



## 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](http://prescott.myahpcare.com/enrollment).

For more information, visit [prescott.myahpcare.com](http://prescott.myahpcare.com).

## KEY BENEFITS

(Deductible applies unless otherwise stated below) The PPO network is Aetna PPO.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
<b>Benefit Maximum</b> Per Insured Person, per Policy Year		Unlimited
<b>Deductible</b> Per Insured Person, per Policy Year	\$500	\$1,000
<b>Individual Out-of-Pocket Maximum</b> Per Insured Person, per Policy Year		\$8,150
<b>Family Out-of-Pocket Maximum</b> For all Insureds in a Family, per Policy Year		\$16,300
<b>Inpatient Hospital</b> (Room and Board)	80% after a \$100 Copayment	50% after a \$200 Copayment
<b>Inpatient/Outpatient Surgery</b>	80%	50%
<b>Physician, specialist including Consultants Office</b> (Deductible waived)	100% after a \$25 Copayment	100% after a \$50 Copayment
<b>Diagnostic Lab Work and Radiological Services</b>	80% per visit	50% per visit
<b>Hospital Emergency Room</b>	80% after a \$200 Copayment	80% after a \$200 Copayment
<b>Walk-in Clinic Visits</b> (Deductible waived)	100% after a \$25 Copayment	100% after a \$50 Copayment
<b>Prescription Drugs</b> Up to a 30 day supply 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

## COVERAGE PERIODS & RATES

	First Semester	Second Semester
<b>Coverage Periods</b>	08/11/2025 - 12/31/2025	01/01/2026 - 08/10/2026
<b>Waiver Periods</b>	05/30/2025 - 09/29/2025	10/24/2025 - 02/27/2026
<b>Student</b>	\$2,084	\$3,234
<b>Spouse</b>	\$2,084	\$3,234
<b>Each Child<sup>1</sup></b>	\$2,084	\$3,234

<sup>1</sup>The 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](http://prescott.myahpcare.com).

## 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 [prescott.myahpcare.com](http://prescott.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 Aetna.