# **Fuller Theological Seminary - Domestic**

#### **Student Health Insurance Plan** 2023-2024

#### 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.

Benefits (Deductible applies unless otherwise stated below)					
	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge			
Benefit Maximum	Unlimited				
Deductible Per Insured Person, per Policy Year	\$500	\$1,000			
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$5,000	\$10,000			
Family Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$10,000	\$20,000			
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			

Rates & Co	overage Periods*			
	FALL 09/20/2023 - 12/19/2023	WINTER 12/20/2023 - 03/19/2024	SPRING 03/20/2024 - 06/19/2024	SUMMER 06/20/2024 - 09/19/2024
Student	\$1,187.75	\$1,187.75	\$1,187.75	\$1,187.75

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

\*Admin fee of \$20.00 to be applied to fee



# **More Information**

For full details of participation in the plan, please view the complete brochure online at: fuller-dom.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 fuller-dom.myahpcare.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 HealthPlans, Inc. (AHP), DBA Academic Health Insurance Services, is an independent company that provides program management and administrative services for the student health plans of Aetna. CA License #:0H64806

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 fuller-dom.myahpcare.com.