

# Sam Houston State University College of Osteopathic Medicine

## Student Health Insurance Plan 2024-2025



### More Information

For full details of participation in the plan, please view the complete brochure online at: [shsu-com.myahpcare.com](https://shsu-com.myahpcare.com)

### Questions

To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](https://help.ahpcare.com)

### Insurance ID Card

To access your ID card, please visit [shsu-com.myahpcare.com/additionalresources](https://shsu-com.myahpcare.com/additionalresources)



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### Eligibility

All registered College of Osteopathic Medicine Students are automatically enrolled in the plan, unless proof of comparable coverage is provided.

Dependent coverage is available for College of Osteopathic Medicine Students. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline.

Visit the website [shsu-com.myahpcare.com](https://shsu-com.myahpcare.com) to enroll/renew your coverage online. For additional information, contact Student Health Services at (936) 294-1805.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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.**

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 Certificate of insurance. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate of insurance is accessible upon approval at [shsu-com.myahpcare.com](https://shsu-com.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.

## Student Health Center Benefits (Students Only)

Deductible will be waived and benefits paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following:

- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for all other services listed in the Schedule of Benefits.

### Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
Individual Deductible Per Person, per Policy Year	\$500	\$1,000
Family Deductible For all Insureds in a Family, per Policy Year	\$1,000	\$2,000
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$7,350	\$15,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$14,700	\$30,000
Hospital Room and Board	80%	60%
Inpatient/Outpatient Surgical Services	80%	60%
Physicians and Other Health Professionals Office Visits	100% after a \$30 Copayment per visit (Deductible waived)	60%
Diagnostic Complex Imaging, Lab Work, and Radiological Services	80%	60%
Hospital Emergency Room Copayment waived if admitted	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
Prescription Drugs Includes specialty drugs 31-day supply per prescription (Deductible waived)	At pharmacies contracting with Aetna Student Health  100% after a: Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$40 Copayment Non-Preferred Brand-Name Drug: \$60 Copayment	60%  Please note: You are required to pay the full amount charged at the time of service for all prescriptions at an Out-of-Network provider and then file a claim for reimbursement.
Preventive Care Services For more information, visit <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	60%

### Coverage Periods & Rates

Coverage Periods	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025
Open Enrollment	06/14/2024 - 08/01/2024	12/30/2024 - 02/01/2025
Student	\$964	\$1,334
Spouse	\$964	\$1,334
Each Child, 2x Max <sup>1</sup>	\$964	\$1,334

<sup>1</sup>Coverage for two (2) or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit [shsu-com.myahpcare.com](https://shsu-com.myahpcare.com).