Vanderbilt University - Postdoctoral Trainees

Student Health Insurance Plan 2023-2024





Eligibility

All Postdoctoral Trainees who are funded by an Individual Fellowship or Training Grant are automatically enrolled in and billed for the Student Injury and Sickness Plan on a mandatory basis.

Eligible Postdoctoral Trainees who do enroll may also insure their dependents.

What's Included?

- Aetna PPO is the Preferred Provider and will provide maximum benefits at lowest cost
- Access to a 24/7 Nurse Line
- Dental included with SHIP enrollment
- Vision Discount Program
- Telehealth through AcademicLiveCare
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: vanderbiltpostdoc.myahpcare.com

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 vanderbiltpostdoc.myahpcare.com/additionalresources

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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Aetna PPO**.

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 vanderbiltpostdoc.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).

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Benefits (Deductible applies unless otherwise stated below)

	DESIGNATED NETWORK PROVIDER Payments are based on the Negotiated Charge	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charge
Benefit Maximum Per Insured Person, per Policy Year		Unlimited	
Deductible Per Insured Person, per Policy Year	\$250 (combined)		\$500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$5,000 (combined)		\$10,000
Family Out-of-Pocket Maximum All Insureds in a Family, per Policy Year	\$10,000 (combined)		\$20,000
Hospital Room and Board Expense	80%	80%	50%
Inpatient/Outpatient Surgery	80%	80%	50%
Physical, Specialist, including Consultants Office Visits	100% after a \$25 Copayment (Deductible waived)	100% after a \$25 Copayment (Deductible waived)	50%
Diagnostic Testing	80%	80%	50%
Hospital Emergency Room (Deductible waived)	80% after a \$100 Copayment	80% after a \$100 Copayment	80% after a \$100 Copayment
Urgent Care	80%	80%	50%
Preventive Services For more information, please visit healthcare.gov/preventitive-care-benefits	100% (Deductible waived)	100% (Deductible waived)	50%
Prescription Drugs including specialty drugs	Preferred Generic Drug: \$15 Copayment Non-Preferred Generic Drug: \$75 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$50 Copayment	Preferred Generic Drug: \$15 Copayment Non-Preferred Generic Drug: \$75 Copayment Preferred Brand-Name Drug: \$50 Copayment Non-Preferred Brand-Name Drug: \$75 Copayment	Not Covered