

Prescott College 2022-2023

Student Health Insurance Plan



ELIGIBILITY

All students enrolled in the Prescott College On Campus residential degree program (undergraduates) are required to enroll in the Prescott College Student Accident & Sickness Insurance Plan, described in this brochure, unless evidence of comparable coverage can be furnished by submitting an approved online waiver by the waiver deadline each semester.

Students who do not waive out of the plan will have the premium for this Insurance Plan included in their College fees, and will be liable for payment.

Students not enrolled in the residential program may enroll in voluntary coverage online at prescott.myahpcare.com/enrollment.

PLAN BASICS

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Aetna PPO.**

BENEFIT MAXIMUMS & DEDUCTIBLES		
	In-Network Provider	Out-of-Pocket Provider
Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Deductible	\$ 500 Per Insured Person, Per Policy Year	\$ 1,000 Per Insured Person, Per Policy Year
Individual Out-of-Pocket Maximum	\$ 8,150 Per Insured Person, Per Policy Year	
Family Out-of-Pocket Maximum	\$ 16,300 for all Insureds in a Family, per Policy Year	

2022-2023 PREMIUM COSTS & COVERAGE PERIODS		
Coverage Periods	1st Semester 08/11/22 - 12/31/22	2nd Semester 01/01/23 - 08/10/23
Student	\$ 1,796.66	\$ 2,789.69
Spouse	\$ 1,796.66	\$ 2,789.69
Each Child ¹	\$ 1,796.66	\$ 2,789.69

¹The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit prescott.myahpcare.com.

BENEFIT CATEGORY A deductible applies unless otherwise stated below.	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge
Inpatient Hospital (Room and Board)	80% after a \$100 copayment	50% after a \$200 copayment
Inpatient/Outpatient Surgery	80%	50%
Physician, specialist including Consultants Office (Deductible Waived)	100% after a \$25 copayment	100% after a \$50 copayment
Diagnostic Lab Work and Radiological Services	80% per visit	50% per visit
Hospital Emergency Room	80% after a \$200 copayment	80% after a \$200 copayment
Walk-in Clinic Visits (Deductible Waived)	100% after a \$25 copayment	100% after a \$50 copayment
Prescription Drugs, including specialty drugs (Deductible Waived)	At pharmacies contracting with Aetna 100% after a Generic: \$15 copayment Preferred Brand-Name: \$45 copayment Non-Preferred Brand-Name: \$75 copayment	80% after a Generic: \$15 copayment Preferred Brand-Name: \$45 copayment Non-Preferred Brand-Name: \$75 copayment
Preventive Services (Deductible Waived) For more information, please visit healthcare.gov/preventive-care-benefits/	100%	100% (see brochure for additional benefit details)

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Aetna.

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 prescott.myahpcare.com.