

Florida International University - Voluntary Students

Student Health Insurance Plan
2023-2024



Eligibility

All registered domestic undergraduate students enrolled in a minimum of twelve credit hours (or considered full time) and practical training students (regardless of credit hours) 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.

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	\$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 \$25 Copayment	60% after a \$25 Copayment
Hospital Emergency Room (Deductible waived)	80% after a \$300 Copayment per visit	80% after a \$300 Copayment per visit
Urgent Care	80%	60%
Labs & Diagnostic Testing	80%	60%
Mental Health and Substance Abuse Treatment Office Visits (Deductible waived)	80% after a \$25 Copayment	60% after a \$25 Copayment
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: \$100 Copayment Non-Preferred Brand-Name: \$450 Copayment	Not Covered

Coverage Periods & Rates

	ANNUAL 08/17/23 - 08/16/24	FALL 08/17/23 - 12/31/23	SPRING/SUMMER 01/01/24 - 08/16/24	SPRING 01/01/24 - 05/03/24	SUMMER 05/04/24 - 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	\$7,188.00	\$2,691.00	\$4,497.00	\$2,435.00	\$2,062.00
Spouse	\$7,188.00	\$2,691.00	\$4,497.00	\$2,435.00	\$2,062.00
Each Child ¹	\$7,188.00	\$2,691.00	\$4,497.00	\$2,435.00	\$2,062.00

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.