

Student Health Insurance Plan



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	11/01/2022
Winter	02/28/2023
Spring	05/31/2023
Spring/Summer	05/31/2023
Summer	07/31/2023

Additional Benefits

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

*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.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Aetna.

Western Washington University 2022-2023

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

	In-Network Provider	Out-of-Network Provider
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Deductible per Insured Person, per Policy Year	\$ 250	\$ 500
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 4,500	\$ 9,000
Family Out-of-Pocket Maximum for all Insureds in a Family, per Policy Year	\$ 9,000	\$ 18,000

BENEFIT CATEGORY Deductible applies unless otherwise stated below	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on Recognized Charge
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician, specialist including Consultants office visits	80% per visit	60% per visit
Outpatient Diagnostic Testing	80% per visit	60% per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	80% per visit	60% per visit
Hospital Emergency Room	100% after a \$100 Copayment per visit deductible waived	100% after a \$100 Copayment per visit deductible waived
Prescription Drugs, includes specialty drugs Up to a 31 day supply (deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$15 Copayment Preferred-Brand Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment	100% after a Generic: \$15 Copayment Preferred-Brand Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits .	100% per visit deductible waived	60% per visit

2022-2023 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Winter	Spring/Summer	Spring	Summer
	09/01/2022 - 12/31/2022	01/01/2023 - 03/25/2023	03/26/2023 - 08/31/2023	03/26/2023 - 06/17/2023	06/18/2023 - 08/31/2023
Student	\$ 1,171	\$ 806	\$ 1,527	\$ 806	\$ 720
Spouse	\$ 1,171	\$ 806	\$ 1,527	\$ 806	\$ 720
Each Child ¹	\$ 1,171	\$ 806	\$ 1,527	\$ 806	\$ 720

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.