



## A STUDENT HEALTH PLAN FOR YOU!

### AM I ELIGIBLE?

You are eligible if you are a:

- Full-time student in clinical programs

All students must enroll in the Student Health Insurance Plan or submit a waiver request. If you do not waive by the deadline, you will automatically be enrolled and billed for Aetna Student Health Insurance to your DMU student account. Only those students who meet the waiver requirements will be allowed to waive the plan. All policies, requirements and deadlines are set forth by DMU.

Dependents are not eligible for coverage under this student health plan.

If we find out that you do not meet this eligibility requirement, we are only required to refund any premium contribution minus any claims that we have paid.

Please view the complete brochure online at [dmu.myahpcare.com](https://dmu.myahpcare.com) for full details of participation in the plan.

### CAN I WAIVE?

All students are considered enrolled until an acceptable waiver is provided. Students enrolled in clinical programs, including the MSA and MSBS programs, who fail to complete the hard waiver process by the DMU deadline (Incoming PAs, **May 15, 2022**, current DO, DPM, DPT, MSA and MSBS, **June 17, 2022**, and incoming DO, DPM, DPT, MSA and MSBS **July 17, 2022**), will be added to the Aetna Student Health Insurance Plan by these deadlines for not complying with DMU policy in completing the hard waiver process.

During the waiver period the waiver will be available online at [dmu.myahpcare.com](https://dmu.myahpcare.com).



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 [dmu.myahpcare.com](https://dmu.myahpcare.com).

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

## DES MOINES UNIVERSITY 2022-2023

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 Insured Person, per Policy Year

Unlimited

#### Deductible

per Insured Person, per Policy Year

\$500

\$1,000

#### Individual Out-of-Pocket Maximum

per Insured Person, per Policy Year

(Combined In-Network and Out-of-Network)

\$6,600

### BENEFITS (Deductible waived 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

IN-NETWORK PROVIDER

Payments are based on the Negotiated Charge

OUT-OF-NETWORK PROVIDER

Payments are based on the Recognized Charge

#### Hospital Room and Board Expense

80% after a  
\$100 Copayment

50% after a  
\$200 Copayment

#### Inpatient/Outpatient Surgery

80%

50%

**Physician, Specialist**, including Consultants Office visits, and Behavioral Health (deductible waived)

100% after a  
\$30 Copayment

100% after a  
\$50 Copayment

#### Diagnostic Testing

80%

50%

#### Hospital Emergency Room

80% after a  
\$250 Copayment

80% after a  
\$250 Copayment

#### Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits](https://healthcare.gov/preventive-care-benefits)

100%  
(deductible waived)

50%

#### Prescription Drugs, Up to 30-day supply per prescription (deductible waived)

At pharmacies contracting with Aetna

100% after a:

80% after a:

Tier 1 - Preferred  
Generic Drug:  
\$15 Copayment

Tier 1 - Preferred  
Generic Drug:  
\$15 Copayment

Tier 2 - Preferred  
Brand-Name Drug:  
\$45 Copayment

Tier 2 - Preferred  
Brand-Name Drug:  
\$45 Copayment

Tier 3 - Non-Preferred  
Generic and  
Brand-Name Drug:  
\$75 Copayment

Tier 3 - Non-Preferred  
Generic and  
Brand-Name Drug:  
\$75 Copayment

Tier 4 - Specialty Drug:  
\$125 Copayment

Tier 4 - Specialty Drug:  
\$125 Copayment

### COVERAGE PERIOD & COST

Incoming PA  
(1st Yr PA) \*

08/01/22 - 07/31/23

Continuing  
Students (2nd Yr+)

08/01/22 - 07/31/23

Incoming New  
Students

08/01/22 - 07/31/23

Student

\$ 3,200

Student

\$ 3,200

Student

\$ 3,200

\*Incoming PA students pay for June and July

To view all enrollment and coverage periods available, please visit [dmu.myahpcare.com](https://dmu.myahpcare.com).