

Florida International University Admin Invite Students

# Student Coverage With Care 2025-2026

What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)\*



Telehealth solutions through AcademicLiveCare (ALC)



Coverage when traveling



Aetna Open Access
Managed Choice
is the Preferred
Provider



#### 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 fiu.myahpcare.com/additionalresources



## **Eligibility**

All registered domestic undergraduate students enrolled in a minimum of twelve credit hours (or considered full time), practical training students (regardless of credit hours), and all registered graduate students enrolled in a minumum of nine (9) credit hours (or considered full time) are eligible to participate on a voluntary basis. Credit hour requirement can be met by a combination of online and on-campus credit hours, not to exceed 50% online.

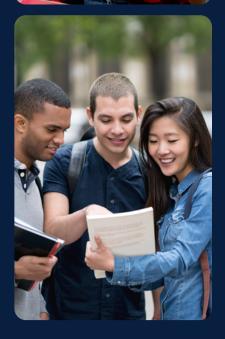
Eligible students may also enroll their dependents.

For more information, visit fiu.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)

**Student Health Center Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge			
Benefit Maximum	Unlimited				
Individual Deductible Per Insured 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 Insured 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 \$300 Copayment per visit	60% after a visit \$300 Copayment per visit			
Urgent Care	80%	60%			
Labs & Diagnostic Testing	80%	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 a Generic: \$20 Copayment Preferred Brand-Name: \$100 Copayment Non-Preferred Brand-Name: \$150 Copayment	Not Covered			

Coverage Periods & Rates							
	ANNUAL 08/01/25 - 08/01/26	FALL 08/01/25 - 12/31/25	SPRING 01/01/26 - 04/30/26	SPRING / SUMMER 01/01/26 - 08/01/26	SUMMER 05/01/26 - 08/01/26		
Enrollment Periods	06/25/25 - 09/15/25	06/25/25 - 09/15/25	11/01/25 - 02/06/26	11/01/25 - 02/06/26	03/01/26 - 06/15/26		
Student	\$3,812	\$1,594	\$1,250	\$2,220	\$970		
Spouse	\$3,812	\$1,594	\$1,250	\$2,220	\$970		
Each Child <sup>1</sup>	\$3.812	\$1.594	\$1.250	\$2,220	\$970		

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

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