



# Rockhurst University

## Student Health Insurance Plan (SHIP)

### 2023-2024

## Questions

### Eligibility & Enrollment

Academic HealthPlans, Inc.  
(800) 955-1991

### Benefits

Aetna Customer Service  
(855) 236-2138

### Insurance ID Card

Download your insurance card from [aetnastudenthealth.com](https://aetnastudenthealth.com). You can also download your temporary ID insurance card by going to [rockhurst.mycare26.com](https://rockhurst.mycare26.com).

**Carry your ID card with you at all times!**

### More Information

For more information, please visit [rockhurst.mycare26.com](https://rockhurst.mycare26.com).

## Eligibility

Enrollment in the University-sponsored Student Health Insurance Plan (SHIP) is mandatory for all full-time undergraduates (12 credit hours or more) and graduates (nine credit hours or more). Exceptions include full-time graduate students in the following programs: MBA, Data Analytics and Organizational Leadership, accelerated option, Executive MBA, DO/MBA, MBA/PHY, AA/AS, RN to BSN, MSN, M.Ed., Ed.D., and post-baccalaureate. These students may enroll voluntarily in SHIP. Part-time students are also eligible to enroll voluntarily if they are taking a minimum of four credit hours per term. ABSN, Medical Assisting, DEI graduate certificate, and Paralegal certificate students are exempt from hard waiver.

Covered students may also enroll their lawful spouse, domestic partner (same-sex, opposite-sex), and dependent children up to the age of 26. Part-time students may not enroll their dependents in the plan, regardless of number of hours enrolled. Students must actively attend classes and remain enrolled with Rockhurst University for the first 31 days of each term to be eligible for coverage.

## Aetna Network

This plan utilizes the Aetna Open Choice PPO Network.

To learn more about the network or to find a provider, view the Aetna DocFind® online provider directory by visiting [aetnastudenthealth.com](https://aetnastudenthealth.com).

Coinurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Negotiated Charge (NC) when you use Aetna Open Choice PPO providers, and 60% of the Recognized Charge (RC) when you use Non-Preferred Providers, after deductible.

If there are any discrepancies between this document and the Plan Design and Benefits Summary, the Plan Design and Benefits Summary will govern.

## What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services through AcademicLiveCare
- Coverage when traveling
- Academic Emergency Services\*

## Benefits

	AETNA OPEN CHOICE PPO PREFERRED PROVIDER YOU WILL PAY:	NON-PREFERRED PROVIDER YOU WILL PAY AT LEAST <sup>1</sup> :
Deductible	\$250 per Person, \$500 per Family, per Policy Year	\$500 per Person, \$1,000 per Family, per Policy Year
Office Visit	\$25 Copay per visit, then the plan pays 80% of NC	40% Coinsurance per visit
Urgent Care	\$25 Copay per visit, then the plan pays 80% of NC	40% Coinsurance per visit
Emergency Room	\$200 Copay per visit, then the plan pays 80% of NC (Copay waived if admitted)	Paid the same as In-Network coverage
Prescription Drugs <sup>2</sup>	\$25 Copay Generic \$50 Copay Preferred Brand \$75 Copay Non-Preferred Brand then the plan pays 100% of NC	\$25 Copay Generic \$50 Copay Preferred Brand \$75 Copay Non-Preferred Brand then the plan pays 70% of RC
Out-of-Pocket Maximum	\$7,500 per Person, \$15,000 per Family, per Policy Year	\$15,000 per Person, \$30,000 per Family, per Policy Year

<sup>1</sup> Using Out-of-Network providers may cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some Out-of-Network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed Coinsurance.

<sup>2</sup> If you visit an Out-of-Network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.

## Rates & Important Dates

Rates are effective 08/01/2023 to 07/31/2024. Rates include medical and dental insurance premium and administrative fees.

	STUDENT	SPOUSE OR ONE CHILD	TWO OR MORE CHILDREN
FALL 08/01/2023 to 12/31/2023	\$1,145.67	\$1,095.67	\$2,191.34
SPRING/SUMMER 01/01/2024 to 07/31/2024	\$1,525.33	\$1,525.33	\$3,050.66
SUMMER 06/01/2024 to 07/31/2024	\$436.83	\$436.83	\$873.66

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Design and Benefits Summary. The final Plan Design and Benefits Summary may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Design and Benefits Summary of insurance is accessible upon approval at [rockhurst.mycare26.com](http://rockhurst.mycare26.com)

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the Student Health Insurance Plan.