



Eastern Washington University

Student Coverage With Care 2026-2027

What's Included?



Access to
Optional Dental
and Vision Plans



Access to
Telemedicine
Services



Access to the
Aetna PPO
network



Domestic Students Eligibility

All Domestic students who are taking ten (10) or more credit hours are eligible to enroll in this insurance plan. All Domestic students who are registered for the summer term must have three (3) or more on campus credit hours to be eligible to enroll in the Plan.

Eligible students who do enroll in the Plan may also insure their eligible dependents.

International Students Eligibility

All International students, visiting faculty, and scholars maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at Eastern Washington University, who are temporarily located outside of their home country and have not been granted permanent residency status, are automatically enrolled in the Plan at registration, unless proof of comparable coverage is provided by appropriate deadline.

Those enrolled in the Optional Practical Training program are eligible to enroll on a voluntary basis.

Eligible students who do enroll may also insure their eligible dependents. Eligible dependents include the student's legal spouse or Domestic Partner and dependent children under 26 years of age.

For more information, visit ewu.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 ewu.myahpcare.com/quicklist

*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), Part of the Brown & Brown Team.



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

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	\$250	\$500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$4,500	\$9,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$9,000	\$18,000
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80% per visit	60% per visit
Physician, Specialist including Consultants office visits	80% per visit	60% per visit
Outpatient Diagnostic Testing	80% per visit	60% per visit
Outpatient physical, occupational, speech, and cognitive therapies (Including Cardiac and Pulmonary Therapy)	80% per visit	60% per visit
Hospital Emergency Room (Deductible waived)	100% after a \$100 Copayment per visit	100% after a \$100 Copayment per visit
Prescription Drugs, includes specialty drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$15 Copayment Preferred-Brand Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment	50% after a Generic: \$15 Copayment Preferred-Brand Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits	100% per visit (Deductible waived)	60% per visit

Coverage Periods & Cost - Quarterly

	FALL 09/17/2026 - 01/03/2027	WINTER 01/04/2027 - 03/28/2027	SPRING 03/29/2027 - 06/20/2027	SUMMER 06/21/2027 - 09/16/2027
Student	\$2,813	\$2,167	\$2,167	\$2,271
Spouse	\$2,813	\$2,167	\$2,167	\$2,271
Each Child ¹	\$2,813	\$2,167	\$2,167	\$2,271

Coverage Periods & Cost - Semester

	FALL 08/22/2026 - 01/03/2027	SPRING 01/04/2027 - 05/02/2027	SUMMER 05/03/2027 - 08/21/2027
Student	\$3,483	\$3,071	\$2,864
Spouse	\$3,483	\$3,071	\$2,864
Each Child ¹	\$3,483	\$3,071	\$2,864

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at ewu.myahpcare.com upon approval by federal and state authorities.