

Florida International University - College of Medicine

College of Nursing

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

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 fiuhwcom.myahpcare.com/additionalresources

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	\$1,000	\$1,950
Family Deductible For All Insureds in a Family, per Policy Year	\$2,000	N/A
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%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits (Deductible waived)	80% after a \$40 Copayment	60% after a \$40 Copayment
Hospital Emergency Room (Deductible waived)	80% after a \$200 Copayment	80% after a \$200 Copayment
Urgent Care	80% after a \$25 Copayment	60%
Labs & Diagnostic Testing	80%	60%
Mental Health and Substance Abuse Treatment Office Visits (Deductible waived)	80% after a \$40 Copayment	80% after a \$40 Copayment
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 Prescription Deductible	At pharmacies contracting with Aetna 100% after: Preferred Generic Drug: \$20 Copayment Non-Preferred Generic Drug: \$150 Copayment Preferred Brand-Name Drug: \$100 Copayment Non-Preferred Brand-Name Drug: \$150 Copayment	Not Covered

Coverage Periods & Rates

	ANNUAL 08/01/24 - 07/31/25	FALL 08/01/24 - 12/31/24	SPRING/SUMMER 01/01/25 - 07/31/25
Enrollment Periods	06/24/24 - 08/01/24	06/24/24 - 08/01/24	11/01/24 - 02/15/25
Student	\$3,556	\$1,489	\$2,067
Spouse	\$3,556	\$1,489	\$2,067
Each Child ¹	\$3,556	\$1,489	\$2,067

¹Coverage 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 fuhwcom.myahpcare.com.