

Western Washington University

Student Health Insurance Plan

2023-2024



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 11/01/2023
- Winter 02/01/2024
- Spring 04/26/2024
- Spring/Summer 04/26/2024
- Summer 07/18/2024

What's Included?

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

More Information

For full details of participation in the plan, please view the complete brochure online at: www.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 www.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 Medical 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, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

Western Washington University 2023-2024

Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Recognized Charge
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
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 (Deductible waived)	100% after a \$100 Copayment per visit	100% after a \$100 Copayment per visit
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

Coverage Period & Cost

Coverage Periods	FALL 09/01/2023 - 12/31/2023	WINTER 01/01/23 - 03/25/24	SPRING/SUMMER 03/26/2024 - 08/31/2024	SPRING 03/26/2024 - 06/17/2024	SUMMER 06/18/2024 - 08/31/2024
Student	\$1,298	\$905	\$1,692	\$894	\$798
Spouse	\$1,298	\$905	\$1,692	\$894	\$798
Each Child ¹	\$1,298	\$905	\$1,692	\$894	\$798

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 www.myahpcare.com.