

Student Health Insurance Plan



Eligibility

All eligible registered Ph.D. Students in Southern California or School of Psychology Students on the Pasadena campus taking the required credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished (via filling out an Insurance Waiver). If the Student Health Insurance Plan is not waived, students will be enrolled in the plan by default.

All other eligible registered students taking the required credit hours may enroll in this insurance plan.

Please view to complete brochure online at fuller.myahpcare.com for full details of participation in the plan.

PLAN BASICS

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.

BENEFIT MAXIMUMS & DEDUCTIBLES			2022-2023 PREMIUM COSTS* AND COVERAGE PERIODS				
	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE	COVERAGE PERIODS	FALL 09/20/2022 - 12/19/2022	WINTER 12/20/2022 - 03/19/2023	SPRING 03/20/2023 - 06/19/2023	SUMMER 06/20/2023 - 09/19/2023
Benefit Maximum	Unlimited						
Deductible per Insured Person, per Policy Year	\$ 500	\$ 1,000	Student	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 5,000	\$ 10,000	Spouse	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00
Family Out-of-Pocket Maximum per Family, per Policy Year	\$ 10,000	\$ 20,000	Child ¹	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00	\$ 1,110.00

¹Coverage for two or more children is calculated at the child rate times two
*Admin fee of \$20.00 to be applied to fee

BENEFIT CATEGORY Deductible applies unless otherwise stated below.	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge
Hospital and Other Facility Care	80% per visit	50% per visit
Inpatient/Outpatient Surgery	80% per visit	50% per visit
Physician, specialist including Consultants Office Visits	100% after a \$25 copayment per visit	50% per visit
Walk-In Clinic Visits	100% after a \$25 copayment per visit	50% per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	80% per visit	50% per visit
Hospital Emergency Room	100% after a \$150 copayment per visit	100% after a \$150 copayment per visit
Urgent Care	80% per visit	50% per visit
Diagnostic Testing	80% per visit	50% per visit
Prescription Drugs, including specialty drugs (deductible waived)	100% after a Generic: \$20 copayment Preferred Brand-Name: \$50 copayment Non-Preferred Brand-Name: \$60 copayment	Not Covered
Preventive Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (deductible waived)	Not Covered

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.