

Texas State University - International

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 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.

For more information, visit txstateintl.myahpcare.com.

What's Included?

- Aetna PPO will provide maximum benefits at lowest cost
- Access to AcademicLiveCare (ALC)
- Coverage when traveling
- Access to Academic Emergency Services (AES)*
- Access to Academic Vision Care (AVC)

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.

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 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 txstateintl.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 Deductible 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	FALL 08/15/2025 - 01/05/2026	SPRING/SUMMER 01/06/2026 - 08/14/2026	SPRING (MAY GRADUATE & EXCHANGE VISITING SCHOLARS ONLY) 01/06/2026 - 05/18/2026	SUMMER 05/19/2026 - 08/14/2026
Enrollment Periods	07/22/2025 - 09/16/2025 at 5:00pm CST	12/02/2025 - 02/15/2026 at 5:00pm CST	12/02/2025 - 02/15/2026 at 5:00pm CST	03/27/2026 - 06/02/2026 at 5:00pm CST
Student	\$920	\$1,413	\$850	\$563
Spouse	\$920	\$1,413	\$850	\$563
Each Child ¹	\$920	\$1,413	\$850	\$563

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.