

St. Mary's University 2018-2019 Student Health Insurance Plan

Eligibility

All registered students residing on campus and all intercollegiate athletes will be automatically enrolled in the Student Health Insurance Plan at registration and 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 by the 12th class day 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 or request to add premium to their tuition bill by the 12th class day.

Graduate students completing 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 enrolled in 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 and click on the "Waiver" tab.

How do I Waive?

AHP reserves the right to deny waiver requests. Deadline for online waiver requests at stmarytx.myahpcare.com/waiver is the 12th class day of the semester the student is entering. 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 2018 Deadline: Friday, September 07, 2018

Spring 2019 Deadline: Friday, February 02, 2019

Summer 2019 Deadline: Friday, June 08, 2019


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

Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services

Additional Information

 stmarytx.myahpcare.com

 1-855-357-0238

 @ahpcare

 Academic HealthPlans



St. Mary's University 2018-2019

Student Health Insurance Plan

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 | |
|--------------------------------|--|
| Benefit Maximum | Unlimited, per Insured Person, per Policy Year |
| Deductible | \$500 per Insured Person, per Policy Year |
| Individual Out-of-Pocket Limit | In-Network Provider: \$7,350 per Insured Person, per Policy Year Out-of-Network Provider: \$14,700 per Insured Person, per Policy Year |
| Family Out-of-Pocket Limit | In-Network Provider: \$14,700 per Insured Person, per Policy Year Out-of-Network Provider: \$38,100 per Insured Person, per Policy Year |

| BENEFIT CATEGORY | Student Health Center | Network Provider | Non-Network Provider |
|---|--|---|--|
| | (Deductible waived) | Payments are based on the Negotiated Charge | Payments are based on Recognized Charge |
| Hospital Room and Board Expense | N/A | 80% | 60% |
| Inpatient/Outpatient Surgery | N/A | 80% | 60% |
| In-Office Physician Fees includes specialist | 100% after a \$10 Primary Care Copayment | 100% after a \$25 Copayment (deductible waived) | 60% |
| Diagnostic X-ray Services & Laboratory Procedures | 100% | 80% | 60% |
| Emergency Services Expense | N/A | 80% after \$200 copayment (deductible waived) | 80% after \$200 copayment (deductible waived) |
| Prescription Drugs (deductible waived) | N/A | At pharmacies contracting with Aetna: 100% after a \$15 Copayment per Preferred Generic Drug \$30 Copayment per Preferred Brand-Name Drug \$60 Copayment per Non-Preferred Generic Drug 80% Coinsurance per Non-Preferred Brand-Name Drugs | 60% after a \$15 Copayment per Preferred Generic Drug \$30 Copayment per Preferred Brand-Name Drug \$60 Copayment per Non-Preferred Generic Drug 60% Coinsurance per Non-Preferred Brand-Name Drugs |
| *Preventive Care Services | 100% | 100% (deductible waived) | 60% |

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

| 2018-2019 PREMIUM COSTS AND COVERAGE PERIODS | | | | | |
|--|--|--|--|--|--|
| Coverage Periods | Annual 08/02/2018 through 08/01/2019 | Fall 08/02/2018 through 12/31/2018 | Spring 01/01/2019 through 08/01/2019 | Summer 05/28/2019 through 08/09/2019 | Summer 2 07/01/2019 through 08/09/2019 |
| Open Enrollment | 06/20/2018 through 09/14/2018 | 06/20/2018 through 09/14/2018 | 12/01/2018 through 02/09/2019 | 04/22/2019 through 06/08/2019 | 06/18/2019 through 07/12/2019 |
| Student | \$ 2,147.00 | \$ 1,074.00 | \$ 1,074.00 | \$ 436.00 | \$ 237.00 |
| Spouse | \$ 2,147.00 | \$ 1,074.00 | \$ 1,074.00 | \$ 436.00 | \$ 237.00 |
| Child ¹ | \$ 2,147.00 | \$ 1,074.00 | \$ 1,074.00 | \$ 436.00 | \$ 237.00 |

¹The cost for two or more children will be two times the child rate.

To view all enrollment and coverage periods available, please visit stmarytx.myahpccare.com or call Academic HealthPlans at 1-855-357-0238.

DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.