



# Drexel University English Language Center International Student Insurance Plan 2023-2024

## Questions

### Eligibility, Enrollment, Benefits & Claims

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

### Insurance ID Card

Once you enroll in the plan, you will receive an e-mail confirmation. Your ID Card will be included with this notification.

**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 [myfirsthealth.com](http://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 [express-scripts.com](http://express-scripts.com) or call (800) 400-0136.

### More Information

For more information, please visit [www.coverage2u.com](http://www.coverage2u.com)

## Eligibility

All International students enrolled at your school are eligible for and are required to purchase this insurance plan. International students who have been approved for permanent residency are not eligible.

The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

## 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

## Insurance Costs and Important Dates

Rates are effective 09/19/2023 to 9/18/2024. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE/DOMESTIC PARTNER	EACH CHILD
Fall (1st Half Term) 09/19/2023 to 10/29/2023	\$304.18	\$729.41	\$374.91
Fall (2nd Half Term) 10/25/2023 to 01/01/2024	\$498.24	\$1,213.88	\$617.29
Fall (Full Term) 09/19/2023 to 01/01/2024	\$747.76	\$1,836.78	\$928.91
Winter (1st Half Term) 01/02/2024 to 02/11/2024	\$304.18	\$729.41	\$374.91
Winter (2nd Half Term) 02/07/2024 to 03/25/2024	\$352.69	\$850.53	\$435.51
Winter (Full Term) 01/02/2024 to 03/25/2024	\$602.21	\$1,473.42	\$747.13
Spring (1st Half Term) 03/26/2024 to 05/05/2024	\$304.18	\$729.41	\$374.91
Spring (2nd Half Term) 05/01/2024 to 06/19/2024	\$366.56	\$885.13	\$452.82
Spring (Full Term) 03/26/2024 to 06/19/2024	\$616.07	\$1,508.03	\$764.45
Summer (1st Half Term) 06/18/2024 to 07/28/2024	\$304.18	\$729.41	\$374.91
Summer (2nd Half Term) 07/24/2024 to 09/18/2024	\$415.07	\$1,006.25	\$513.41
Summer (Full Term) 06/18/2024 to 09/18/2024	\$664.59	\$1,629.15	\$825.04

Application fee of 3% will be added at time of purchase. Full premium payment is required at time of enrollment.

**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.coverage2u.com](http://www.coverage2u.com).

**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>
Deductible	\$250 per Person, per Policy Year	\$500 per Person, per Policy Year
Office Visit or Urgent Care Visit	10%, after \$20 Copay per visit	30%
Hospital Room & Board	10%	30%
Emergency Room Benefit	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>
Prescription Drugs	\$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

<sup>1</sup>Using Out-of-Network providers may 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.

<sup>2</sup>At Out-of-Network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

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."

## What's Included?

- Coverage when traveling

This document contains a summary of your school's International Student Insurance Plan 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 [www.coverage2u.com](http://www.coverage2u.com).

Academic HealthPlans, Inc. is an independent company that provides program management and administrative services for the International Student Insurance Plan.

RSE (23) ACI-Drexel