

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. All Domestic students who are registered for the summer term must have three (3) or more credit hours on-campus 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.

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

Eastern Washington 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	\$ 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
	Payments are based on the Negotiated Charge	Payments are based on Recognized Charge
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
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 31 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	100% 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

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS - QUARTERLY

Coverage Periods	Fall 09/17/2022 - 01/09/2023	Winter 01/10/2023 - 04/03/2023	Spring 04/04/2023 - 06/26/2023	Summer 06/27/2023 - 09/16/2023
	Student	\$ 1,106.00	\$ 808.00	\$ 808.00
Spouse	\$ 1,106.00	\$ 808.00	\$ 808.00	\$ 789.00
Each Child ¹	\$ 1,106.00	\$ 808.00	\$ 808.00	\$ 789.00

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS - SEMESTER

Coverage Periods	Fall 08/22/2022 - 01/09/2023	Spring 01/10/2023 - 05/08/2023	Summer 05/09/2023 - 08/21/2023
	Student	\$ 1,356.00	\$ 1,145.00
Spouse	\$ 1,356.00	\$ 1,145.00	\$ 1,010.00
Each Child ¹	\$ 1,356.00	\$ 1,145.00	\$ 1,010.00

¹Coverage 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.