

# Metropolitan Community College 2019-2020 Student Health Insurance Plan

## Eligibility

Metropolitan Community College requires that all F-1 international students obtain and maintain health insurance coverage while enrolled at the college. To assure compliance, all F-1 International students will be automatically enrolled in and charged the insurance premium for the Metropolitan Community College Student Health Insurance Plan.

A dependent may become eligible for coverage under the plan only when the student becomes eligible; or within 31 days of marriage, birth or adoption.

Please view the complete brochure on-line at [mccneb.myahpcare.com](http://mccneb.myahpcare.com) for full details of participation in the plan.

### Additional Benefits

- Access to a 24-hour nurse line
- Coverage when traveling
- Academic Emergency Services



[support@ahpcare.com](mailto:support@ahpcare.com)



1-855-850-4296



[mccneb.myahpcare.com](http://mccneb.myahpcare.com)



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Academic HealthPlans



# Metropolitan Community College 2019-2020 Student Health Insurance Plan

This flyer 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 Cigna.

## BENEFIT MAXIMUMS & DEDUCTIBLES

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Individual Deductible</b>	Network Provider: \$ 250 per Insured Person, per Policy Year Non-Network Provider: \$ 500 per Insured Person, per Policy Year
<b>Individual Out-of-Pocket Maximum</b>	Network Provider: \$ 6,600 per Insured Person, per Policy Year Non-Network Provider: \$25,000 per Insured Person, per Policy Year
<b>Family Out-of-Pocket Maximum</b>	Network Provider: \$13,200 per Family, per Policy Year Non-Network Provider: \$75,000 per Family, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	Payments are based on the PPO Allowance	Payments are based on the Usual and Customary Changes
<b>Hospital Room and Board Expenses</b> <i>Precertification Required</i>	80%	60%
<b>Inpatient/Outpatient Surgery</b> <i>Inpatient: Precertification Required</i>	80%	60%
<b>In-Office Physician's Visits</b>	80% after a \$20 Copayment per visit	60% after a \$40 Copayment per visit
<b>Rehabilitation Therapy</b> 90 visits per Policy Year	80% after a \$20 Copayment per visit	60% after a \$40 Copayment per visit
<b>Diagnostic X-ray Services &amp; Laboratory Procedures</b>	80%	60%
<b>Emergency Services Expenses</b> \$200 Copayment per visit	80%	80%
<b>Prescription Drugs</b> <i>The Copay will be waived for prescribed FDA-approved birth control. (Deductible not Applicable)</i>	<b>At pharmacies contracting with HealthSmartRX®</b> 100% after a \$15 Copayment per Generic Drug \$45 Copayment per Preferred Brand Drug \$75 Copayment per Brand Drug 75% after a maximum Copayment of \$150 for Specialty Drugs	
<b>*Preventive Care Services</b>	100%	60%

\*Please visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/) for more information.

## 2019-2020 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/16/2019 to 11/19/2019**	Winter 11/19/2019 to 02/28/2020**	Spring 02/28/2020 to 05/23/2020**	Summer 05/23/2020 to 08/16/2020**
<b>Open Enrollment</b>	07/17/2019 through 09/14/2019	10/22/2019 through 12/21/2019	01/29/2020 through 03/28/2020	04/24/2020 through 06/25/2020
<b>Student</b>	\$ 660	\$ 660	\$ 660	\$ 660
<b>Spouse</b>	\$ 660	\$ 660	\$ 660	\$ 660

\*\*The coverage periods are effective and will terminate at 12:01am local time at the Policy holder's address on the dates advertised.

To view all enrollment and coverage periods available, please visit [mccneb.myahpcare.com](http://mccneb.myahpcare.com) or call Academic HealthPlans at 1-855-850-4296.