



2019-2020 SIU SHIP Comparison Worksheet

<u>General Provisions</u>	<u>Your Current Health Plan</u>		<u>Southern Illinois University Plan</u>	
Annual Premium (Monthly x 12)			\$1,824	
Plan Type - HMO (Limited Provider Network) - PPO (Higher Benefits In-Network) - Indemnity (Can go to any licensed provider)			PPO	
Service Area Coverage (Where you can use your health insurance)			United States and Worldwide	
Preferred Provider Network (Where you can find "in-network" healthcare providers)			United States	
Travel Assistance, Medical Evacuation & Repatriation			Yes, Included in the Plan	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Annual Deductible			\$400/Insured	\$700/Insured
Coinsurance Share (i.e. Plan pays 80%, insured person pays 20%)			80%	60%
Co-pay Rx Tier 1 (Generics)			\$15	\$15
Co-pay Rx Tier 2 (Brand/Preferred)			\$40	\$40
Co-pay Rx Tier 2 (Brand/Non-Preferred)			\$75	No Benefits
Annual Out-of-Pocket Maximum			\$7,900	\$16,000
Comments Section:				

For more information regarding the Student Health Insurance Plan, please visit:
www.gallagherstudent.com/SIU