

Florida International University -College of Nursing

Student Coverage With Care 2025-2026



What's Included?



Academic Student Assistance Program (ASAP)



Aetna Open Access Managed Choice is the Preferred Provider



Access to Academic Vision Care (AVC)



Telehealth solutions through AcademicLiveCare (ALC)



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

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 fluhwcom.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	\$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	\$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	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 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

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	ANNUAL 08/01/2025 - 07/31/2026	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026
Enrollment Periods	06/25/2025 - 08/01/2025	06/25/2025 - 08/01/2025	11/01/2025 - 02/15/2026
Student	\$3,802	\$1,594	\$2,208
Spouse	\$3,802	\$1,594	\$2,208
Each Child ¹	\$3,802	\$1,594	\$2,208

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 fiuhwcom.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.