



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, doctoral and law 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 by the deadline to remove the health insurance premium from their business accounts. 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 2022 Deadline: Friday, September 02, 2022
- Spring/Summer 2023 Deadline: Tuesday, January 31, 2023
- Summer 2023 Deadline: Friday, June 02, 2023
- Summer 2 2023 Deadline: Monday, July 03, 2023

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 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 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	
Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 8,550	\$ 17,100

COVERAGE PERIOD & COST

Fall	08/02/22 - 12/31/22
Enrollment Period	06/27/22 - 09/02/22
Student	\$ 1,299
Spring	01/01/23 - 08/01/23
Enrollment Period	12/01/22 - 01/31/23
Student	\$ 1,299
Summer	05/30/23 - 08/01/23
Enrollment Period	05/02/23 - 06/02/23
Student	\$ 455
Summer 2	07/03/23 - 08/01/23
Enrollment Period	06/20/23 - 07/03/23
Student	\$ 213

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

BENEFITS Deductible applies unless otherwise stated below

STUDENT HEALTH CENTER Deductible waived	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER 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 (deductible waived) Covers up to a 30 day supply (retail pharmacy)		
N/A	At pharmacies contracting with Aetna: 100% after: Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$30 Copayment Non-Preferred Generic & Brand-Name Drug: \$60 Copayment Specialty Drugs: 80% Coinsurance	At pharmacies contracting with Aetna: 60% after: Generic Drug: \$15 Copayment Preferred Brand-Name Drug: \$30 Copayment Non-Preferred Generic & Brand-Name Drug: \$60 Copayment Specialty Drugs: 80% Coinsurance