



# Student Coverage With Care 2026-2027



## What's Included?



Academic  
Student  
Assistance  
Program (ASAP)



Access to  
Academic  
Vision Care  
(AVC)



UnitedHealthcare  
Choice Plus is the  
Preferred Provider



Telehealth  
solutions through  
AcademicLiveCare  
(ALC)

The new insurance carrier for 2026-2027 is UnitedHealthcare.

### 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.

For more information, visit  
[fiuhwcom.myahpcare.com](http://fiuhwcom.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 [fiuhwcom.myahpcare.com/additionalresources](http://fiuhwcom.myahpcare.com/additionalresources)



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

## Benefits

*(Deductible applies unless otherwise stated below)*

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum	Unlimited	
Individual Deductible Per Person, per Policy Year	\$750	\$1,500
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$10,600	\$21,800
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$16,900	\$35,800
Room and Board Expense	70% after a \$250 Copay	50% after a \$250 Copay
Inpatient/Outpatient Surgery	70%	50%
Outpatient Physician's Visits	100% after a \$40 Copay (Deductible waived)	50%
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	70% after a \$200 Copay	50% after a \$200 Copay
Urgent Care Center (Deductible waived)	70% after a \$50 Copay	50% after a \$50 Copay
Diagnostic X-ray Services & Laboratory Procedures	70% after a \$40 Copay (Deductible waived)	50% after a \$40 Copay
Mental Health and Substance Use Disorder Treatment Office Visits	100% after a \$40 Copay (Deductible waived)	50%
Preventive Care Services For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	No Benefits
Prescription Drugs Up to a 30-day supply \$350 Deductible	At pharmacies contracting with UnitedHealthcare Pharmacy  100% after: Tier 1: \$20 Copay Tier 2: \$100 Copay Tier 3: \$150 Copay Specialty: \$150 Copay	50%

## Coverage Periods & Rates

	ANNUAL 08/01/2026 - 07/31/2027	FALL/SPRING (4th Years Only) 08/01/2026 - 04/30/2027
Enrollment Periods	06/25/2026 - 08/01/2026	06/25/2026 - 08/01/2026
Student	\$4,267	\$3,190
Spouse/Domestic Partner	\$4,267	\$3,190
Each Child <sup>1</sup>	\$4,267	\$3,190

<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 [fihwcom.myahpcare.com](http://fihwcom.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 [fihwcom.myahpcare.com](http://fihwcom.myahpcare.com) upon approval by federal and state authorities.