PACE UNIVERSITY - DOMESTIC 2026-2027

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 Term 08/15/2026 - 08/14/2027	Spring/Summer Term (New Students) 01/01/2027 - 08/14/2027	Summer 1 Term (New Students) 05/27/2027 - 08/14/2027	Summer 2 Term (Full Time PA Students Only) 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) [1]	$4,288.00	$2,655.00	$940.00	$552.25

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

STUDENT COVERAGE WITH CARE