



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.

For more information, visit 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
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 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
Coverage Periods	08/11/2026 - 12/31/2026	01/01/2027 - 08/10/2027
Waiver Periods	06/01/2026 - 09/28/2026	10/26/2026 - 02/28/2027
Student	\$1,963	\$3,044
Spouse	\$1,963	\$3,044
Each Child¹	\$1,963	\$3,044

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.

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 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 Aetna.