

Florida International University - College of Medicine

# Student Coverage With Care 2025-2026



What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Aetna Open Access
Managed Choice
is the Preferred
Provider



Telehealth solutions through AcademicLiveCare (ALC)

### **Eligibility**

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

Eligible students who do enroll may also insure their dependents.



#### **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 fluhwcom.myahpcare.com/additionalresources

For more information, visit fiuhwcom.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 Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Rate
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	100% after a \$30 Copayment (Deductible waived)	100% after a \$30 Copayment
Mental Health and Substance Abuse Treatment Office Visits (Deductible waived)	100% after a \$40 Copayment	80%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	Not Covered
Prescription Drugs Up to a 30-day supply \$250 Deductible	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 08/01/2025 - 07/31/2026	FALL/SPRING (4th Years Only) 08/01/2025 - 04/30/2026
Enrollment Periods	06/25/2025 - 08/01/2025	06/25/2025 - 08/01/2025
Student	\$3,802	\$2,842
Spouse/Domestic Partner	\$3,802	\$2,842
Each Child <sup>1</sup>	\$3,802	\$2,842

<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 fluhwcom.myahpcare.com.

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 fluhwcom.myahpcare.com upon approval by federal and state authorities.