

# American University 2020-2021 Student Health Insurance Plan



## 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.

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

Please view the complete brochure on-line at [american.myahpcare.com](http://american.myahpcare.com) for full details of participation in the plan.

## Additional Benefits

- Coverage when traveling
- Academic Emergency Services
- The largest network of providers in the region—Choose the doctors you want to see
- Coverage in 50 states and nearly 200 countries—Access to nearly all providers throughout the nation and emergency care abroad
- Mobile access—Log in quickly with iPhone's Touch ID. Search a provider, locate nearby urgent care or pharmacies, or view digital member ID cards

## Student Savings

- No-cost preventive services including routine adult physicals and immunizations
- Lower out-of-pocket costs such as low deductibles and low office visit copays
- Prescription coverage with access to 69,000 pharmacies nationwide
- Free 24/7 nurse advice line—Call a registered nurse who can provide medical advice
- Online tools to manage your health care



AMERICAN UNIVERSITY  
WASHINGTON, D.C.

AHP-OF(20) CareFirst-AU

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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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is BluePreferred.**

## BENEFIT MAXIMUMS & DEDUCTIBLES

UNIVERSITY HEALTH CENTER	\$0 Deductible per Member per Benefit Period applies to all student health center services.		
Benefit Maximum	Unlimited, per Insured Person, per Policy Year		
Individual Deductible	In-network:	\$ 200	per Benefit Period
	Out-of-network:	\$ 500	per Benefit Period
Family Deductible	In-network:	\$ 400	per Benefit Period
	Out-of-network:	\$ 1,000	per Benefit Period
Individual Out-of-Pocket Maximum	In-network:	\$ 6,350	per Benefit Period
	Out-of-network:	\$ 25,000	per Benefit Period
Family Out-of-Pocket Maximum	In-network:	\$ 12,700	per Benefit Period
	Out-of-network:	\$ 40,000	per Benefit Period

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Member payment based on the Allowed Benefit</i>	<i>Member payment based on the Allowed Benefit</i>
Preventive Services <i>For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a></i>	No charge, no deductible	No charge, no deductible
Physician's Office Visit	20% no deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Rehabilitative Services PT/OT/ST	20% after deductible	40% after deductible
Retail Health Clinic	20% no deductible	40% after deductible
Urgent Care Facility	20% after deductible	40% after deductible
Hospital Emergency Room (waived if admitted)	\$150 Copay per visit, no deductible	\$150 Copay per visit, no deductible
Mental Health and Substance Use Disorder Office Visits	20% no deductible	40% after deductible
Laboratory Tests, X-Ray Imaging	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Inpatient Hospital	20% after deductible	40% after deductible
Prescription Drugs <i>Deductible waived</i> Tier 0: ACA Preventive, oral chemo and diabetic Tier 1: generic Tier 2: preferred brand-name Tier 3: non-preferred brand-name Tier 4: preferred specialty Tier 5: non-preferred specialty	<b>At pharmacies contracting with CareFirst Preferred Pharmacy</b> 100% after a Tier 0: \$0 Copay Tier 1: \$10 Copay Tier 2: \$35 Copay Tier 3: \$50 Copay Tier 4: \$35 Copay Tier 5: \$50 Copay	100% after a Tier 0: \$0 Copay Tier 1: \$10 Copay Tier 2: \$35 Copay Tier 3: \$50 Copay Tier 4: Not Covered Tier 5: Not Covered

## 2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/01/2020 through 07/31/2021	Spring 01/01/2021 through 07/31/2021
Open Enrollment	05/15/2020 through 09/18/2020	11/30/2020 through 02/14/2021
Student	\$ 1,952	\$ 1,139
Spouse	\$ 1,952	\$ 1,139
One Child	\$ 976	\$ 569
All Children	\$ 1,952	\$ 1,139

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 approved policy of insurance is accessible upon approval at [american.myahpcare.com](http://american.myahpcare.com)