

Iowa State University - Undergraduate/Graduate Students

Student Health Insurance Plan 2024-2025



Eligibility

Domestic Students

All undergraduate students, and graduate students without an assistantship, who are registered for five (5) credit hours or more at Iowa State University, are eligible to enroll in the ISU Student Insurance Plans.

Eligible students may also enroll their spouse/domestic partner and dependent children.

International Students

All international students who are registered for at least one (1) credit hour at Iowa State University (except for those only in audited courses or distance ed) are automatically enrolled in the ISU Student Health Insurance Plan.

International students are required to enroll their spouse/domestic partner and dependent children who have traveled with them to the United States. Enrollment for a spouse or child(ren) must be completed within 31 days of their arrival at ISU.

What's Included?

- Telehealth solution through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Optional Vision available through EyeMed
- Optional Dental available through Delta Dental

More Information

For full details of participation in the plan, please view the complete brochure online at: iastate.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 iastate.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 POS network is **Wellmark Blue**.

Iowa State University 2024-2025

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

Coverage Periods & Rates

	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025	SUMMER 05/01/2025 - 07/31/2025
Enrollment Periods	07/01/2024 - 09/30/2024	12/16/2024 - 01/31/2025	04/15/2025 - 05/30/2025
Student	\$1,025	\$1,435	\$615
Spouse/Domestic Partner	\$2,140	\$2,996	\$1,284
One Child	\$1,930	\$2,702	\$1,158
Family	\$3,055	\$4,277	\$1,833

To view all enrollment and coverage periods available, please visit iastate.myahpcare.com