

Texas State University - International

Student Health Insurance Plan 2024-2025



Eligibility

All enrolled international students in the United States with non-immigrant F-1 and J-1 student visa classifications are subject to the mandatory health insurance requirement. Students will be automatically enrolled in the health insurance plan unless an approved waiver is received with equivalent insurance coverage that is government-sponsored or U.S. employer-sponsored.

The insurance premium will be billed to your university student account if you are not granted waiver approval before the Tuition Payment Deadline. For more information, visit the ISSS Health Insurance website at international.txstate.edu/current/Health-insurance.

Dependents of non-immigrant F-1 and J-1 Texas State students may be enrolled in the health insurance as a dependent of the Texas State primary visa student (F-1 or J-1) at txstateintl.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*

STUDENT HEALTH CENTER: The deductible will be waived and covered expenses paid at 100% based upon Aetna allowables. A \$30 copayment applies to doctor's visits.

*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.

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 txstateintl.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: txstateintl.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 txstateintl.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.**

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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 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 and 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	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	FALL 08/15/24 - 01/05/25	SPRING/SUMMER 01/06/25 - 08/14/25	SPRING (MAY GRADUATE & EXCHANGE VISITING SCHOLARS ONLY) 01/06/25 - 05/18/25	SUMMER 05/19/25 - 08/14/25
Enrollment Periods	07/15/24 - 09/06/24 at 5:00pm CST	12/02/24 - 02/15/25 at 5:00pm CST	10/17/24 - 02/01/25 at 5:00pm CST	03/27/25 - 06/02/25 at 5:00pm CST
Student	\$906	\$1,392	\$838	\$554
Spouse	\$906	\$1,392	\$838	\$554
Each Child ¹	\$906	\$1,392	\$838	\$554

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 txstateintl.myahpcare.com.