

Angelo State University 2022-2023 - Domestic Student Health Insurance Plan

Eligibility

Domestic Undergraduate Students, Domestic Graduate Students, Interns, Fellows, and Students Working on Their Dissertation: All registered, domestic undergraduate students enrolled in seven (7) or more credit hours (three (3) or more credit hours during the summer); all registered, domestic graduate students enrolled in four (4) or more credit hours (three (3) or more credit hours during the summer); interns, fellows, and students working on their dissertation or thesis are eligible to enroll in this Student Health Insurance Plan on a voluntary basis. All Health Professional Students enrolled in one (1) or more credit hours must be enrolled in the Plan unless comparable coverage is furnished to the Nursing Department, Health and Human Services Building, Suite 318.

Note: Eligible dependents of those enrolled in the plan may participate in the plan on a voluntary basis.

For additional information, please visit angelo.myahpcare.com.

Additional Benefits

- Access to Medical and Mental Health Telemedicine Services
- Coverage When Traveling
- Academic Emergency Services*

*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.



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

Angelo State University - Domestic

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 Aetna PPO.**

BENEFIT MAXIMUMS & DEDUCTIBLES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum per Member, per Policy Year	Unlimited	
Individual Deductible per Insured Person, per Policy Year	\$ 500	\$ 1,000
Family Deductible per Insured Person, per Policy Year	\$ 1,500	\$ 3,000
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 7,900	\$ 15,800
Family Out-of-Pocket Maximum per Family, per Policy Year	\$ 15,800	\$ 31,600

BENEFIT CATEGORY <i>(Deductible applies unless otherwise stated below)</i>	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
	Payments are based on the Negotiated Charge	Payments are based on Recognized Charge
Room and Board Expense	75%	50%
Inpatient/Outpatient Surgery	75%	50%
Physician and specialist services	100% after a \$50 Copayment (deductible waived)	50%
Diagnostic Testing	75%	50%
Hospital Emergency Room	75% after a \$200 Copayment (deductible waived)	75% after a \$200 Copayment (deductible waived)
Prescription Drugs Prescriptions filled at the SHS: 100% after a Generic Drug: \$10 Copayment Brand-Name Drug: \$30 Copayment (Does not apply to Angelo State University)	At pharmacies contracting with Aetna 100% after a Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$65 Copayment Specialty Drug: \$150 Copayment	60% after a Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$65 Copayment Specialty Drug: \$150 Copayment

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall	Spring/Summer	Summer
	08/15/22 - 1/14/23	01/15/23 - 08/14/23	05/14/23 - 08/14/23
Open Enrollment	07/01/22 - 10/01/22	11/12/22 - 03/01/23	03/21/23 - 07/01/23
Student	\$ 1,797	\$ 2,489	\$ 1,092

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