

# Florida International University - Graduate Assistants & Fellows Student Health Insurance Plan 2024-2025



## 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 (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)
- Academic Emergency Services\*

## More Information

For full details of participation in the plan, please view the complete brochure online at: [fiu.myahpcare.com](http://fiu.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 [fiu.myahpcare.com/additionalresources](http://fiu.myahpcare.com/additionalresources)

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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), a Risk Strategies Company.

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.myahpcare.com](http://fiu.myahpcare.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<br>Payments are based on the Negotiated Charge  | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Recognized Charge |
|---|---|--|
| Benefit Maximum   |   | Unlimited  |
| Individual Deductible<br>Per Insured Person, per Policy Year  | \$500   | \$1,000  |
| Individual Out-of-Pocket Maximum<br>Per Insured Person, per Policy Year   | \$8,700   | \$17,900   |
| Family Out-of-Pocket Maximum<br>For all Insureds in a Family, per Policy Year   | \$16,900  | \$35,800   |
| Hospital Room and Board Expense   | 80% after a<br>\$250 Copayment  | 60% after a<br>\$250 Copayment   |
| Inpatient/Outpatient Surgery  | 80%   | 60%  |
| Physician, Specialist, including Consultants<br>Office Visits   | 100% after a<br>\$40 Copayment<br>(Deductible waived)   | 60%  |
| Hospital Emergency Room<br>(Deductible waived)  | 80% after a<br>\$200 Copayment per visit  | 60% after a<br>\$200 Copayment per visit                               |
| Urgent Care<br>(Deductible waived)  | 80% after a<br>\$50 Copayment   | 60% after a<br>\$50 Copayment  |
| Labs & Diagnostic Testing   | 80% after a<br>\$30 Copayment<br>(Deductible waived)  | 60%  |
| Mental Health and Substance Abuse<br>Treatment Office Visits  | 80% after a<br>\$40 Copayment<br>(Deductible waived)  | 80%  |
| Preventive Care Services<br>For more information, please visit<br><a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a> | 100%<br>(Deductible waived)   | Not Covered  |
| Prescription Drugs<br>Up to a 30-day supply<br>(Deductible waived)  | At pharmacies contracting with Aetna<br>100% after a<br>Generic:<br>\$20 Copayment<br>Preferred Brand-Name:<br>\$75 Copayment<br>Non-Preferred Brand-Name:<br>\$150 Copayment | 50%  |

## Coverage Periods & Rates

|                         | EARLY START<br>(NEW GA'S)<br>08/01/24 -<br>12/31/24 | FALL<br>08/17/24 -<br>12/31/24 | SPRING<br>(NEW GA'S)<br>12/18/24 -<br>05/04/25 | SPRING<br>01/01/25 -<br>05/04/25 | SUMMER<br>05/05/25 -<br>08/16/25 |
|-------------------------|---|--------------------------------|--|----------------------------------|----------------------------------|
| Enrollment Periods      | 06/24/24 -<br>09/15/24                              | 06/24/24 -<br>09/15/24         | 11/01/24 -<br>02/06/25                         | 11/01/24 -<br>02/06/25           | 03/01/25 -<br>05/31/25           |
| Student                 | \$1,491   | \$1,335                        | \$1,343  | \$1,208                          | \$1,013                          |
| Spouse                  | \$1,491   | \$1,335                        | \$1,343  | \$1,208                          | \$1,013                          |
| Each Child <sup>1</sup> | \$1,491   | \$1,335                        | \$1,343  | \$1,208                          | \$1,013                          |

<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 [fiu.myahpcare.com](https://fiu.myahpcare.com).