

Trinity University

Student Health Insurance Plan 2024-2025

What's Included?

- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services*
- Access to a broad Network from Cigna OAP
- Vision Coverage through Academic Vision Care (AVC)

More Information

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

*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), a Risk Strategies Company.

Eligibility

All registered students, taking nine (9) or more credit hours and graduate students enrolled in full-time graduate studies are automatically enrolled in this insurance Plan unless proof of comparable coverage is furnished.

To comply with the mandatory health insurance requirement all students will be billed for annual coverage of the Student Health Plan in July 2024.

A completed and approved online waiver form allows you to decline coverage and have the charge removed from your student billing account.

If the waiver is not completed by the deadline, you will be enrolled in the student health plan and the corresponding charge cannot be cancelled.

Can I Waive/Can I Opt-Out?

If you have other personal health insurance and don't want the student health plan, you must submit an online insurance waiver annually.

The waiver is available beginning in July through the end of add/drop, approximately one (1) week after classes begin. A completed waiver allows you to decline coverage and have the charge removed. Instructions will accompany your university bill. During the waiver period the waiver will be available online at trinity.myahpcare.com.

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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 Preferred Provider Network is the Cigna PPO Network.

**Student Health Center Benefits:

The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred based on an approved fee schedule when treatment is rendered at the Student Health Center.

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 trinity.myahpcare.com.

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 Wellfleet.

Benefits

(Deductible applies unless otherwise stated below)

IN-NETWORK PROVIDER

Uses Cigna Network Payments are based on the Negotiated Charge for Covered Medical Expenses

OUT-OF-NETWORK PROVIDER

Payments are based on the Usual & Customa Charge for Covered Medical Expenses

Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$350	\$700
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$8,000	\$15,000
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$16,000	\$30,000
Hospital Care, Includes hospital room and board expense Pre-Authorization Required	80%	60%
Inpatient/Outpatient Surgery Pre-Authorization Required	80%	60%
Physician Office Visits, Including Specialists and Consultants	100% after a \$50 Copayment (Deductible waived)	60%
Diagnostic Imaging Services Pre-Authorization Required	80%	60%
Laboratory Procedures	80%	60%
Emergency Care Services	80% after a \$100 Copayment	80% after a \$100 Copayment
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	50%
Prescription Drugs (Deductible waived)	At pharmacies contracting with Welfleet Rx/ESI 100% after: Tier 1: \$15 Copayment Tier 2: \$45 Copayment Tier 3: \$80 Copayment Specialty Drugs: \$80 Copayment	100% after: Tier 1: \$15 Copayment Tier 2: \$45 Copayment Tier 3: \$80 Copayment Specialty Drugs: \$80 Copayment

Rates & Coverage Periods			
	Annual 08/01/24 - 07/31/25	Spring/Summer 01/01/25 - 07/31/25	
Open Enrollment	07/08/24 - 09/03/24	12/02/24 - 01/23/25	
Student	\$2,363	\$1,372	
Spouse	\$2,363	\$1,372	
Each Child ¹	\$2,363	\$1,372	

¹Coverage for two (2) or more children is calculated at the child rate times two (2). To view all enrollment and coverage periods available, please visit trinity.myahpcare.com.