

Student Coverage With Care



Eligibility

All enrolled degree-seeking undergraduate students in the day program and full-time graduate students on the Danforth Campus are eligible to enroll in the student health insurance plan on a hard waiver basis. All eligible international students on the Danforth Campus are required to purchase this insurance plan on a mandatory basis.

Students who do enroll may insure their dependents.

For more information, visit washu.myahpcare.com.

Coverage Periods & Rates

	ANNUAL 08/01/2026 - 07/31/2027	FALL ONLY 08/01/2026 - 12/31/2026	SPRING/SUMMER 01/01/2027 - 07/31/2027
Enrollment Periods	07/01/2026 - 09/05/2026	07/01/2026 - 09/05/2026	12/01/2026 - 02/12/2027
Student	\$2,923	\$1,225	\$1,698
Spouse	\$2,923	\$1,225	\$1,698
Each Child	\$2,923	\$1,225	\$1,698

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

WHAT'S INCLUDED?

If enrolled in the student health insurance plan, you will have the option to enroll in Optional Dental and Vision coverages



Questions

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



ID Cards

To access your ID Card, please visit washu.myahpcare.com

Washington University in St. Louis 2026-2027

Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year		Unlimited
Deductible Per Insured Person, Per Policy Year	\$350	\$1,000
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	\$25,000
Family Out-of-Pocket Maximum For All Insureds in Family, Per Policy Year	\$10,000	N/A
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	N/A
Outpatient Physician's Visits	100% after a \$25 Copay per visit (Deductible waived)	50%
Diagnostic X-Ray Services & Laboratory Procedures	80%	50%
Room & Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
Medical Emergency Expenses Copay waived if admitted (Deductible waived)	80%	80%
Prescription Drugs Up to 31 day supply per prescription	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a: Tier 1: \$20 Copay Tier 2: \$45 Copay Tier 3: \$75 Copay (Deductible waived)	No Benefits

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