required.
- **Foreign Hospital Admission Assistance:** As an international traveler experiencing a medical emergency, Global Travel Plus will facilitate your admittance to a foreign hospital by validating your medical insurance.
- **Lost Luggage Assistance**
- **Travel Information**

BENEFITS GLOSSARY

COINSURANCE

A percentage of the cost of a service that you must pay to the provider for that service.

COPAYMENT (COPAYS)

A dollar amount that you pay to the doctor at your visit.

DEDUCTIBLE

The amount of eligible expense a covered person must pay each year out of pocket before the plan will pay.

DRUG FORMULARY

A list of prescription medications preferred for use by the health plan and dispensed through contracted pharmacies to covered persons.

EXCLUSIONS

Specific conditions or circumstances the policy or plan will not cover or reimburse.

FACILITY

A physical location where health care or services are provided, such as a hospital, clinic, emergency room or ambulatory care center.

GENERIC DRUG

A generic drug is less expensive than a brand name drug and sold under a common or "generic" name for that drug. Also called generic equivalent.

INPATIENT

An individual who has been admitted to a hospital as a registered bed patient for at least 24 hours and is receiving services under the direction of a physician.

MAXIMUM OUT-OF-POCKET COSTS

The limit on total member copayments, deductibles and coinsurance under a benefit contract.

NETWORK PROVIDER

A provider who has contracted with the health plan to deliver medical services to covered persons. The provider may be a physician, hospital, pharmacy, other facility or other health care provider. Also known as network or participating provider.

OUT-OF-NETWORK (OON)

Coverage for treatment by a non-contracted provider. Typically, it requires payment of a deductible and higher copayments and coinsurance than for treatment from a contracted provider. Some health plans do not offer benefits for out-of-network treatment, except in emergencies.

OUTPATIENT

A person who receives health care services at a hospital or free-standing surgical center without being admitted to a hospital.

PREMIUM

The amount paid by member to a carrier for providing coverage under a contract.

PREVENTIVE CARE

Health care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunization and well-person care.

PRIMARY CARE

Basic or general health care, traditionally provided by family practice, pediatrics and internal medicine practitioners.

PROVIDER

A physician, hospital, group practice, nursing home, pharmacy or any individual or group of individuals that provides a health care service.

URGENT CARE

An alternative to hospital emergency department care for use in non-emergencies. Used when health conditions are urgent, but are not health- or life-threatening.

BENEFITS CONTACTS

BENEFIT	PROVIDER	PHONE NUMBER	WEBSITE / EMAIL
MEDICAL, DENTAL, VISION, RX	United Healthcare	1-888-265-0117	uhcsr.com
DREXEL STUDENT HEALTH CENTER	Drexel / United Healthcare	215-220-4700	drexel.edu/counselingandhealth/student-health-center/overview
TRAVEL ASSISTANCE PROGRAM	Global Travel Plus	Inside the US: 1-855-289-2618 Outside the US: 1-609-986-1212	medservices@globaltravelplus.com



