



Idaho State University

# Student Coverage With Care 2025-2026



## What's Included?



Academic Student Assistance Program (ASAP)



Academic Emergency Services (AES)\*



Telehealth solutions through AcademicLiveCare (ALC)



Access to Optional Dental coverage



UnitedHealthcare Options is the Preferred Provider

## Eligibility

All international students with a current passport and a visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities.

International students enrolled in and attending classes on a full-time basis, or actively participating in supervised and sponsored intercollegiate and interscholastic sports are eligible to enroll.

### 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 [isu.myahpcare.com/additionalresources](http://isu.myahpcare.com/additionalresources)

For more information, visit [isu.myahpcare.com](http://isu.myahpcare.com).

\*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.



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 UnitedHealthcare.

## Benefits

*(Deductible applies unless otherwise stated below)*

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Maximum Benefit Per Injury or Sickness	\$250,000	
Deductible Per Insured Person, Per Policy Year	\$100	\$100
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	\$5,000
Room & Board Expense	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Inpatient/Outpatient Surgery	100%	80%
Outpatient Physician's Visits (Deductible waived)	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Diagnostic X-Ray Services & Laboratory Procedures	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Medical Emergency Services Copay waived if admitted	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Prescription Drugs Up to a 31-day supply \$5,000 maximum Per Policy Year	At pharmacies contracting with UnitedHealthcare Pharmacy  100% after a Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: 50%	No Benefits
Preventive Care Services For more information, visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a> \$500 maximum Per Policy Year	100% (Deductible waived)	No Benefits

## Coverage Periods & Rates

	FALL	SPRING/ SUMMER	SUMMER I	SUMMER II	SUMMER III
	08/01/2025 - 12/31/2025	01/01/2026 - 07/31/2026	05/01/2026 - 07/31/2026	06/01/2026 - 07/31/2026	07/01/2026 - 07/31/2026
Student	\$667.50	\$934.50	\$400.50	\$267.00	\$133.50

To view all enrollment and coverage periods available, please visit [isu.myahpcare.com](https://isu.myahpcare.com)

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 [isu.myahpcare.com](https://isu.myahpcare.com) upon approval by federal and state authorities.