



Sam Houston State University  
International

# 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

### Questions

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

### Insurance ID Card

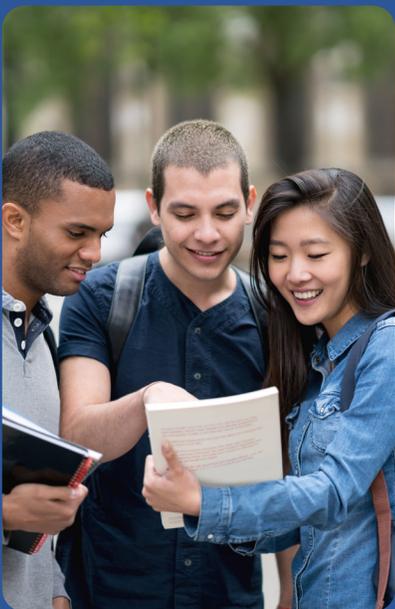
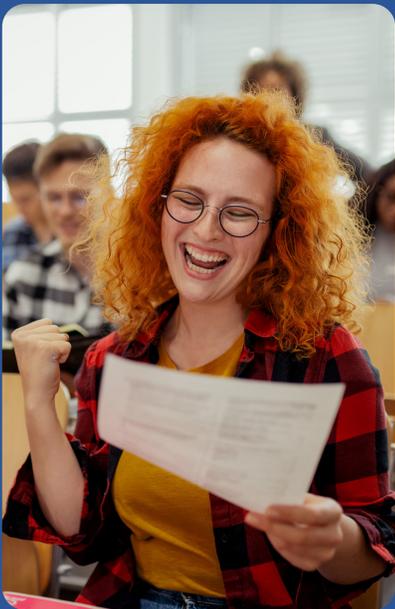
To access your ID card, please visit [shsu-intl.myahpcare.com/additionalresources](http://shsu-intl.myahpcare.com/additionalresources)

## Eligibility

All SHSU enrolled International students in the United States with F-1 and J-1 student visa classifications are subject to the mandatory health insurance requirement per Student Affairs policy SA-01, *Student Health Insurance Coverage*. All registered students will be enrolled in the health insurance plan and plan fees will be added to their semester fee statement. An International student with an equivalent US-based government or employer sponsored plan may submit a waiver to have that plan reviewed for the required insurance coverage. Dependents of International students may be voluntarily enrolled as a dependent of the primary covered SHSU student.

Visit the website [shsu-intl.myahpcare.com](http://shsu-intl.myahpcare.com) to enroll/renew your coverage online. For additional information, contact Student Health Services at 1 (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.



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 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 <a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	60%

## Coverage Periods & Rates

	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026
Enrollment Periods	07/25/2025 - 09/13/2025	12/12/2025 - 01/30/2026
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-intl.myahpcare.com](https://shsu-intl.myahpcare.com) upon approval by federal and state authorities.