

# Florida International University - College of Medicine

## Student Health Insurance Plan 2024-2025



### Eligibility

All medical students must maintain continuous health insurance coverage while enrolled at HWCOM by either enrolling with this plan or showing proof of comparable coverage.

Eligible students who do enroll may also insure their dependents.

### What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Academic Vision Care (AVC)

### More Information

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

### Questions

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

### Insurance ID Card

To access your ID card, please visit [fiuhwcom.myahpcare.com/additionalresources](https://fiuhwcom.myahpcare.com/additionalresources)

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO**.

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## Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Benefit Maximum	Unlimited	
Individual Deductible Per Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$8,700	\$17,900
Family Out-of-Pocket Maximum For All Insureds in a Family, per Policy Year	\$16,900	\$35,800
Hospital Room and Board Expense	80% after a \$250 Copayment	60% after a \$250 Copayment
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits	100% after a \$40 Copayment (Deductible waived)	60%
Hospital Emergency Room (Deductible waived)	80% after a \$200 Copayment	80% after a \$200 Copayment
Urgent Care	80% after a \$50 Copayment	60% after a \$50 Copayment
Labs & Diagnostic Testing	80% after a \$30 Copayment (Deductible waived)	80% after a \$30 Copayment
Mental Health and Substance Abuse Treatment Office Visits	80% after a \$40 Copayment (Deductible waived)	80%
Preventive Care Services For more information, please visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	Not Covered
Prescription Drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after: Preferred Generic Drug: \$20 Copayment Non-Preferred Generic Drug: \$150 Copayment Preferred Brand-Name Drug: \$75 Copayment Non-Preferred Brand-Name Drug: \$150 Copayment	50%

## Coverage Periods & Rates

	ANNUAL 08/01/24 - 07/31/25	FALL/SPRING 08/01/24 - 04/30/25
Enrollment Periods	06/24/24 - 08/01/24	06/24/24 - 08/01/24
Student	\$3,556	\$2,658
Spouse	\$3,556	\$2,658
Each Child <sup>1</sup>	\$3,556	\$2,658

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

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