

Stanislaus State

Student Health Insurance Plan 2023-2024



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 only be granted 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, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes.

What's Included?

- Access to Telehealth and Behavioral Health Services
- Access to Academic Student Assistance Program
- 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, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

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 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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

The PPO network is Aetna PPO.

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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 Recognized Charge
Deductible	\$ 50 per Policy Year	\$ 300 per Policy Year
Individual Out-of-Pocket Maximum	\$ 5,000 per Policy Year	\$ 7,000 per Policy Year
Family Out-of-Pocket Maximum	\$ 10,000 per Policy Year	\$ 14,000 per Policy Year
Hospital Room and Board Expense	90% per admission	70% per admission
Inpatient/Outpatient Surgery	90%	70%
Physician, specialist Including Consultants Office visits	100% after a \$20 Copayment	70%
Diagnostic Testing	90%	70%
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	90%	70%
Hospital Emergency Room	100% after a \$150 Copayment per visit	100% after a \$150 Copayment per visit
Urgent Care	90%	70%
Mental Health & Substance Abuse Treatment Office Visits	100% after a \$20 Copayment	70%
Prescription Drugs, including specialty drugs (Deductible waived)	At pharmacies contracting with Aetna: Generic: \$15 Copayment Preferred Brand-Name: \$30 Copayment Non-Preferred Brand-Name: \$50 Copayment	Not Covered
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits .	100% (Deductible waived)	Not Covered

Rates

FALL 08/11/23 - 01/20/24	SPRING 01/21/24 - 06/03/24	SPRING/SUMMER 01/21/24 - 08/10/24	SUMMER 06/04/24 - 08/10/24
Student \$ 1,370.00	Student \$ 1,135.00	Student \$ 1,706.00	Student \$ 572.00
Spouse \$ 1,370.00	Spouse \$ 1,135.00	Spouse \$ 1,706.00	Spouse \$ 572.00
Each Child ¹ \$ 1,370.00	Each Child ¹ \$ 1,135.00	Each Child ¹ \$ 1,706.00	Each Child ¹ \$ 572.00

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.