

# Texas State University - International

All enrolled international students in the United States with non-immigrant F-1 and J-1 student visa classifications are subject to the mandatory health insurance requirement. Students will be automatically enrolled in the health insurance plan unless an approved waiver is received with equivalent insurance coverage that is government-sponsored or U.S. employer-sponsored.

The insurance premium will be billed to your university student account if you do not enroll or obtain waiver approval before the Tuition Payment Deadline. For more information, visit the ISSS Health Insurance website at [international.txstate.edu/current/Health-insurance](http://international.txstate.edu/current/Health-insurance).

Dependents of non-immigrant F-1 and J-1 Texas State students may be enrolled in the health insurance as a dependent of the Texas State primary visa student (F-1 or J-1) at [txstateintl.myahpcare.com](http://txstateintl.myahpcare.com).



Administered by Academic HealthPlans

Aetna PPO will provide maximum benefits at lowest cost

Access to Telehealth

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.

# Texas State University - International 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.**

**STUDENT HEALTH CENTER:** The deductible will be waived and covered expenses paid at 100% based upon Aetna allowables. A \$30 copayment applies to doctor's visits.

## MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Benefit Maximum</b> Per Insured Person, per Policy Year	Unlimited	
<b>Individual Deductible</b> Per Insured Person, per Policy Year	\$ 500	\$ 1,000
<b>Family Deductible</b> Per Family, per Policy Year	\$ 1,000	\$ 2,000
<b>Individual Out-of-Pocket Maximum</b> Per Insured Person, per Policy Year	\$ 7,350	\$ 15,000
<b>Family Out-of-Pocket Maximum</b> Per Family, per Policy Year	\$ 14,700	\$ 30,000

## COVERAGE & COST

<b>Fall</b>	<b>08/22/22 - 01/08/23</b>
Enrollment Deadline	05/27/22 - 10/03/22 at 5:00pm CST
Student	\$ 829
Spouse	\$ 829
Each Child <sup>1</sup>	\$ 829
<b>Spring/Summer</b>	<b>01/09/23 - 08/21/23</b>
Enrollment Deadline	10/17/22 - 02/01/23 at 5:00pm CST
Student	\$ 1,332
Spouse	\$ 1,332
Each Child <sup>1</sup>	\$ 1,332
<b>Summer (New Students)</b>	<b>05/22/23 - 08/21/23</b>
Enrollment Deadline	03/27/23 - 06/02/23 at 5:00pm CST
Student	\$ 545
Spouse	\$ 545
Each Child <sup>1</sup>	\$ 545

<sup>1</sup>Coverage 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 [txstateintl.myahpcare.com](http://txstateintl.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 [txstateintl.myahpcare.com](http://txstateintl.myahpcare.com).

## BENEFITS (Deductible applies unless otherwise stated below)

IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge

### Hospital Room and Board Expenses

80%	60%
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### Inpatient/Outpatient Surgery

80%	60%
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### Physician and specialist, including Consultants Office Visits

100% after a \$30 Copayment (deductible waived)	60%
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### Diagnostic Testing

80%	60%
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### Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy

80%	60%
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### Hospital Emergency Room, Copayment waived if admitted

80% after a \$150 Copayment (deductible waived)	80% after a \$150 Copayment (deductible waived)
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### Preventive Care Services

For more information, please visit [healthcare.gov/preventive-care-benefits/](http://healthcare.gov/preventive-care-benefits/)

100% (deductible waived)	60%
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At pharmacies contracting with Aetna

Out-of-Network

100% after a  
Generic Drug:  
\$20 Copayment  
Preferred Brand-Name:  
\$40 Copayment  
Non-Preferred Brand-Name Drug:  
\$60 Copayment

60%