



SAINT 

*2024-2025 Student
Health Insurance*

Benefit Changes for 2024-2025

Changes

Summary of Changes

| | |
|----------------------|------------------------------|
| Ambulance Deductible | Removed/no longer applicable |
| ER Co-Payment | Increased to \$250 |

The Out-of-Pocket Maximums for Individual and Family are as follows:

| | Individual | Family |
|---|------------|----------|
| Out-of-Pocket Maximum | \$7,000 | \$14,000 |
| Out-of-Pocket Maximum (with High Deductible Plan) | \$21,000 | \$42,000 |

Co-payments for generic and preferred brand prescriptions remain unchanged. The prescription co-payments for higher tiers have been increased to \$100 for Non-Preferred Brand and \$250 for Specialty.

| | |
|---------------------|-------|
| Non-Preferred Brand | \$100 |
| Specialty | \$250 |



