

Angelo State University - International

Student Health Insurance Plan 2024-2025



Eligibility

All registered international students on non-immigrant visas enrolled in one (1) or more credit hours are required to purchase the Student Health Insurance plan, and are automatically enrolled in the plan, unless acceptable waiver is submitted by the first day of classes each semester of attendance. Athletes can add sports coverage for an additional premium.

What's Included?

- Access to Medical and Mental Health Telemedicine Services
- Optional Dental Coverage
- Vision Coverage through Academic Vision Care (AVC)
- Coverage When Traveling
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: angelo.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 angelo.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 **Aetna PPO**.

*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 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 angelo.myahpcare.com.

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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
Benefit Maximum per Insured Person, per Policy Year		Unlimited
Individual Deductible per Insured Person, per Policy Year	\$500	\$1,000
Family Deductible per Family, 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
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 (Deductible waived)	75% after a \$200 Copayment At pharmacies contracting with Aetna	75% after a \$200 Copayment
Prescription Drugs Up to a 30-day supply (Deductible waived)	100% after a Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$60 Copayment Non-Preferred Brand-Name Drug: \$100 Copayment Specialty Drug: \$200 Copayment	60% after a Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$60 Copayment Non-Preferred Brand-Name Drug: \$100 Copayment Specialty Drug: \$200 Copayment
Preventive Care Services For more information please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	50%

Coverage Periods & Rates

Coverage Periods	FALL 08/15/2024 - 01/14/2025	SPRING/SUMMER 01/15/2025 - 08/14/2025	SUMMER 05/14/2025 - 08/14/2025	SUMMER II 06/25/2025 - 08/14/2025
Open Enrollment	07/08/2024 - 10/02/2024	11/13/2024 - 03/01/2025	03/21/2025 - 07/01/2025	03/21/2025 - 07/01/2025
Student	\$1,361	\$1,885	\$827	\$454
Spouse	\$1,361	\$1,885	\$827	\$454
Each Child ¹	\$1,361	\$1,885	\$827	\$454

¹Coverage for two (2) or more children is calculated at the child rate times two (2).
To view all enrollment and coverage periods available, please visit angelo.myahpcare.com