

Florida International University International 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

## **Eligibility**

All degree-seeking international students are required to purchase this plan or show proof of comparable coverage. 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.



#### **Questions**

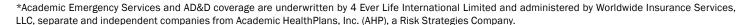
To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com



#### **Insurance ID Card**

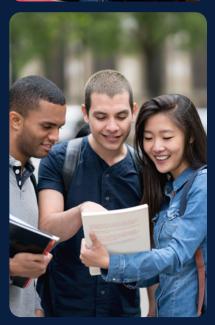
To access your ID card, please visit fiu.myahpcare.com/additionalresources











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)

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

	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 \$40 Copayment (Deductible waived)	60%			
Hospital Emergency Room (Deductible waived)	80% after a \$200 Copayment per visit	60% after a \$200 Copayment per visit			
Urgent Care (Deductible waived)	80% after a \$50 Copayment	60% after a t \$50 Copayment			
Labs & Diagnostic Testing	80% after a \$30 Copayment (Deductible waived)	60%			
Mental Health and Substance Abuse Treatment Office Visits	80% after a \$40 Copayment (Deductible waived)	80%			
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: \$75 Copayment Non-Preferred Brand-Name:	50%			

Coverage Periods & Rates							
	ANNUAL 08/01/2025 - 08/01/2026	FALL 08/01/2025 - 12/31/2025	SPRING 01/01/2026 - 05/04/2026	SPRING/ SUMMER 01/01/2026 - 08/01/2026	SUMMER 05/05/2026 - 08/01/2026		
Enrollment Periods	06/25/2025 - 09/15/2025	06/25/2025 - 09/15/2025	11/01/2025 - 02/06/2026	11/01/2025 - 02/06/2026	03/01/2026 - 06/15/2026		
Student	\$3,812	\$1,594	\$1,291	\$2,220	\$927		
Spouse	\$3,812	\$1,594	\$1,291	\$2,220	\$927		
Each Child <sup>1</sup>	\$3,812	\$1,594	\$1,291	\$2,220	\$927		

\$150 Copayment

<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.