

Snapshot

DREXEL UNIVERSITY ENGLISH LANGUAGE CENTER INTERNATIONAL STUDENT INSURANCE PLAN

2020–2021



Rates and Important Dates

Rates are effective 09/16/2020 to 09/15/2021. Rates include medical insurance premium and administrative fees per semester.

		Student Rate
Fall (Half Term):	09/16/2020 to 10/25/2020	\$ 269.20
Fall (Full Term):	09/16/2020 to 12/31/2020	\$ 686.61
Winter (Half Term):	01/01/2021 to 02/07/2021	\$ 256.74
Winter (Full Term):	01/01/2021 to 03/23/2021	\$ 530.86
Spring (Half Term):	03/24/2021 to 05/03/2021	\$ 275.43
Spring (Full Term):	03/24/2021 to 06/15/2021	\$ 543.32
Summer (1st Half Term):	06/16/2021 to 07/25/2021	\$ 269.20
Summer (Full Term):	06/16/2021 to 09/15/2021	\$ 593.16
Summer (Special Program):	07/15/2021 to 08/15/2021	\$ 219.36
Summer (2nd Half Term):	07/16/2021 to 09/15/2021	\$ 406.26

What's Covered (Treatment must be Medically Necessary)

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

Limitations and exclusions may apply. Please see the Plan Summary for more details.

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: [†]
Deductible (Certain benefit deductibles may be in excess of the Plan Term Deductible.)	\$250 per Policy Year	\$500 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%
Prescription Drugs	\$25 copay Generic \$40 copay Brand Name Preferred & Brand Name Non-Preferred 50% of PA Specialty (deductible waived)	\$25 copay Generic \$40 copay Brand Name Preferred & Brand Name Non-Preferred 50% of URC Specialty*

[†] 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.

* At out-of-network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

Questions

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

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

Plan Materials & Information
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 to log in or create an account. For help, contact 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.myfirstthealth.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 or call (800) 400-0136.

Revised August 26, 2020 8:40 AM

 **Relation**[™]
EDUCATION SOLUTIONS

Relation Insurance Services