

# Sam Houston State University - Domestic

# Student Health Insurance Plan

## Eligibility

Domestic Undergraduate Students registered in 9 or more hours (3 or more for Summer), with at least 50% on-campus, are eligible to enroll in the Plan.

Graduate students enrolled in 6 or more credit hours (3 or more for Summer), with at least 50% on-campus, are eligible to enroll in the Plan.

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

## 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<br>(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<br>(Deductible Waived)                                                                                                                          | 60%                                                                                                                                                                                                   |
| Diagnostic Complex Imaging, Lab Work, and Radiological Services                                                                                                        | 80%                                                                                                                                                                                 | 60%                                                                                                                                                                                                   |
| Hospital Emergency Room                                                                                                                                                | 80% after \$150 Copayment per visit<br>(Deductible Waived)                                                                                                                          | 80% after \$150 Copayment per visit<br>(Deductible Waived)                                                                                                                                            |
| Prescription Drugs including Specialty Drugs<br>31-day supply per prescription<br>(Deductible Waived)                                                                  | At pharmacies contracting with Aetna Student Health, 100% after a<br>Generic: \$20 Copayment<br>Preferred Brand-Name: \$40 Copayment<br>Non-Preferred Brand-Name:<br>\$60 Copayment | 60%<br><br>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<br>For more information please visit<br><a href="https://healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a> | 100%<br>(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](https://shsu.myahpcare.com).