

Weber State University

Student Health Insurance Plan

2024-2025



Eligibility

All international students are required to enroll on a mandatory basis and eligible to enroll their dependents.

More Information

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

Questions

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

Eligibility & Enrollment

Academic HealthPlans, Inc.
1 (855) 684-4351

Benefits

GeoBlue

1 (844) 268-2686

Insurance ID Card

To access your ID card, please visit weber.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 **Blue Cross Blue Shield PPO**.

Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER <small>Payments are based on the Negotiated Rate</small>	NON-PREFERRED PROVIDER <small>Payments are based on the Reasonable Expenses</small>
Benefit Maximum	\$250,000	\$250,000
Deductible Per Person, per Policy Year	\$200	\$200
Out-of-Pocket Maximum Per Person, per Policy Year	\$2,500	\$2,500
Physician Office Visits*	100% after a \$35 Copay per visit	80%
Treatment at an Urgent Care Facility	100% after a \$45 Copay per visit	80%
Inpatient Hospital Services	90% after a \$100 Copay per visit	70%
Emergency Hospital Services	100% after a \$100 Copay per visit (Copay waived if admitted)	80%
Intercollegiate Sports Coverage	Up to \$10,000 per Policy Year	Up to \$10,000 per Policy Year
Prescription Drugs Limited to 31 day supply for initial fill or refill.	100% after a Generic Drugs: \$10 Copayment Brand Name Drugs: \$35 Copayment	100% after a Generic Drugs: \$10 Copayment Brand Name Drugs: \$35 Copayment

*All Physician Visit Copayments for an Injury or Sickness are waived if treatment is received at Recognized Student Health Center.

Coverage Periods & Rates

	Session 1 08/15/2024 - 12/31/2024	Session 2 01/01/2025 - 08/14/2025	Session 3 (New Student Only) 04/01/2025 - 08/14/2025
Enrollment Deadline	07/15/2024 - 09/15/2024	11/29/2024 - 02/01/2025	02/28/2025 - 05/01/2025
Student	\$580.39	\$960.64	\$580.39
Spouse/Domestic	\$1,707.89	\$2,848.14	\$1,708.89
One Child	\$864.02	\$1,440.02	\$864.02
Two or More Children	\$1,728.00	\$2,880.00	\$1,728.00

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 weber.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 Blue Cross Blue Shield. CA License #0H64806