

# Texas State University

Domestic Graduate students must be enrolled in 6 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Student Health Insurance Plan coverage.

Domestic Undergraduate students must be enrolled in 9 or more hours (3 or more for Summer), with at least 50% face to face, to be eligible to purchase the Student Health Insurance Plan coverage.

Students who purchase Spring/Summer coverage in the spring semester must meet the above eligibility requirements for Spring only.

Please view the complete brochure on-line at [txstate.myahpcare.com](https://txstate.myahpcare.com) for full details of participation in the plan.



Administered by Academic HealthPlans

Aetna PPO will provide maximum benefits at lowest cost

Access to Telehealth

Monthly Installments Options available at [txstate.myahpcare.com/enrollment](https://txstate.myahpcare.com/enrollment). Installment fee applies. No credit card or ACH fees

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 - Domestic 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. Student prescription drug benefits at the Student Health Center provide coverage for medication prescribed for the treatment of acne, allergies and Mental Health Treatment if the medication is available on the Student Health formulary.

## MAXIMUMS & DEDUCTIBLES

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

## COVERAGE & COST

<b>Fall</b>	<b>08/22/22 - 01/08/23</b>
Enrollment Deadline	05/23/22 - 10/01/22 at 5:00pm CST
Student	\$ 1,733
<b>Spring</b>	<b>01/09/23 - 05/21/23</b>
Enrollment Deadline	10/17/22 - 02/01/23 at 5:00pm CST
Student	\$ 1,646
<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	\$ 2,783
<b>Summer</b>	<b>05/22/23 - 07/02/23</b>
Enrollment Deadline	03/27/22 - 06/02/23 at 5:00pm CST
Student	\$ 520
<b>Summer II</b>	<b>07/03/23 - 08/21/23</b>
Enrollment Deadline	06/13/23 - 07/07/23 at 5:00pm CST
Student	\$ 619

To view all enrollment and coverage periods available, please visit [txstate.myahpcare.com](http://txstate.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 [txstate.myahpcare.com](http://txstate.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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### Prescription Drugs, including specialty drugs (deductible waived)

At Texas State University Health Center (SHC): Up to a 90-day supply (Copayment per 30-day supply)	At pharmacies contracting with Aetna	Out-of-Network
100% after a Generic Drug: \$10 Copayment Brand Drug: \$25 Copayment	100% after a Generic Drug: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name Drug: \$60 Copayment	60%