

**DREXEL UNIVERSITY**  
**ENGLISH LANGUAGE CENTER**  
INTERNATIONAL STUDENT INSURANCE PLAN

## Rates & Important Dates

Rates are effective 09/12/2022 to 09/18/2023. Rates include medical insurance premium and administrative fees.

	STUDENT
<b>Fall (1st Half Term)</b> 09/12/2022 – 10/24/2022	\$ 301.44
<b>Fall (2nd Half Term)</b> 10/18/2022 – 01/01/2023	\$ 517.43
<b>Fall (Full Term)</b> 09/12/2022 – 01/01/2023	\$ 753.05
<b>Winter (1st Half Term)</b> 01/02/2023 – 02/13/2023	\$ 301.44
<b>Winter (2nd Half Term)</b> 02/07/2023 – 03/26/2023	\$ 334.16
<b>Winter (Full Term)</b> 01/02/2023 – 03/26/2023	\$ 569.79
<b>Spring (1st Half Term)</b> 03/27/2023 – 05/08/2023	\$ 301.44
<b>Spring (2nd Half Term)</b> 05/02/2023 – 06/18/2023	\$ 334.16
<b>Spring (Full Term)</b> 03/27/2023 – 06/18/2023	\$ 569.79
<b>Summer (1st Half Term)</b> 06/19/2023 – 07/31/2023	\$ 301.44
<b>Summer (2nd Half Term)</b> 07/25/2023 – 09/18/2023	\$ 386.53
<b>Summer (Full Term)</b> 06/19/2023 – 09/18/2023	\$ 622.15

## What's Covered (Treatment must be Medically Necessary)

- \$500,000 benefit maximum per injury or sickness
- Physician visits
- Specific emergency benefit expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy and chiropractic care
- Maternity and prenatal care
- Prescription drugs

## Questions

**Eligibility & Enrollment**  
Relation Insurance Services  
(800) 955-1991

**Benefits**  
Administrative Concepts, Inc. (ACI)  
(800) 476-4802

**Plan Materials & Information**  
[www.4studenthealth.com/drexel](http://www.4studenthealth.com/drexel)

## Insurance ID Card

You will receive an email notifying you that your ID card is available to download. Visit [www.4studenthealth.com/drexel](http://www.4studenthealth.com/drexel) to log in or create an account. For help, call Relation at (800) 955-1991.

**Carry your ID card with you at all times!**

## Getting Care

Go to the campus health center. If you need to access care away from campus visit [www.myfirsthealth.com](http://www.myfirsthealth.com) or call (800) 226-5116 to locate a provider in the **First Health PPO Network**.

## Prescription Drugs

Always use an **Express Scripts** pharmacy. To locate a pharmacy, visit [www.express-scripts.com](http://www.express-scripts.com) or call (800) 400-0136.

Insurance underwritten by Crum & Forster, SPC. If there are any discrepancies between this document and the Policy, the Policy will govern.

**NOTICE:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain U.S. citizens or U.S. residents to obtain PPACA compliant health insurance, or "minimum essential coverage."

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**Limitations and exclusions apply.** This is a brief summary of benefits. This plan includes both insurance and non-insurance benefits. The terms and conditions of insurance coverage as underwritten by Crum & Forster, SPC are set forth in the Policy. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school or view the Plan Summary at [www.4studenthealth.com/drexel](http://www.4studenthealth.com/drexel).

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 90% of the Preferred Allowance (PA) when you use **First Health PPO** providers, and 70% of Usual, Reasonable, and Customary (URC) Charges when you use out-of-network providers.

### Benefits

	FIRST HEALTH PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: <sup>1</sup>
<b>Deductible</b>	\$250 per Person, per Policy Year	\$500 per Person, per Policy Year
<b>Office Visit or Urgent Care Visit</b>	10%, after \$20 copay per visit	30%
<b>Hospital Room &amp; Board</b>	10%	30%
<b>Emergency Room Benefit</b>	10%, after \$200 copay per visit (copay waived if admitted)	30%
	EXPRESS SCRIPTS PHARMACY YOU WILL PAY:	OUT-OF-NETWORK PHARMACY YOU WILL PAY AT LEAST: <sup>2</sup>
<b>Prescription Drugs</b>	\$25 copay Generic \$40 copay Brand Name Preferred & Brand Name Non-Preferred 50% of Actual Expenses Specialty (deductible waived)	\$25 copay Generic \$40 copay Brand Name Preferred & Brand Name Non-Preferred 50% of Actual Expenses Specialty

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Usual, Reasonable, and Customary (URC) Charges, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than URC and you will be responsible for these excess amounts over the listed coinsurance.
2. At out-of-network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.