lowa State University -Undergraduate/Graduate Students

Student Coverage With Care 2025-2026



What's Included?





Optional Vision available through EyeMed

Optional Dental available through Delta Dental



Blue



- 2

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

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.

For more information, visit 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)

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	IN-NETWORK PROVIDER Payments are based on the Negotiated Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge		
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

	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026	SUMMER 05/01/2026 - 07/31/2026
Enrollment Periods	07/01/2025 - 09/30/2025	12/22/2025 - 02/23/2026	05/01/2026 - 05/31/2026
Student	\$1,050	\$1,470	\$630
Student & Spouse/ Domestic Partner	\$2,195	\$3,073	\$1,317
Student/Child	\$1,980	\$2,772	\$1,188
Family	\$3,135	\$4,389	\$1,881

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.