

# Eastern Washington University Student Health Insurance Plan

## Domestic Students Eligibility

All Domestic students who are taking 10 or more credit hours are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their 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 this insurance plan at registration. The insurance can be waived if proof of valid comparable coverage is furnished.

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 Dependents.

## Additional Benefits

- Access to 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.

# Eastern Washington University 2021-2022

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	\$ 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

BENEFIT CATEGORY Deductible applies unless otherwise stated below	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician Office Hours Visits	80% per visit	80% per visit
Outpatient Diagnostic Testing	80% per visit	60% per visit
Rehabilitation & Habilitation Therapy Services: Outpatient cognitive rehabilitation, physical, occupational and speech therapies	80% per visit	60% per visit
Emergency Services	100% after a \$100 Copayment per visit deductible waived	100% after a \$100 Copayment per visit deductible waived
Prescription Drugs, includes specialty drugs Up to a 31 day supply	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a> .	100% per visit deductible waived	60% per visit

## 2021-2022 PREMIUM COSTS AND COVERAGE PERIODS - QUARTERLY

Coverage Periods	Fall	Winter	Spring	Summer
	09/17/2021 - 01/09/2022	01/10/2022 - 04/03/2022	04/04/2022 - 06/26/2022	06/27/2022 - 09/16/2022
Student	\$ 1,051.00	\$ 768.00	\$ 768.00	\$ 748.00
Spouse	\$ 1,051.00	\$ 768.00	\$ 768.00	\$ 748.00
Each Child <sup>1</sup>	\$ 1,051.00	\$ 768.00	\$ 768.00	\$ 748.00

## 2021-2022 PREMIUM COSTS AND COVERAGE PERIODS - SEMESTER

Coverage Periods	Fall	Spring	Summer
	08/22/2021 - 01/09/2022	01/10/2022 - 05/08/2022	05/09/2022 - 08/21/2022
Student	\$ 1,288.00	\$ 1,087.00	\$ 960.00
Spouse	\$ 1,288.00	\$ 1,087.00	\$ 960.00
Each Child <sup>1</sup>	\$ 1,288.00	\$ 1,087.00	\$ 960.00

<sup>1</sup>Coverage for two or more children is calculated at the child rate times two (2).

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