

Sam Houston State University - International Student Health Insurance Plan

Eligibility

All registered International Students taking one (1) or more credit hours are required to participate in this plan. International students are automatically enrolled, and the premium will be added to their tuition bill. All International Students with U.S. based employer and embassy plans are eligible to waive the plan as determined by the SHSU Student Health Services.

Eligible dependents of International Students may participate in the plan on a voluntary basis. 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.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 - International 2022-2023

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 <small>(Deductible applies unless otherwise stated below)</small>	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
	08/15/212 - 12/31/22	01/01/23 - 08/14/23
Open Enrollment	07/25/22 - 09/13/22	12/12/22 - 02/02/23
Student	\$1,238.00	\$2,012.00
Spouse	\$1,238.00	\$2,012.00
Child	\$1,238.00	\$2,012.00
Children	\$2,476.00	\$4,024.00

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

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at shsu.myahpcare.com.