



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

## COVERAGE PERIODS & RATES

|                                  | Annual Term<br>08/15/2026 - 08/14/2027 | Spring/Summer Term<br>(New Students)<br>01/01/2027 - 08/14/2027 | Summer 1 Term<br>(New Students)<br>05/27/2027 - 08/14/2027 | Summer 2 Term<br>(Full Time PA Students Only)<br>06/29/2027 - 08/14/2027 |
|----------------------------------|----------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|
| Enrollment Periods               | 06/24/2026 - 09/19/2026                | 11/10/2026 - 02/20/2027                                         | 04/01/2027 - 06/05/2027                                    | 06/08/2027 - 07/13/2027                                                  |
| Student                          | \$4,288.00                             | \$2,655.00                                                      | \$940.00                                                   | \$552.25                                                                 |
| Spouse/Domestic Partner          | \$4,288.00                             | \$2,655.00                                                      | \$940.00                                                   | \$552.25                                                                 |
| Each Child (2x Max) <sup>1</sup> | \$4,288.00                             | \$2,655.00                                                      | \$940.00                                                   | \$552.25                                                                 |

<sup>1</sup> 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](https://pace.myahpcare.com) upon approval by federal and state authorities.

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 Anthem BlueCross BlueShield.