



A STUDENT HEALTH PLAN **FOR YOU!**

AM I ELIGIBLE?

All registered students residing on campus and all intercollegiate athletes will be automatically charged for the Student Health Insurance Plan at registration and the premium will be added to your tuition bill unless proof of comparable coverage is provided. Students that have comparable coverage must complete the online waiver at stmarytx.myahpcare.com/waiver.

All other registered undergraduate, graduate and doctoral students taking six (6) or more credit hours are eligible to participate in the Plan and may enroll online at stmarytx.myahpcare.com/enrollment or request to add the premium to their tuition bill by the deadlines specified at stmarytx.myahpcare.com/enrollment.

Graduate students completing a thesis or dissertation and enrolled in their last semester are eligible to participate in the Plan.

All registered "F", "J", and "H" International students, including "J" and "F" visa Intensive English Program (IEP) students, will be automatically charged for the Student Health Insurance Plan.

International students may submit an online waiver to remove the health insurance premium from their business accounts by the deadline. There are strict requirements that must be met before a waiver is granted, including demonstration of medical evacuation and repatriation benefits. For more information regarding the waiver, please go to stmarytx.myahpcare.com/waiver.

Dependents are no longer eligible to enroll.

OPT-OUT / WAIVER

AHP reserves the right to deny waiver requests. Please visit Gateway for more specific details. Students living on campus, intercollegiate athletes and international students (F, J, and H visas) can waive coverage by completing an online waiver at stmarytx.myahpcare.com/waiver.

- Fall 2021 Deadline: Wednesday, September 08, 2021
- Spring 2022 Deadline: Friday, February 04, 2022
- Summer 2022 Deadline: Friday, June 03, 2022

Please view the complete brochure online at stmarytx.myahpcare.com for full details of participation in the plan.

ADDITIONAL BENEFITS

- Access to 24-Hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services*

ST. MARY'S UNIVERSITY 2021 - 2022

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 PPO.**

BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Deductible per Insured Person, per Policy Year	\$ 500	
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 8,550	\$ 17,100

COVERAGE PERIOD & COST

Fall	08/02/21 - 12/31/21
Enrollment Deadline	06/21/21 - 09/08/21
Student	\$ 1,210
Spring	01/01/22 - 08/01/22
Enrollment Deadline	12/02/21 - 02/05/22
Student	\$ 1,210
Summer	05/31/22 - 08/01/22
Enrollment Deadline	05/02/22 - 06/03/22
Student	\$ 418
Summer 2	07/05/22 - 08/01/22
Enrollment Deadline	06/20/22 - 07/01/22
Student	\$ 185

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

BENEFITS Deductible applies unless otherwise stated below

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
STUDENT HEALTH CENTER Deductible waived	Payments are based on the Negotiated Charge	Payments are based on Recognized Charge
Hospital Room and Board		
N/A	80%	60%
Inpatient/Outpatient Surgery		
N/A	80%	60%
Physician and includes specialist services (Office hours visits)		
100% after a \$10 Primary Care Copayment	100% after a \$30 Copayment (deductible waived)	60%
Diagnostic Testing		
100%	80%	60%
Hospital Emergency Room (deductible waived)		
N/A	80% after \$200 Copayment	80% after \$200 Copayment
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/		
100%	100% (deductible waived)	60%
Prescription Drugs Covers up to a 30 day supply (retail pharmacy)		
N/A	At pharmacies contracting with Aetna:	At pharmacies contracting with Aetna:
	100% after:	100% after:
	Generic Drug: \$15 Copayment	Generic Drug: \$15 Copayment
	Preferred Brand-Name Drug: \$30 Copayment	Preferred Brand-Name Drug: \$30 Copayment
	Non-Preferred Generic & Brand-Name Drug: \$60 Copayment	Non-Preferred Generic & Brand-Name Drug: \$60 Copayment
	Specialty Drugs: 80% Coinsurance	Specialty Drugs: 80% Coinsurance