



Eligibility

Eligible students are automatically enrolled by the University of North Florida, unless proof of coverage is approved in the online Academic HealthPlans (AHP) portal. Enrolled students may opt to purchase coverage for eligible dependents. Eligible students include: all registered international students with J-1 or F-1 visas and students enrolled full-time in one of the following programs, Undergraduate or Graduate Nutrition and Dietetics and Undergraduate Nursing.

What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- 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: unf.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 unf.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 unf.myahpcare.com.

University of North Florida 2024-2025

Benefits (Deductible applies unless otherwise stated below)

| | IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small> | OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small> |
|---|---|---|
| Benefit Maximum | Unlimited | |
| Individual Deductible Per Insured Person, per Policy Year | \$500 | \$1,000 |
| Individual Out-of-Pocket Maximum Per Insured 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 | 100% 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 | 80% after \$30 Copayment (Deductible waived) | 60% |
| Mental Health and Substance Abuse Treatment Office Visits | 80% after a \$40 Copayment (Deductible waived) | 80% |
| 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 (Deductible waived) | At pharmacies contracting with Aetna 100% after a Generic: \$20 Copayment Preferred Brand-Name: \$75 Copayment Non-Preferred Brand-Name: \$150 Copayment | 50% |

Coverage Periods & Rates

| | ANNUAL 08/17/24 - 08/16/25 | FALL 08/17/24 - 01/07/25 | SPRING 01/08/25 - 05/12/25 | SUMMER 05/13/25 - 08/16/25 |
|-------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| Waiver Periods | 06/24/24 - 09/30/24 | 06/24/24 - 09/30/24 | 11/04/24 - 02/07/25 | 03/25/25 - 06/30/25 |
| Student | \$3,556 | \$1,403 | \$1,217 | \$936 |
| Spouse | \$3,556 | \$1,403 | \$1,217 | \$936 |
| Each Child ¹ | \$3,556 | \$1,403 | \$1,217 | \$936 |

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 unf.myahpcare.com.