Texas State University - Domestic

Undergraduate students must be registered in 9 or more hours (3 or more for Summer), with at least 50% on-campus, to be eligible to purchase the Student Health Insurance Plan during the open enrollment period.

Graduate students must be registered in 6 or more hours (3 or more for Summer), with at least 50% on-campus, to be eligible to purchase the Student Health Insurance Plan during the open enrollment period.

Please view the complete brochure on-line at txstate.myahpcare.com for full details of participation in the plan.

Please note: Non F1/J1 students are no longer eligible to participate in the Student Health Insurance Plan.









Aetna PPO will provide maximum benefits at lowest cost

Access to Telehealth

Monthly Installments Options available at txstate.myahpcare.com/cost. Installment fee applies. No credit card or ACH fees

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, LLC, separate and independent companies from Academic HealthPlans

Administered by Academic HealthPlans



Texas State University - Domestic 2021-2022

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**.

STUDENT HEALTH CENTER: The deductible will be waived and covered expenses paid at 100% based upon Aenta allowables. A \$30 copayment applies to doctor's visits. Student prescription drug benefits at the Student Health Center provide coverage for medication prescribed for the treatment of acne, allergies and Mental Health Treatment if the medication is available on the Student Health formulary.

Brand Drug:

\$25 Copayment

MAXIMUMS & DEDUCTIBLES	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	
Benefit Maximum Per Insured Person, per Policy Year	Unlimited		
Deductible Per Insured Person, per Policy Year	\$ 500	\$ 1,000	
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$ 7,350	\$ 15,000	

COVERAGE & COST

Fall	08/23/21 - 01/09/22
Enrollment Deadline	05/21/21 - 10/01/21
Student	\$ 1,582
Spring	01/10/22 - 05/22/22
Enrollment Deadline	10/21/21 - 02/25/22
Student	\$ 1,502
Spring/Summer	01/10/22 - 08/22/22
Enrollment Deadline	10/21/21 - 02/25/22
Student	\$ 2,542
Summer	05/23/22 - 08/22/22
Enrollment Deadline	03/25/22 - 06/03/22
Student	\$ 1,040
Summer II	07/05/22 - 08/22/22
Enrollment Deadline	06/13/22 - 07/08/22
Student	\$ 554

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

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 txstate.myahpcare.com.

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	BENEFITS (Deduc	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			
	Hospital Room and Bo	ospital Room and Board Expenses				
	80%		60%			
	Inpatient/Outpatient S	Surgery				
	80%		60%			
	Physician and speciali	hysician and specialist, including Consultants Office Visits				
100% after a \$30 Copayment (deductible waived)		60%				
Diagnostic Testing						
80%		60%				
	Outpatient Physical, C Therapies, including Card 80%					
Hospital Emergency Room, Copaymen 80% after a \$150 Copayment (deductible waived)		80% after a \$150 Copayment (deductible waived)				
	reventive Care Services or more information, please visit healthcare.gov/preventive-care-benefits/					
100% (deductible waived)		60%				
Prescription Drugs, including specialty drugs (deductible waived)				ductible waived)		
	At Texas State University Health Center (SHC): Up to a 90-day supply (copayment per 30-day supply)	At pharmacies contracting with Aetna				
	100% after a	100% after a		60%		
	Generic Drug: Generic Drug: \$10 Copayment \$20 Copayment		g: ent			
Brand Drug. Proferred						

Preferred

Brand-Name:

\$40 Copayment

Non-Preferred Brand-Name Drug: \$60 Copayment