

Saint Martin's University

Student Health Insurance Plan 2023-2024



Eligibility

All Domestic students enrolled half time or more attending Saint Martin's University on the Lacey Campus are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished by the waiver deadline.

Eligible students who enroll may also enroll their dependents.

Waiver

If you have insurance that is comparable to the Student Health Insurance Plan (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in your school's plan, you must complete the online waiver application process at stmartin.myahpcare.com by the waiver deadline or you will be responsible for the premium charge. Waivers are good for the academic year provided that the coverage listed has not changed.

What's Included?

- Access to telemedicine services
- Coverage when traveling
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

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 stmartin.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: stmartin.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit stmartin.myahpcare.com/additionalresources

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.

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Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on Recognized Charge
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	\$ 250	\$ 500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 4,500	\$ 9,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$ 9,000	\$ 18,000
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80% per visit	60% per visit
Physician, specialist including Consultants office visits	80% per visit	60% per visit
Outpatient Diagnostic Testing	80% per visit	60% per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	80% per visit	60% per visit
Hospital Emergency Room (Deductible waived)	100% after a \$100 Copayment per visit	100% after a \$100 Copayment per visit
Prescription Drugs, includes specialty drugs Up to a 31 day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$15 Copayment Preferred Brand-Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment	50% after a Generic: \$15 Copayment Preferred Brand-Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits .	100% per visit Deductible Waived	60% per visit

Premium Costs** and Coverage Periods

	FALL 08/31/2023 - 01/07/2024	SPRING/SUMMER 01/08/2024 - 08/30/2024	SUMMER 05/13/2024 - 08/30/2024
Enrollment/Waiver Period	07/18/2023 - 09/18/2023	12/05/2023 - 01/25/2024	N/A
Student	\$ 1,390	\$ 2,525	\$ 1,181
Spouse	\$ 1,383	\$ 2,512	\$ 1,171
Each Child ¹	\$ 1,383	\$ 2,512	\$ 1,171

¹Coverage for two or more children is calculated at the child rate times two (2).
 ** Above rates subject to change pending final approval by the State of Washington.
 To view all enrollment and coverage periods available, please visit stmartin.myahpcare.com