



Eligibility

All international students, visiting scholars, Intercollegiate athletes, Program Mandated students, students participating in Optical Practical Training or Curricular Practical Training, and students participating in a Study Abroad/Exchange program are automatically enrolled on a hard waiver basis.

Eligible students may also enroll their dependents.

What's Included?

- Telehealth solutions through AcademicLiveCare
- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to Academic Student Assistance Program (ASAP)
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: usf.mycare26.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 usf.mycare26.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).

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 usf.mycare26.com.

University of South Florida 2023-2024

Benefits (Deductible applies unless otherwise stated below)

USF Student Health and Wellness Center: No Deductible, Copayments, and Coinsurance applies to services rendered at the Student Health and Wellness Center.

	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	\$18,400
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$17,400	\$36,800
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 \$30 Copayment (Deductible waived)	60%
Hospital Emergency Room (Deductible waived)	80% after a \$100 Copayment	80% after a \$100 Copayment
Urgent Care (Deductible waived)	80% after a \$50 Copayment	60% after a \$50 Copayment
Labs & Diagnostic Testing	80% after a \$30 Copayment (Deductible waived)	60%
Mental Health and Substance Abuse Treatment Office Visits	100% after a \$30 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 Deductible	Bulls Country Pharmacy 100% after a Preferred Generic: \$20 Copayment Non-Preferred Generic: \$60 Copayment Preferred Brand-Name: \$100 Copayment Non-Preferred Brand-Name: \$60 Copayment	At pharmacies contracting with Aetna 100% after a Preferred Generic: \$20 Copayment Non-Preferred Generic: \$150 Copayment Preferred Brand-Name: \$100 Copayment Non-Preferred Brand-Name: \$150 Copayment

Coverage Periods & Rates

	EARLY ARRIVAL 1 07/18/23 - 08/16/23	EARLY ARRIVAL 2 08/08/23 - 08/16/23	ANNUAL 08/17/23 - 08/16/24	FALL 08/17/23 - 12/31/23	SPRING 01/01/24 - 05/11/24	SPRING/ SUMMER 01/01/24 - 08/16/24	SUMMER A 05/01/24 - 08/16/24	SUMMER B 06/24/24 - 08/16/24
Student	\$258	\$79	\$3,144	\$1,177	\$1,134	\$1,967	\$928	\$455
Spouse	\$258	\$79	\$3,144	\$1,177	\$1,134	\$1,967	\$928	\$455
Each Child ¹	\$258	\$79	\$3,144	\$1,177	\$1,134	\$1,967	\$928	\$455

¹Coverage for two (2) or more children is calculated at the child rate times two (2).
To view all coverage periods available, please visit usf.mycare26.com.