

University of Central Florida - IEP Students

Student Health Insurance Plan 2024-2025



UNIVERSITY OF
CENTRAL FLORIDA



Eligibility

All eligible Intensive English Program students with F-1 or J-1 visas are eligible to enroll in this insurance plan at registration, subject to the insurance requirements as outlined by the University. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online.

Eligible Dependents, including Domestic Partners of enrolled students may participate in this plan on a voluntary basis.

What's Included?

- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Academic Vision Care (AVC)
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: ucf.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 ucf.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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO.**

*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, 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 ucf.myahpcare.com.

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Benefits (Deductible applies unless otherwise stated below)

***Student Health Center:** The Copayments will be waived when treatment is rendered at the Student Health Center. This applies to insured students only.

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
Benefit Maximum		Unlimited
Individual Deductible Per Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$8,700	\$17,900
Family Out-of-Pocket Maximum For All Insureds in a Family, per Policy Year	\$16,900	\$35,800
Hospital Room and Board Expense	80% after a \$250 Copayment	60% after a \$250 Copayment
Inpatient/Outpatient Surgery	80%	60%
Physician, Specialist, including Consultants Office Visits	80% after a \$40 Copayment* (Deductible waived)	60%
Hospital Emergency Room (Deductible waived)	80% after a \$200 Copayment	80% after a \$200 Copayment
Urgent Care (Deductible waived)	80% after a \$50 Copayment	60% after a \$50 Copayment
Labs, Diagnostic Testing & Radiological Services	80% after a \$40 Copayment* (Deductible waived)	60%
Mental Health and Substance Abuse Treatment Office Visits	100% after a \$40 Copayment* (Deductible waived)	60%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	Not Covered
Prescription Drugs Up to a 30-day supply \$250 Prescription Deductible <u>UCF Student Health Center Pharmacy</u> (Deductible waived) 100% after: Preferred Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$60 Copayment Non-Preferred Brand-Name Drug: \$100 Copayment	At pharmacies contracting with Aetna 100% after: Preferred Generic Drug: \$20 Copayment Preferred Brand-Name Drug: \$100 Copayment Non-Preferred Brand-Name Drug: \$150 Copayment	50%

Coverage Periods & Rates

	ANNUAL 08/15/24 - 08/14/25	FALL 1 08/15/24 - 10/09/24	FALL 2 10/10/24 - 12/31/24	SPRING 1 01/01/25 - 02/26/25	SPRING 2 02/27/25 - 05/07/25	SUMMER 1 05/08/25 - 06/18/25	SUMMER 2 06/19/25 - 08/14/25
Enrollment Periods	06/28/24 - 09/27/24	06/28/24 - 09/27/24	09/15/24 - 11/11/24	11/12/24 - 02/01/25	02/02/25 - 04/02/25	04/03/25 - 06/07/25	06/08/25 - 07/12/25
Student	\$3,556	\$545	\$808	\$555	\$681	\$410	\$555
Spouse	\$3,556	\$545	\$808	\$555	\$681	\$410	\$555
Each Child ¹	\$3,556	\$545	\$808	\$555	\$681	\$410	\$555

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 ucf.myahpcare.com.