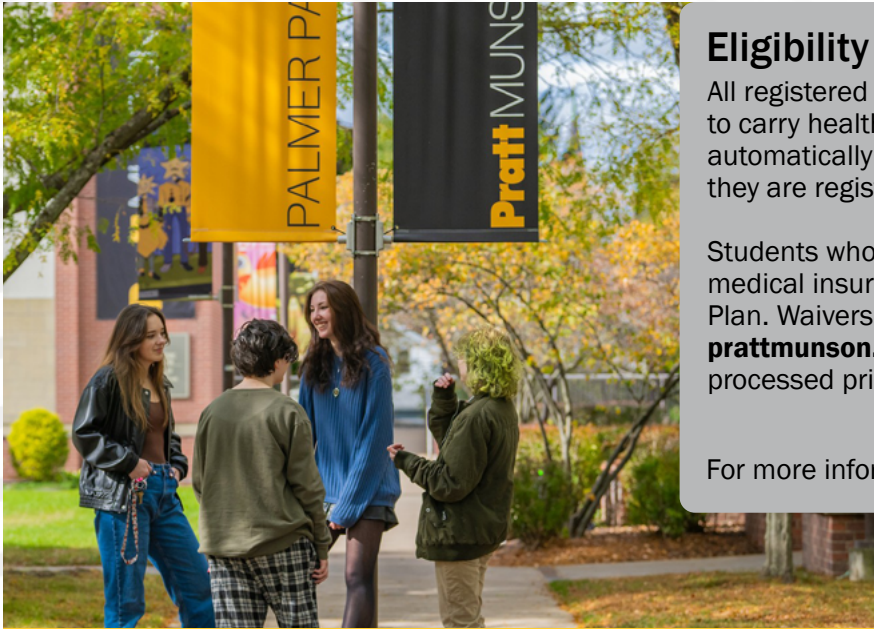


Student Coverage With Care



Eligibility

All registered full-time and part-time students are required to carry health insurance. All registered students are automatically charged a student health insurance fee, once they are registered for a class.

Students who are currently insured under family or private medical insurance may waive the Student Health Insurance Plan. Waivers can be processed by visiting **prattmunson.myahpcare.com/waiver**. All waivers must be processed prior to the deadline.

For more information, visit **prattmunson.myahpcare.com**.

Coverage Periods & Rates*

	FALL 08/18/2025 - 01/14/2026	SPRING/SUMMER 01/15/2026 - 08/17/2026
Enrollment Periods	06/02/2025 - 10/01/2025	12/01/2025 - 02/09/2026
Student	\$789.00	\$1,082.00

*Rates are subject to regulatory approval and may change

To view all enrollment and coverage periods available,
please visit **prattmunson.myahpcare.com**

WHAT'S INCLUDED?

Telehealth solutions through
AcademicLiveCare (ALC)

Access to Academic Student
Assistance Program (ASAP)

UnitedHealthcare Choice Plus
PPO Network

Optional Dental Coverage with
Guardian



Questions

To view Frequently Asked Questions or submit a request, please visit **help.ahpcare.com**



ID Cards

To access your ID Card, please visit **prattmunson.myahpcare.com**

Pratt Munson 2025-2026

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Rate	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Individual Deductible Per Insured Person, Per Policy Year	\$200	\$400
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$6,000	\$9,000
Physician's Visits	100% after a \$10 Copay	70%
Urgent Care Center	100% after a \$75 Copay	70%
Room & Board Expense (Pre-authorization required)	80% per admission	70%
Medical Emergency Expense (Copay waived if admitted)	80% after a \$150 Copay	70% after a \$150 Copay
Inpatient/Outpatient Surgery (Pre-authorization required)	80%	70%
Diagnostic X-ray Services & Laboratory Procedures	80%	70%
Prescription Drugs Up to 30-day supply per prescription (Deductible waived)	Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: \$60 Copay	30% after a Generic: \$20 Copay Brand-Name: \$40 Copay
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	70%

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 prattmunson.myahpcare.com upon approval by federal and state authorities.