



Iowa State University -
Graduate Assistants/Visiting Scholars

Student Coverage With Care 2026-2027



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

Insurance ID Card

To access your ID card, please visit 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.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, 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 <small>Payments are based on the Negotiated Rate</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Benefit Maximum Per Insured Person, Per Policy Year		Unlimited
Individual Deductible Per Insured Person, Per Policy Year	\$450	\$600
Family Deductible Per Family, per Policy Year	\$900	\$1,200
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$4,100	\$4,100
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$8,200	\$8,200
Office Visits	80%	60%
Urgent Care	80%	60%
Hospital Visit	80%	60%
Emergency Room Care Copayment waived if admitted	100% after a \$100 Copayment	100% after a \$100 Copayment
Prescription Drugs Up to a 30-day supply	At pharmacies contracting with Wellmark Blue RX 100% after a: Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$20 Copayment	100% after a: Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$20 Copayment
Preventive Care For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	100% (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 upon approval by federal and state authorities.