



Drexel University English Language Center International Student Insurance Plan 2024-2025

Questions

Eligibility, 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 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 or call (800) 400-0136.

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 09/17/2024 to 9/16/2025. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE/DOMESTIC PARTNER	EACH CHILD
Fall (1st Half Term) 09/17/2024 to 10/27/2024	\$304.95	\$731.35	\$375.88
Fall (2nd Half Term) 10/23/2024 to 12/31/2024	\$506.50	\$1,234.50	\$627.60
Fall (Full Term) 09/17/2024 to 12/31/2024	\$756.70	\$1,859.10	\$940.08
Winter (1st Half Term) 01/01/2025 to 02/9/2025	\$298.00	\$714.00	\$367.20
Winter (2nd Half Term) 02/05/2025 to 03/26/2025	\$367.50	\$887.50	\$454.00
Winter (Full Term) 01/01/2025 to 03/26/2025	\$610.75	\$1,494.75	\$757.80
Spring (1st Half Term) 03/25/2025 to 05/04/2025	\$304.95	\$731.35	\$375.88
Spring (2nd Half Term) 04/30/2025 to 06/17/2025	\$360.55	\$870.15	\$445.32
Spring (Full Term) 03/25/2025 to 06/17/2025	\$610.75	\$1,494.75	\$757.80
Summer (1st Half Term) 06/18/2025 to 07/27/2025	\$298.00	\$714.00	\$367.20
Summer (2nd Half Term) 07/23/2025 to 09/16/2025	\$409.20	\$991.60	\$506.08
Summer (Full Term) 06/18/2025 to 09/16/2025	\$652.45	\$1,598.85	\$809.88

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 or plan summary found in your MyInsurance account.

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 ¹
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 ²
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

¹Using 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.

²At 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