

St. Mary's University 2020-2021 Student Health Insurance Plan



Eligibility

All registered students residing on campus and all intercollegiate athletes will be automatically charged for 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 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 premium to their tuition bill by the deadlines specified at stmarytx.myahpcare.com/enrollment.

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 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.

How do I Waive?

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 2020 Deadline: Monday, September 07, 2020

Spring 2021 Deadline: Wednesday, February 03, 2021

Summer 2021 Deadline: Friday, June 04, 2021

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

St. Mary's University 2020-2021

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	In-Network Provider	Out-of-Network Provider
	<i>(Deductible waived)</i>	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	N/A	80% per admission	60% per admission
Inpatient/Outpatient Surgery	N/A	80%	60%
Physician Office Visits <i>includes specialist</i>	100% after a \$10 Primary Care Copayment	100% after a \$25 Copayment per visit <i>(deductible waived)</i>	60% per visit
Diagnostic Testing	100%	80% per visit	60% per visit
Emergency Services Expense <i>(deductible waived)</i>	N/A	80% after \$200 Copayment per visit	80% after \$200 Copayment per visit
Prescription Drugs <i>(deductible waived)</i>	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 <small>For more information, please visit healthcare.gov/preventive-care-benefits/.</small>	100%	100% <i>(deductible waived)</i>	60%

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS				
Coverage Periods	Fall 08/02/2020 through 12/31/2020	Spring 01/01/2021 through 08/01/2021	Summer 06/01/2021 through 08/01/2021	Summer 2 07/06/2021 through 08/01/2021
Open Enrollment	06/22/2020 through 09/07/2020	12/02/2020 through 02/03/2021	04/26/2021 through 06/04/2021	06/21/2021 through 07/13/2021
Student	\$ 1,168.00	\$ 1,168.00	\$ 396.00	\$ 173.00
Spouse	\$ 1,168.00	\$ 1,168.00	\$ 396.00	\$ 173.00
Child ¹	\$ 1,168.00	\$ 1,168.00	\$ 396.00	\$ 173.00

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.myahpcare.com.