

Stanislaus State

Student Health Insurance Plan 2024-2025



Eligibility

All international students, visiting faculty, scholars, or other persons possessing and maintaining a current passport and valid visa status (F-1, J-1, or M-1, etc.), engaged in educational activities at Stanislaus State who are temporarily located outside their home country and have not been granted permanent residency status, are required to be insured under the Policy and must directly enroll before registering for classes. Waiver may be granted only to people already insured under equivalent plans.

Eligible students who do enroll may also insure their Dependents.

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, online, and correspondence courses do not fulfill the eligibility requirements that the student actively attend classes.

What's Included?

- Aetna Open Choice is the Preferred Provider and will provide maximum benefits at lowest cost
- Small Copays on approved prescription medications
- Access to Academic Student Assistance Program (ASAP)
- Access to Optional Dental and Vision Plans
- Travel coverage through 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, Inc. (AHP), a Risk Strategies Company, dba Academic Health Insurance Services.

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 Certificate of insurance. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate of insurance is accessible upon approval at csustan.myahpcare.com

More Information

For full details of participation in the plan, please view the complete brochure online at: csustan.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 csustan.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 Open Choice**.

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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
Deductible Per Person, Per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Person, Per Policy Year	\$7,500	\$15,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$15,000	\$30,000
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist Including Consultants Office Visits	100% after a \$35 Copayment	60%
Diagnostic Testing	80%	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	100% after a \$150 Copayment per visit
Urgent Care	80% after a \$35 Copayment per visit	60%
Mental Health & Substance Abuse Treatment Office Visits	100% after a \$35 Copayment	60%
Prescription Drugs Including Specialty Drugs	At pharmacies contracting with Aetna: Generic: \$25 Copayment Preferred Brand-Name: \$60 Copayment Non-Preferred Brand-Name: \$100 Copayment (Deductible waived)	Not Covered
Preventive Care Services For more information, please visit: healthcare.gov/coverage/preventive-care-benefits	100% (Deductible waived)	Not Covered

Rates & Coverage Periods

	FALL 08/11/2024 - 01/20/2025	SPRING 01/21/2025 - 06/03/2025	SPRING/SUMMER 01/21/2025 - 08/10/2025	SUMMER 06/04/2025 - 08/10/2025
Student	\$1,665	\$1,369	\$2,063	\$694
Spouse/ Domestic Partner	\$1,665	\$1,369	\$2,063	\$694
Each Child ¹	\$1,665	\$1,369	\$2,063	\$694

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 csustan.myahpcare.com