

Eastern Washington University 2020-2021 Student Health Insurance Plan

The insurance carrier for 2020-2021 is Aetna.

Domestic Students Eligibility

All Domestic students who are taking 10 or more credit hours are eligible to enroll in this insurance plan. All Domestic students who are registered for the summer term must have three (3) or more credit hours on-campus are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents.

International Students Eligibility

All International students, visiting faculty, and scholars maintaining a current passport and valid visa status (F-1, J-1 or M-1, etc.), engaged in educational activities at Eastern Washington University who are temporarily located outside of their home country and have not been granted permanent residency status, are automatically enrolled in this insurance plan at registration. The insurance can be waived if proof of valid comparable coverage is furnished.

Those enrolled in the Optional Practical Training program are eligible to enroll on a voluntary basis.

Eligible students who do enroll may also insure their Dependents.

Additional Benefits

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



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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

Benefit Maximum	Unlimited, per Insured Person, per Policy Year	
Deductible	In-Network Provider: \$ 250 per Insured Person, per Policy Year Out-of-Network Provider: \$ 500 per Insured Person, per Policy Year	
Individual Out-of-Pocket Maximum	In-Network Provider: \$ 4,500 per Insured Person, per Policy Year Out-of-Network Provider: \$ 9,000 per Insured Person, per Policy Year	
Family Out-of-Pocket Maximum	In-Network Provider: \$ 9,000 For all Insureds in a Family, Per Policy Year Out-of-Network Provider: \$ 18,000 For all Insureds in a Family, Per Policy Year	
BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80% per admission	60% per admission
Inpatient/Outpatient Surgery	80%	60%
Physician Office Hours Visits	80% per visit	80% per visit
Diagnostic X-ray Services & Laboratory Procedures	80% per visit	60% per visit
Outpatient cognitive rehabilitation, physical, occupational and speech therapies	80% per visit	60% per visit
Emergency Services Expense	100% after a \$100 Copayment per visit deductible waived	100% after a \$100 Copayment per visit deductible waived
Prescription Drugs Up to a 31 day supply	At pharmacies contracting with Aetna 100% after a \$15 Copayment per Generic Drug \$35 Copayment per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug	50% after a \$15 Deductible per Generic Drug \$35 Deductible per Preferred Brand-Name Drug \$70 Copayment per Non-Preferred Brand-Name Drug
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits .	100% per visit deductible waived	60% per visit

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS - QUARTERLY

Coverage Periods	Fall 09/17/2020 through 01/04/2021	Winter 01/05/2021 through 03/29/2021	Spring 03/30/2021 through 06/16/2021	Spring/Summer 03/30/2021 through 09/16/2021	Summer 06/17/2021 through 09/16/2021
Student	\$ 919.00	\$ 701.00	\$ 660.00	\$ 1,428.00	\$ 768.00
Spouse	\$ 919.00	\$ 701.00	\$ 660.00	\$ 1,428.00	\$ 768.00
Each Child ¹	\$ 919.00	\$ 701.00	\$ 660.00	\$ 1,428.00	\$ 768.00

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS - SEMESTER

Coverage Periods	Early Fall 08/17/2020 through 09/16/2020	Fall 09/17/2020 through 01/04/2021	Spring 01/05/2021 through 05/08/2021	Summer 05/09/2021 through 08/16/2021
Student	\$ 221.45	\$ 919.00	\$ 1,035.00	\$ 1,016.00
Spouse	\$ 221.45	\$ 919.00	\$ 1,035.00	\$ 1,016.00
Each Child ¹	\$ 221.45	\$ 919.00	\$ 1,035.00	\$ 1,016.00

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 ewu.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 ewu.myahpcare.com.