



Iowa State University -  
Graduate Assistants/Visiting Scholars

# Student Coverage With Care 2025-2026



## What's Included?



Optional  
Vision available  
through  
EyeMed



Optional  
Dental available  
through  
Delta Dental



POS Network is  
Wellmark  
Blue

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [iastate.myahpcare.com/additionalresources](https://iastate.myahpcare.com/additionalresources)

## Eligibility

### Graduate Assistants

Graduate assistants with a teaching, research, or administrative assistantship are required to be enrolled in the Self Only medical insurance.

Domestic graduate assistants may enroll their spouse/domestic partner and dependent children. Dependents must be added within 31 days of your hire or a Qualifying Event.

Dependents accompanying international students must be enrolled in the ISU Student Health Insurance.

### Visiting Scholars

ALL incoming non-benefits eligible Visiting Scholars are required to enroll themselves, including any accompanying dependents, in ISU Student and Scholar Health Insurance.

NOTE: Postdocs are not classified as Visiting Scholars.

For more information, visit [iastate.myahpcare.com](https://iastate.myahpcare.com).



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 Wellmark.

**Student Health Center:** Benefits will be paid at 100% for Covered Medical Expenses incurred at the Thielen Student Health Center.

## Benefits

*(Deductible applies unless otherwise stated below)*

|   | IN-NETWORK PROVIDER<br>Payments are based on the Negotiated Rate  | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Recognized Charge                      |
|---|---|---|
| Benefit Maximum<br>Per Insured Person,<br>Per Policy Year   | Unlimited   |   |
| Individual Deductible<br>Per Insured Person,<br>Per Policy Year   | \$450   | \$600   |
| Family Deductible<br>Per Family,<br>per Policy Year   | \$900   | \$1,200   |
| Individual Out-of-Pocket<br>Maximum<br>Per Insured Person,<br>per Policy Year   | \$4,100   | \$4,100   |
| Family Out-of-Pocket<br>Maximum<br>Per Family,<br>per Policy Year   | \$8,200   | \$8,200   |
| Office Visits   | 80%   | 60%   |
| Urgent Care   | 80%   | 60%   |
| Hospital Visit  | 80%   | 60%   |
| Emergency Room Care<br>Copayment waived if admitted   | 100% after a<br>\$100 Copayment   | 100% after a<br>\$100 Copayment   |
| Prescription Drugs<br>Up to a 30-day supply   | At pharmacies contracting with<br>Wellmark Blue RX<br>100% after a:<br>Tier 1: \$10 Copayment<br>Tier 2: \$20 Copayment<br>Tier 3: \$20 Copayment | 100% after a:<br>Tier 1: \$10 Copayment<br>Tier 2: \$20 Copayment<br>Tier 3: \$20 Copayment |
| Preventive Care<br>For more information,<br>please visit:<br><a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/<br/>preventive-care-benefits/</a> | 100%<br>(Deductible waived)   | Not covered   |

## Coverage Periods & Rates

|                         | GA CONTRIBUTION | VISITING SCHOLARS |
|-------------------------|-----------------|-------------------|
| Student                 | N/A             | \$297             |
| Spouse/Domestic Partner | \$232           | \$621             |
| One Child               | \$194           | \$529             |
| Family                  | \$432           | \$853             |

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