



Sam Houston State University  
College of Osteopathic Medicine

# Student Coverage With Care 2025-2026



SCAN ME



## What's Included?



Academic  
Student  
Assistance  
Program (ASAP)



Access to  
Academic  
Vision Care  
(AVC)



Academic  
Emergency  
Services  
(AES)\*



Telehealth  
solutions through  
AcademicLiveCare  
(ALC)



Coverage  
when  
traveling



Aetna is the  
Preferred  
Provider Network

## 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 1 (936) 294-1805.



### 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)

\*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.



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.

## Benefits

(Deductible applies unless otherwise stated below)

**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.

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

## Coverage Periods & Rates

| Coverage Periods   | FALL<br>08/01/2025 - 12/31/2025 | SPRING/SUMMER<br>01/01/2026 - 07/31/2026 |
|--------------------|---------------------------------|--|
| Open Enrollment    | 06/13/2025 - 08/01/2025         | 12/30/2025 - 02/01/2026                  |
| Student            | \$979                           | \$1,354                                  |
| Spouse             | \$979                           | \$1,354                                  |
| Child <sup>1</sup> | \$979                           | \$1,354                                  |

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

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 [shsu-com.myahpcare.com](https://shsu-com.myahpcare.com) upon approval by federal and state authorities.