

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

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.

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 - International

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 08/15/22 - 1/14/23	Spring/Summer 01/15/23 - 08/14/23	Summer 05/14/23 - 08/14/23	Summer II 06/24/23 - 08/14/23
Open Enrollment	07/01/22 - 10/01/22	11/12/22 - 03/01/23	03/21/23 - 07/01/23	03/21/23 - 07/01/23
Student	\$ 1,309	\$ 1,814	\$ 796	\$ 445

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