

Florida International University - Graduate Assistants & Fellows Student Health Insurance Plan 2023-2024



Eligibility

All eligible degree seeking Graduate Assistants and Fellows are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished. 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.

What's Included?

- Telehealth solutions through AcademicLiveCare
- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: fiu.mycare26.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 fiu.mycare26.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**.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at fiu.mycare26.com.

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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	\$500	\$1,000
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% after a \$250 Copayment	60% after a \$250 Copayment
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits	100% after a \$30 Copayment (Deductible waived)	60%
Hospital Emergency Room (Deductible waived)	80% after a \$100 Copayment per visit	60% after a \$100 Copayment per visit
Urgent Care (Deductible waived)	80% after a \$50 Copayment	60% after a \$50 Copayment
Labs & Diagnostic Testing	80% after a \$30 Copayment (Deductible waived)	60%
Mental Health and Substance Abuse Treatment Office Visits	100% after a \$30 Copayment (Deductible waived)	60%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	Not Covered
Prescription Drugs 30-day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$20 Copayment Preferred Brand-Name: \$75 Copayment Non-Preferred Brand-Name: \$150 Copayment	50%

Coverage Periods & Rates

	EARLY START (NEW GA'S) 08/01/23 - 12/31/23	FALL 08/17/23 - 12/31/23	SPRING (NEW GA'S) 12/18/23 - 05/05/24	SPRING 01/01/24 - 05/05/24	SUMMER 05/06/24 - 08/16/24
Enrollment Periods	06/15/23 - 09/15/23	06/15/23 - 09/15/23	11/01/23 - 02/06/24	11/01/23 - 02/06/24	03/01/24 - 06/15/24
Student	\$1,420.91	\$1,272.00	\$1,300.00	\$1,170.00	\$957.00
Spouse	\$1,420.91	\$1,272.00	\$1,300.00	\$1,170.00	\$957.00
Each Child ¹	\$1,420.91	\$1,272.00	\$1,300.00	\$1,170.00	\$957.00

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 fiu.mycare26.com.