

Florida International University - College of Medicine

Student Health Insurance Plan 2023-2024



Eligibility

All College of Medicine students are required to purchase this plan or show proof of comparable coverage. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online.

Eligible students who do enroll may also insure their Dependents.

What's Included?

- Telehealth solutions through AcademicLiveCare
- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)

More Information

For full details of participation in the plan, please view the complete brochure online at: fiucom.mycare26.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit fiucom.myahpcare.com/additionalresources

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO**.

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Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Benefit Maximum	Unlimited	
Individual Deductible Per Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$8,700	\$17,900
Family Out-of-Pocket Maximum For All Insureds in a Family, per Policy Year	\$16,900	\$35,800
Hospital Room and Board Expense	80% after a \$250 Copayment	60% after a \$250 Copayment
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits	100% after a \$30 Copayment (Deductible waived)	60%
Hospital Emergency Room (Deductible waived)	80% after a \$100 Copayment	60% after a \$100 Copayment
Urgent Care	80% after a \$50 Copayment	60% after a \$50 Copayment
Labs & Diagnostic Testing	80% after a \$30 Copayment (Deductible waived)	80% after a \$30 Copayment
Mental Health and Substance Abuse Treatment Office Visits	100% after a \$30 Copayment (Deductible waived)	60%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	Not Covered
Prescription Drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after: Preferred Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$75 Copayment Non-Preferred Brand-Name Drug: \$150 Copayment	50%

Coverage Periods & Rates

	ANNUAL 08/01/23 - 07/31/24	FALL/SPRING 08/01/23 - 04/30/24
Enrollment Periods	06/01/23 - 09/15/23	06/01/23 - 09/15/23
Student	\$3,399	\$2,545
Spouse	\$3,399	\$2,545
Each Child ¹	\$3,399	\$2,545

¹Coverage for two (2) or more children is calculated at the child rate times two (2).
To view all enrollment and coverage periods available, please visit fiucom.mycare26.com.