



The PPO Network is Aetna PPO

**ADDITIONAL BENEFITS**

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*

**AM I ELIGIBLE?**

All registered **International Students** taking one (1) or more credit hours are required to participate in this insurance plan on a mandatory basis. Enrollment will no longer be online direct pay. International Students must enroll through the school and the insurance premium will be charged to your student account. Dependent enrollment is available for International Students.

Please view the complete brochure on-line at [amarintl.myahpcare.com](http://amarintl.myahpcare.com) for full details of participation in the plan. To view rates and enrollment information, please go to [amarintl.myahpcare.com](http://amarintl.myahpcare.com).

**BENEFIT MAXIMUMS & DEDUCTIBLES**

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year	Unlimited	
<b>Individual Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Family Deductible</b> all Insureds in a Family, per Policy Year	\$ 1,000	\$ 2,000
<b>Individual Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 7,350	\$ 15,000
<b>Family Out-of-Pocket Maximum</b> all Insureds in a Family, per Policy Year	\$ 14,700	\$ 30,000

**COVERAGE PERIOD & COST**

<b>Fall</b>	<b>08/17/21 - 12/31/21</b>
Enrollment Deadline	06/29/21 - 09/28/21
Student	\$ 981.50
Spouse	\$ 981.50
Child <sup>1</sup>	\$ 981.50
<b>Spring/Summer</b>	<b>01/01/22 - 08/16/22</b>
Enrollment Deadline	11/30/21 - 02/15/22
Student	\$ 981.50
Spouse	\$ 981.50
Child <sup>1</sup>	\$ 981.50
<b>Summer</b>	<b>05/10/22 - 08/16/22</b>
Enrollment Deadline	04/29/22 - 06/28/22
Student	\$ 532.00
Spouse	\$ 532.00
Child <sup>1</sup>	\$ 532.00

<sup>1</sup>The cost for two or more children will be two times the child rate.



This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [amar.myahpcare.com](http://amar.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.

**BENEFITS** Deductible applies unless otherwise stated

IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Payments are based on the negotiated charge	Payments are based on the recognized charges
<b>Hospital Room &amp; Board</b>	
80%	60%
<b>Inpatient/Outpatient Surgery</b>	
80%	60%
<b>Physician, specialist including Consultants Office visits</b>	
100% after a \$30 Copay per visit (Deductible waived)	60%
<b>Diagnostic Imaging Services, including lab and radiological services</b>	
80%	60%
<b>Hospital Emergency Room, \$150 Copayment per visit (Deductible waived)</b>	
80%	80%
<b>Preventive Care Services</b> For more information, please visit <a href="http://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a>	
100% (Deductible waived)	60%
<b>Prescription Drugs, including specialty drugs.</b> Deductible waived. 31-day supply per prescription	
At pharmacies contracting with Aetna Pharmacy	
100% after a	60%
Generic: \$20 Copayment	Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preferred Brand-Name: \$40 Copayment	
Non-Preferred Brand-Name: \$60 Copayment	