

Sam Houston State University - Domestic

Student Health Insurance Plan

Eligibility

All registered Domestic Undergraduate Students taking nine (9) or more credit hours (three (3) or more credit hours during summer sessions) are eligible to participate in the plan on a voluntary basis.

All registered Domestic Graduate Students, including College of Osteopathic Medicine, taking six (6) or more credit hours (three (3) or more credit hours during summer sessions) are eligible to participate in the plan on a voluntary basis.

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.

Voluntary coverage will only be sold by fall, spring/summer and summer semester, and student must meet eligibility requirements each semester. Dependent coverage is not offered for Domestic or Distance Learning Students.

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

Please view the complete brochure on-line at shsu.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to Medical and Mental Health Telemedicine Services
- Coverage When Traveling
- Academic Emergency Services*

*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.



Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Aetna.

Sam Houston State University 2022-2023 - Domestic

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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Aetna Student Health.**

Student Health Center Benefits (Students Only):

The Deductible 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 the following services:

- Prescription Drugs after a \$10 Copayment per prescription for pharmacy charges greater than \$20; up to a 31-day supply per prescription.
- The Deductible and Copayments 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.

BENEFIT MAXIMUMS & DEDUCTIBLES		
	In-Network Coverage	Out-of-Network Coverage
Individual Policy Year Deductible	\$500 per policy year	\$1,000 per policy year
Family Policy Year Deductible	\$1,000 per policy year	\$2,000 per policy year
Individual Maximum Out-of-Pocket Limit	\$7,350 per policy year	\$15,000 per policy year
Family Maximum Out-of-Pocket Limit	\$14,700 per policy year	\$30,000 per policy year

BENEFIT CATEGORY (Deductible applies unless otherwise stated below)	Preferred Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge
Hospital Room and Board	80%	60%
Inpatient/Outpatient Surgical Services	80%	60%
Physicians and Other Health Professionals	100% after \$30 Copayment per visit (Deductible Waived)	60%
Diagnostic Complex Imaging, Lab Work, and Radiological Services	80%	60%
Hospital Emergency Room	80% after \$150 Copayment per visit (Deductible Waived)	80% after \$150 Copayment per visit (Deductible Waived)
Prescription Drugs including Specialty Drugs 31-day supply per prescription (Deductible Waived)	At pharmacies contracting with Aetna Student Health, 100% after a Generic: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$60 Copayment	60% Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.
Preventive Care Services For more information please visit healthcare.gov/preventive-care-benefits	100% (Deductible Waived)	60%

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall	Spring/Summer	Summer
	08/15/22 - 12/31/22	01/01/23 - 08/14/23	05/08/23 - 08/14/23
Open Enrollment	07/14/22 - 09/13/22	12/31/22 - 01/31/23	04/30/23 - 06/11/23
Student	\$1,238.00	\$2,012.00	\$882.00

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