



Saint Martin's University

Student Coverage With Care 2025-2026

What's Included?



Aetna
PPO
Network



Access to
Dental and
Vision
Options



Coverage when
traveling through
OnCall Travel
Assistance



Telehealth
solutions
through
TeleDoc



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.

For more information, visit
stmartin.myahpcare.com.

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.



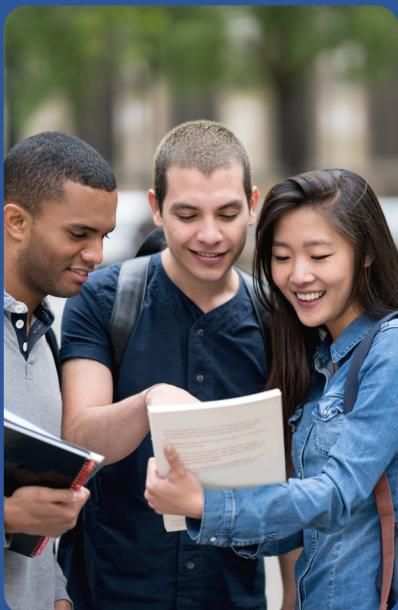
Questions

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



Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Aetna.

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
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	\$9,100	\$18,200
Hospital Room & 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 & cognitive therapies (including Cardiac & 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 30 day supply (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$25 Copayment Preferred Brand-Name: \$60 Copayment Non-Preferred Brand-Name: \$100 Copayment	50% after a Generic: \$25 Copayment Preferred Brand-Name: \$60 Copayment Non-Preferred Brand-Name: \$100 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** & Coverage Periods

(**Below rates are subject to change pending final approval by the State of Washington)

	FALL 08/31/2025 - 01/07/2026	SPRING/SUMMER 01/08/2026 - 08/30/2026
Enrollment/Waiver Periods	07/18/2025 - 09/15/2025	12/05/2025 - 02/02/2026
Student	\$1,294	\$2,331

To view all enrollment & coverage periods available, please visit stmartin.myahpcare.com

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at stmartin.myahpcare.com upon approval by federal and state authorities.