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2024 - 2025

# Student Health Insurance

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# Plan Design (Per Person, Annually)

Plan Design (Per Person, Annually)	In-Network	Out-of-Network
Annual Deductible	\$200	\$400
Coinsurance	20%	40%
In-Patient Hospital Care	20% coinsurance/ copay after deductible	40% coinsurance/ copay after deductible
Office Visit	\$25 copay, then 20% coinsurance after deductible	\$50 copay, then 40% coinsurance after deductible
Preventative Care Services	Covered in full	Covered in full
Ambulance	20% coinsurance/ copay after deductible	40% coinsurance/copay after deductible
Urgent Care Center	20% coinsurance	\$50 Copay then 40% coinsurance after deductible
Emergency Department	20% coinsurance/ copay after deductible	20% coinsurance after deductible
Prescription Drug Coverage 30 Day Supply	Tier 1: \$30 Copayment Tier 2: \$60 Copayment Tier 3: 25% coinsurance	Tier 1: \$30 Copayment Tier 2: \$60 Copayment Tier 3: 25% coinsurance

**Annual Deductible:** An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

**Annual Out of Po**