



Western Washington University

Student Coverage With Care 2025-2026



What's Included?



Access to
Optional Dental
and Vision Plans



Access to
Telemedicine
Services



Access to
Aetna PPO
network

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

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 physically 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 in the Plan may also insure their dependents.

Enrollment Deadlines

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- Fall 11/01/2025
- Winter 02/01/2026
- Spring 04/26/2026
- Spring/Summer 04/26/2026
- Summer 07/18/2026

For more information, visit www.myahpcare.com.

*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.



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

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
	At pharmacies contracting with Aetna	
Prescription Drugs, includes specialty drugs, Up to a 30-day supply (Deductible waived)	100% after a Generic: \$15 Copayment Preferred-Brand Name: \$35 Copayment Non-Preferred Brand-Name: \$70 Copayment	50% 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 Periods & Rates

	FALL 09/01/2025 - 12/31/2025	WINTER 01/01/2026 - 03/24/2026	SPRING 03/25/2026 - 06/16/2026	SPRING/ SUMMER 03/25/2026 - 08/31/2026	SUMMER 06/17/2026 - 08/31/2026
Student	\$2,734	\$1,860	\$1,882	\$3,586	\$1,703
Spouse	\$2,734	\$1,860	\$1,882	\$3,586	\$1,703
Each Child ¹	\$2,734	\$1,860	\$1,882	\$3,586	\$1,703

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

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at www.myahpcares.com upon approval by federal and state authorities.