

Sul Ross State University - International Students

Student Health Insurance Plan

2025-2026



Eligibility

All enrolled International Students in the United States with non-immigrant F-1 and J-1 student visa classifications are required to participate in the mandatory health insurance requirement. International students are automatically enrolled, and the premium will be added to your student account.

For more information, visit sulross.myahpcare.com.

What's Included?

- Aetna PPO will provide maximum benefits at lowest cost
- Virtual visits through AcademicLiveCare (ALC)
- Coverage when traveling
- Academic Emergency Services (AES)*

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 sulross.myahpcare.com/additionalresources

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 sulross.myahpcare.com upon approval by federal and state authorities.



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 the Recognized Charge
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$500	\$1,000
Family Debutctible Per Family, per Policy Year	\$1,000	\$2,000
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$7,350	\$15,000
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$14,700	\$30,000
Hospital Room and Board Expenses	80%	60%
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist including Consultants Office Visits	100% after a \$30 Copayment (Deductible waived)	60%
Diagnostic Testing	80%	60%
Outpatient Physical, Occupational, Speech, and Cognitive Therapies including Cardiac & Pulmonary Therapy	80%	60%
Hospital Emergency Room Copayment waived if admitted (Deductible waived)	80% after a \$150 Copayment	80% after a \$150 Copayment
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	60%
Prescription Drugs including specialty drugs (Deductible waived)	At pharmacies contracting with Aetna: 100% after a Generic Drug: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name Drug: \$60 Copayment	60%

Coverage Periods & Rates

Coverage Periods	EARLY FALL 08/01/2025 - 08/14/2025	FALL 08/15/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 08/14/2026
Enrollment Periods	07/15/2025 - 08/14/2025	07/15/2025 - 09/06/2025	10/17/2025 - 02/21/2026
Student	\$91.00	\$1,166.50	\$194.50
Spouse	\$91.00	\$1,166.50	\$194.50
Each Child, 2x Max	\$91.00	\$1,166.50	\$194.50

To view all enrollment and coverage periods available, please visit sulross.myahpcare.com.