



ELIGIBILITY

All registered Domestic students are required to have health insurance coverage. Eligible students will be automatically enrolled in and charged for the Student Health Plan coverage unless a waiver form is submitted by the waiver deadline date. Students may waive the school's insurance if they can provide proof of comparable coverage. For more information, visit pace.myahpcare.com

PLAN HIGHLIGHTS

- Telehealth solutions through Anthem BlueCross BlueShield Student Advantage
- 100% coverage at Student Health Services
- Anthem BlueCross BlueShield PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Small Copay for approved prescription medications

KEY BENEFITS

	IN-NETWORK PROVIDER You will pay:	OUT-OF-NETWORK PROVIDER You will pay:
Maximum Benefit	Unlimited per Injury or Illness per Policy Year	
Overall Deductible (waived if services are rendered at the Student Health Center)	\$100 Copay per student person	\$200 Copay per student person
Overall Out-of-Pocket Maximum	\$7,900 per person / \$15,800 per family	\$7,900 per person / \$15,800 per family
Office Visits	\$25 Copay per visit Deductible does not apply (waived at Student Health Center)	30% Coinsurance after Deductible is met
Urgent Care	20% Coinsurance after Deductible is met	40% Coinsurance after Deductible is met
Hospital Visit	20% Coinsurance after Deductible is met	40% Coinsurance after Deductible is met
Emergency Room Facility Services Copay waived if admitted	\$250 Copay per visit then 0% Coinsurance after Deductible is met	\$250 Copay per visit then 0% Coinsurance after Deductible is met
Prescription Drugs	Pharmacies contracted with Anthem RX: 100% after a Tier 1 - Generic Drug: \$20 Copay Tier 2 - Preferred/Brand-Name Drug: \$40 Copay Tier 3 - Non-Preferred/Specialty Drug: \$60 Copay	Not Covered
Preventive Care For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	No Charge	30% Coinsurance after Deductible is met

COVERAGE PERIODS & RATES

	ANNUAL 08/15/2025 - 08/14/2026	SPRING/SUMMER 01/01/2026 - 08/14/2026
Enrollment Periods	06/23/2025 - 09/19/2025	10/20/2025 - 02/13/2026
Student	\$2,189	\$1,355
Spouse/Domestic Partner	\$2,189	\$1,355
Each Child (2x Max) ¹	\$2,189	\$1,355

¹ Coverage for two (2) or more children is calculated at the child rate times two (2).

STUDENT COVERAGE WITH CARE

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 pace.myahpcare.com upon approval by federal and state authorities.

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 Anthem BlueCross BlueShield.