

Kansas College of Osteopathic Medicine Student Health Insurance Plan 2024-2025



What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services*
- Vision coverage through Academic Vision Care (AVC)

More Information

For full details of participation in the plan, please view the complete brochure online at: kansascom.myahpcare.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 kansascom.myahpcare.com/additionalresources

Eligibility

Kansas College of Osteopathic Medicine requires that all registered degree-seeking students carry a specific level of health insurance. Students who have comparable coverage, meeting all KansasCOM requirements, may waive coverage during the open waiver period at the beginning of the fall semester. All other students will be required to enroll in the plan.

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

There is no coverage for dependents available under this policy.

*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), a Risk Strategies Company.

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 Open Choice PPO**. To locate a pharmacy, visit aetnastudenthealth.com or call (877) 626-2308.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at kansascom.myahpcare.com.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Aetna.

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>
Deductible Per Insured Person, per Policy Year	\$400	\$500
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$8,700	\$17,400
Physician, specialist including Consultants Office visits	80% after a \$25 Copayment per visit	60%
Urgent medical care	80%	60%
Hospital Emergency Room (Copayment waived if admitted)	80% after a \$200 Copayment per visit	80% after a \$200 Copayment per visit
Hospital Room & Board	80% after a \$200 Copayment per admission	60%
Diagnostic Imaging Services, including lab and radiological services	80%	60%
Preventive Care For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	70%
Prescription Drugs Up to 30-day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$30 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$75 Copayment Specialty: \$75 Copayment	70% after a \$30 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$75 Copayment Specialty: \$75 Copayment

Coverage Periods & Rates

	ANNUAL 08/01/2024 - 07/31/2025
--	-----------------------------------

Student \$4,132

To view all enrollment and coverage periods available, please visit kansascom.myahpcare.com.