

# American University

## Student Health Insurance Plan

### 2023-2024



#### What's Included?

- Aetna is the Preferred Provider and will provide maximum benefits at lowest cost
- No-cost preventive care services
- Free 24-Hour nurse line - talk to a registered nurse anytime
- Mobile access - view digital ID cards
- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services\*

#### More Information

For full details of participation in the plan, please view the complete brochure online at: [american.myahpcare.com](http://american.myahpcare.com)

#### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

#### Insurance ID Card

To access your ID card, please visit [american.myahpcare.com/additionalresources](http://american.myahpcare.com/additionalresources)

#### Eligibility

All full-time degree, resident and international students with F-1 and J-1 visas are required to have health insurance each school year. Students will automatically be enrolled in the Student Health Insurance Plan if they are required to have insurance and the annual premium will be charged to their student account. Domestic students may waive out of the plan with an approved waiver by the appropriate deadline.

Part-time students enrolled in at least 6 credit hours are able to voluntarily enroll in the Student Health Insurance Plan and have the premium assessed to their student account by completing the Voluntary Enrollment Form with the school.

Insured students are eligible to enroll dependents including their spouse, domestic partner, and/or dependent children.

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

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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.

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 [american.myahpcare.com](http://american.myahpcare.com).

Academic HealthPlans, Inc. (AHP) 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 Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
University Health Center	\$0 Deductible per Insured Person, per Policy Year applies to all student health center services	
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$200	\$500
Family Deductible Per Family, per Policy Year	\$400	\$1,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$6,350	\$25,000
Family Out-of-Pocket Maximum All Insureds in a Family, per Policy Year	\$12,700	\$40,000
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits	80% (deductible waived)	60%
Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy	80%	60%
Hospital Emergency Room copayment waived if admitted	100% after a \$150 copayment per visit (deductible waived)	100% after a \$150 copayment per visit (deductible waived)
Diagnostic Testing	80%	60%
Mental Health and Substance Abuse Treatment Office Visits	80% (deductible waived)	60%
Preventive Care Services For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (deductible waived)	100% (deductible waived)
Prescription deductible waived, 30-day supply	At pharmacies contracting with Aetna	
	100% after: Generic: \$10 copayment Preferred Brand-Name: \$35 copayment Non-Preferred Brand-Name: \$50 copayment Preferred Specialty: \$35 copayment Non-Preferred Specialty: \$50 copayment	100% after: Generic: \$10 copayment Preferred Brand-Name: \$35 copayment Non-Preferred Brand-Name: \$50 copayment

## Coverage Period & Cost

	ANNUAL 08/01/2023 - 07/31/2024	SPRING/SUMMER 01/01/2024 - 07/31/2024
Enrollment Periods	05/16/2023 - 09/11/2023	11/28/2023 - 01/30/2024
Student	\$2,302	\$1,340
Spouse	\$2,302	\$1,340
One Child	\$2,302	\$1,340
All Children	\$4,604	\$2,680