

St. Mary's University 2019-2020 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 2019 Deadline: Friday, September 06, 2019

Spring 2020 Deadline: Monday, February 03, 2020


Summer 2020 Deadline: Friday, June 05, 2020

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

 support@ahpcare.com

 1-855-357-0238



St. Mary's University 2019-2020

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 & Brand Name Drug 80% Coinsurance per Specialty Drugs	60% after a \$15 Copayment per Preferred Generic Drug \$30 Copayment per Preferred Brand-Name Drug \$60 Copayment per Non-Preferred Generic & Brand Name Drug 80% Coinsurance per Specialty Drugs
*Preventive Care Services	100%	100% (deductible waived)	60%

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

2019-2020 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Annual 08/02/2019 through 08/01/2020	Fall 08/02/2019 through 12/31/2019	Spring 01/01/2020 through 08/01/2020	Summer 05/26/2020 through 08/01/2020	Summer 2 06/26/2020 through 08/01/2020
Open Enrollment	06/20/2019 through 09/13/2019	06/20/2019 through 09/13/2019	12/02/2019 through 02/03/2020	04/22/2020 through 06/08/2020	06/18/2020 through 07/13/2020
Student	\$ 2,230.00	\$ 1,115.00	\$ 1,115.00	\$ 414.00	\$ 225.00
Spouse	\$ 2,230.00	\$ 1,115.00	\$ 1,115.00	\$ 414.00	\$ 225.00
Child ¹	\$ 2,230.00	\$ 1,115.00	\$ 1,115.00	\$ 414.00	\$ 225.00

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.

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 stmarytx.myahpccare.com.