



ALLEGRA
STUDENT
ASSOCIATION

STUDENT HEALTH PLAN

2025
PLAN BENEFITS



SKY 100
aetnaSM
PROVIDER NETWORK

Deadline for Fall Semester: **September 1, 2025**

 **ACA Compliant**

 www.fivepointsbenefitplans.com  [915.803.4198](tel:915.803.4198)

This is a brief description of the Student Health Plan. The plan is available from Allegra Student Association. The plan is administered by Meritain, a subsidiary of Aetna. The exact provisions, including definitions, governing this insurance are contained in the Certificate. If there is a difference between this Plan Summary and the Certificate, the Certificate will control.



STUDENT HEALTH PLAN

On behalf of the Allegra Student Association, we are pleased to introduce the Sky 100 Student Health Plan, a comprehensive and affordable health insurance solution designed specifically for both international and Domestic Students.

The Sky 100 Plan provides students with access to one of the nation's largest and most trusted provider networks through Aetna, offering nationwide coverage and broad access to physicians, hospitals, and healthcare facilities. This ensures that students have reliable, high-quality care whether they are on campus, at home, or traveling throughout the United States.

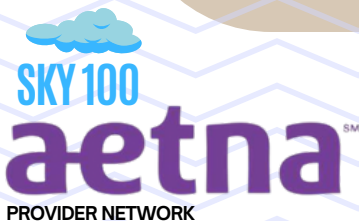
Key Features of the Sky 100 Plan:

- Access to the Aetna network of doctors and hospitals nationwide
- Designed for both international and Domestic Students
- Coverage for essential medical services, including doctor visits, hospitalizations, emergency care, mental health, and prescription drugs
- 24/7 telemedicine access for minor illnesses and mental health support
- Easy online enrollment process
- Affordable premiums with flexible plan options

At Allegra Student Association, our mission is to support students' health and well-being so they can focus on achieving their academic goals. We are proud to offer a plan that delivers the security, convenience, and care that students and their families expect.

We would welcome the opportunity to discuss how the Sky 100 Plan can benefit your students and support your institution's health and wellness initiatives. Please feel free to contact us for additional information or to schedule a meeting.

Thank you for your time and consideration. We look forward to the opportunity to serve you.



Schedule of Benefits

*** Preauthorization is required**

**In-Network
(AA based=Allowed Amount)**

**Out-of-Network
(UCR based=Usual,
Customary and Reasonable)**

Maximum	No Limit	No Limit
Co-insurance	90%	60%
Deductible	\$100 - Individual \$200 - Family	\$300 - Individual \$600 - Family

Co-insurance at Student Health Center is increased by 90% and Deductible and Copay are exempted

Out-of-Pocket Maximum	\$3,000 - Individual \$6,000 - Family	No maximum
Preventive Care		
Routine Physical Exam	100%	No benefit
Routine Care Immunizations (Refer to CDC Guideline)	100%	60% of UCR
Emergency Service		
Emergency Room (Non-Emergency in ER is not covered)	90% after deductible and \$200 copay (Waived if admitted)	90% after deductible and \$200 copay (Waived if admitted)
Emergency Ambulance (Ground/ Air/ Water)	90% after deductible	90% after deductible
Urgent Care Center	90% and \$50 copay	60% after deductible and \$50 copay
Non-Emergency Ambulance Expense (* Air Ambulance) *	90% after deductible	60% after deductible
Inpatient		
Room and Board *	90% after deductible	60% of UCR after deductible
Intensive Care *	90% after deductible	60% of UCR after deductible
Hospital Miscellaneous Expenses	90% after deductible	60% of UCR after deductible
Surgery *	90% after deductible	60% of UCR after deductible
- Surgeon Services		
- Anesthetist		
- Assistant Surgeon		
Registered Nurse's Services	90% after deductible	60% of UCR after deductible
Skilled Nursing Facility Benefits *	90% after deductible	60% of UCR after deductible
Preadmission Test	90% after deductible	60% of UCR after deductible
Organ Transplant *	90% after deductible	60% of UCR after deductible

Mental Health Disorder and Substance Use Disorder		
Inpatient Mental Health Disorder and Substance Use Disorder *	90% after deductible	60% of UCR after deductible
Outpatient Mental Health Disorder and Substance Use Disorder Benefit	90% after deductible	60% of UCR after deductible
Outpatient		
Surgery - Surgeon Services - Assistant & Anesthetist	90% after deductible	60% of UCR after deductible
Physical Therapy *	90% after deductible and \$20 copay	60% of UCR after deductible and \$20 copay
Dental Treatment Benefits paid on Injury to Sound, Natural Teeth only and surgical removal of complete bony impacted teeth.	90% after deductible	90% of UCR after deductible
Vision Care Services Annual retina exam for an existing condition of the eye, such as glaucoma or diabetic retinopathy.	90% after deductible	60% of UCR after deductible
Office Visits		
Telemedicine	No charge if consultation services through CirrusMD	Not applicable
Physician's office visit Including Specialist	90% and \$25 copay	60% of UCR after deductible
Allergy Test and Treatment	90% and \$5 copay	60% of UCR after deductible
Chiropractic Care (Maximum visits per Policy Year is 12) *	90% and \$5 copay	60% of UCR after deductible
Tuberculosis screening (TB), Titers, QuantiFERON B tests	100%	N/A
Diagnostic Lab, Test and Imaging Service		
Lab Test, X-Ray and other Tests (Only available * in medical lab, not allowed in hospital)	90% after deductible	60% of UCR after deductible
Advance Imaging Services CT, MRI and/or PET (In case of out-patient, only allowed in free-standing facility) *	90% after deductible	60% of UCR after deductible
Chemotherapy and Radiation Therapy	90% after deductible	60% of UCR after deductible
Infusion Therapy *	90% after deductible	60% of UCR after deductible
Maternity and Newborn Care		
Newborn Care	90% after deductible	60% of UCR after deductible
Maternity	90% after deductible	60% of UCR after deductible
Complication of Pregnancy	90% after deductible	60% of UCR after deductible
Abortion	90% after deductible	60% of UCR after deductible

Rehabilitative and Habilitative Services			
Cardiac Rehabilitation	*	90% after deductible	60% of UCR after deductible
Pulmonary Rehabilitation	*	90% after deductible	60% of UCR after deductible
Inpatient Rehabilitation Facility Expense Benefit	*	90% after deductible	60% of UCR after deductible
Rehabilitation Therapy including, Physical Therapy, and Occupational Therapy and Speech Therapy (Maximum visits limit per policy year is 12)	*	90% after deductible	60% of UCR after deductible
Habilitation Services including, Physical Therapy, and Occupational Therapy and Speech Therapy (Maximum visits with Rehabilitation Therapy per policy year is 12)	*	90% after deductible	60% of UCR after deductible
Prescription Drugs			
Cover 30-day supply. Over 30 days' supply, double copay is charged Over 60 days' supply, triple copay is charged Includes Contraceptives. Above \$300 prescription requires Preauthorization. If failed to obtain preauthorization, \$700 penalty will be imposed or denied of payment.		Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$100 copay	Tier 1: 60% after \$10 copay Tier 2: 60% after \$30 copay Tier 3: 60% after \$50 copay Tier 4: 60% after \$100 copay
Other Services			
Alternative Medicine Acupuncture, Homeopathy, Chinese Medicine (Maximum visit per Policy Year is 12)		90% after deductible	60% of UCR after deductible
Home Health Care (Max visits per policy year is 12)	*	90% after deductible	60% of UCR after deductible
Prosthetic and Orthotic Devices	*	90% after deductible	60% of UCR after deductible
Hospice	*	90% after deductible	60% of UCR after deductible
Diabetic Services and Supplies (Including equipment and training)	*	90% after deductible	60% of UCR after deductible
Dialysis	*	90% after deductible	60% of UCR after deductible
Durable Medical Equipment		90% after deductible	60% of UCR after deductible

Pediatric Dental and Vision Care Services

Pediatric Dental Care Benefit (thru age 26 subject to the termination date provision) Emergency Dental Routine Dental Care Endodontic Services Prosthodontic Services Periodic Services Medically Necessary Orthodontic Care	50% of UCR	50% of UCR
Pediatric Dental Preventive Care Limited to 2 dental exams every 12 months (Oral exam, Cleaning, Fluoride treatment, Space maintainers and X-ray)	100% of UCR	No Benefit
Pediatric Vision Care Benefit (limited to 1 vision exam and 1 pair of prescribed lenses and frames or contact lenses per policy year)	100% UCR	60% UCR

Evacuation and Repatriation

Medical Evacuation	Unlimited
Medical Repatriation	Unlimited
Repatriation of Mortal Remains	Unlimited



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