



Sam Houston State University
Graduate/Undergraduate/
Distance Learning Students

Student Coverage With Care 2026-2027

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

Domestic Undergraduate Students registered in 9 or more hours (3 or more for Summer) are eligible to enroll in the Plan.

Graduate students enrolled in 6 or more credit hours (3 or more for Summer) are eligible to enroll.

Distance Learning Students taking nine (9) or more credit hours and paying the SHSU Medical Services Fee are eligible to participate in the plan on a voluntary basis.

Dependent coverage is not offered for Domestic or Distance Learning Students.

Voluntary coverage will only be sold by Fall, Spring/Summer and Summer semester, and student must meet eligibility requirements each semester.

Visit the website shsu-dom.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

Insurance ID Card

To access your ID card, please visit shsu-dom.myahpcare.com/additionalresources



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.

Benefits

(Deductible applies unless otherwise stated below)

Student Health Center Benefits: 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 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%
Physician, Specialist including Consultants 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 (Deductible waived)	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
Prescription Drugs Includes specialty drugs 30-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 healthcare.gov/preventive-care-benefits	100% (Deductible waived)	60%

Coverage Periods & Rates

Coverage Periods	FALL 08/01/2026 - 12/31/2026	SPRING/SUMMER 01/01/2027 - 07/31/2027	SUMMER 05/08/2027 - 07/31/2027
Open Enrollment	07/27/2026 - 09/13/2026	12/11/2026 - 01/30/2027	04/30/27 - 06/11/27
Student	\$2,294	\$3,175	\$1,273

To view all enrollment and coverage periods available, please visit shsu-dom.myahpcare.com.

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-dom.myahpcare.com upon approval by federal and state authorities.