

Western Washington University 2020-2021

Student Health Insurance Plan



The insurance carrier for 2020-2021 is Aetna.

Eligibility

All Graduate Students taking two (2) or more credit hours or one (1) credit Thesis and all Undergraduate Domestic students enrolled in six (6) or more credit hours (or attending classes at one of the office Extended Education sites), and all Visiting Faculty, Scholars and Practical Training Students are eligible to enroll in this insurance plan.

International Eligibility: Western Washington University does NOT utilize the Aetna plan for their International Students. They are covered under a separate insurance policy.

Eligible students who do enroll may also insure their Dependents.

Enrollment Deadlines

Fall	11/01/2020
Winter	02/28/2021
Spring	05/31/2021
Spring/Summer	05/31/2021
Summer	07/31/2021

Additional Benefits

- Access to telemedicine services
- Coverage when traveling
- Academic Emergency Services

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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 PPO.**

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	In-Network Provider: \$ 250 per Insured Person, per Policy Year Out-of-Network Provider: \$ 500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$ 4,500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 9,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$ 9,000 For all Insureds in a Family, Per Policy Year Out-of-Network Provider: \$ 18,000 For all Insureds in a Family, Per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician Office Hours Visits	80% per visit	80% per visit
Diagnostic X-ray Services & Laboratory Procedures	80% per visit	60% per visit
Outpatient cognitive rehabilitation, physical, occupational and speech therapies	80% per visit	60% per visit
Emergency Services Expense	100% after a \$100 Copayment per visit deductible waived	100% after a \$100 Copayment per visit deductible waived
Prescription Drugs Up to a 31 day supply	At pharmacies contracting with Aetna 100% after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug	50% after a \$15 Deductible per Generic Drug \$35 Deductible per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits .	100% per visit deductible waived	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	Fall 09/01/2020 through 12/31/2020	Winter 01/01/2021 through 03/30/2021	Spring/Summer 03/31/2021 through 08/31/2021	Spring 03/31/2021 through 06/22/2021	Summer 06/23/2021 through 08/31/2021
Student	\$ 1,018	\$ 743	\$ 1,286	\$ 701	\$ 585
Spouse	\$ 1,018	\$ 743	\$ 1,286	\$ 701	\$ 585
Each Child ¹	\$ 1,018	\$ 743	\$ 1,286	\$ 701	\$ 585

¹Coverage for two or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit www.myahpcare.com.

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 www.myahpcare.com.