

Prescott College

Student Health Insurance Plan 2024-2025

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.



Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Benefit Maximum Per Insured Person, per Policy Year		Unlimited
Deductible Per Insured Person, Per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year		\$8,150
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year		\$16,300
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

Premium Costs & Coverage Periods

	1st Semester 08/11/24 - 12/31/24	2nd Semester 01/01/25 - 08/10/25
Coverage Periods		
Waiver Periods	05/30/24 - 09/29/24	10/25/24 - 02/28/25
Student	\$1,966	\$3,049
Spouse	\$1,966	\$3,049
Each Child ¹	\$1,966	\$3,049

¹The cost for two (2) or more children will be two (2) times the child rate.

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

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 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.

More Information

For full details of participation in the plan, please view the complete brochure online at: prescott.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit prescott.myahpcare.com/additionalresources

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

The PPO network is Aetna PPO.