

# Eastern Washington University

## Student Health Insurance Plan

2024-2025



### What's Included?

- Access to Telemedicine Services
- Access to Optional Dental and Vision Plans

### More Information

For full details of participation in the plan, please view the complete brochure online at: [ewu.myahpcare.com](http://ewu.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [ewu.myahpcare.com/quicklist](http://ewu.myahpcare.com/quicklist)

### 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. Eligible dependents include the student's legal spouse or Domestic Partner and dependent children under 26 years of age.

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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.**

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 [ewu.myahpcare.com](http://ewu.myahpcare.com).

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company 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 Recognized Charge
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
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 <a href="http://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a> .	100% per visit (Deductible waived)	60% per visit

## Coverage Periods & Cost - Quarterly

	Fall 09/17/2024 - 01/05/2025	Winter 01/06/2025 - 03/30/2025	Spring 03/31/2025 - 06/22/2025	Summer 06/23/2025 - 09/16/2025
Student	\$1,439.67	\$1,089.48	\$1,089.48	\$1,115.42
Spouse	\$1,439.67	\$1,089.48	\$1,089.48	\$1,115.42
Each Child <sup>1</sup>	\$1,439.67	\$1,089.48	\$1,089.48	\$1,115.42

## Coverage Periods & Cost - Semester

	Fall 08/22/2024 - 01/05/2025	Spring 01/06/2025 - 05/04/2025	Summer 05/05/2025 - 08/21/2025
Student	\$1,776.89	\$1,543.43	\$1,413.73
Spouse	\$1,776.89	\$1,543.43	\$1,413.73
Each Child <sup>1</sup>	\$1,776.89	\$1,543.43	\$1,413.73

<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](http://ewu.myahpcare.com).