

Metropolitan Community College 2016-2017 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 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 for full details of participation in the plan.

Additional Benefits

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

Additional Information

- mccneb.myahpcare.com
- (855) 850-4296



The 2016-2017 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280(2014)NE. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.

AHP-OF(15) NGL-MCC

Metropolitan Community College 2016-2017 Student Health Insurance Plan

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 medical expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is Cigna.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum

Unlimited, per Insured Person, per Policy Year

Individual Deductible

Network Provider: \$ 250 per Insured Person, per Policy Year
Non-Network Provider: \$ 500 per Insured Person, per Policy Year

Individual Out-of-Pocket Maximum

Allowed under Federal Law

Network Provider: \$ 6,600 per Insured Person, per Policy Year
Non-Network Provider: \$25,000 per Insured Person, per Policy Year

Family Out-of-Pocket Maximum

Allowed under Federal Law

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
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Reasonable Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgery	80%	60%
In-Office Physician Fees	80%	60%
Diagnostic X-ray Services & Laboratory Procedures	80%	60%
Emergency Services Expense <i>\$200 Copayment per visit</i>	80%	80%
Prescription Drugs <i>The Copay will be waived for prescribed FDA-approved birth control. (Deductible not Applicable)</i>	<p>At pharmacies contracting with HealthSmartRX®</p> <p>100% after a \$15 Copayment per Generic Drug \$45 Copayment per Preferred Brand Drug \$75 Copayment per Brand Drug</p> <p>75% after a \$100 Copayment \$150 maximum Copayment for specialty Drug</p>	
Preventive Care Services	100%	60% after a \$40 Copayment per visit (Deductible Applicable)

2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/15/2016 through 11/21/2016	Winter 11/22/2016 through 02/27/2017	Spring 02/28/2017 through 05/24/2017	Summer 05/25/2017 through 08/15/2017
Open Enrollment	07/15/2016 through 09/19/2016	10/22/2016 through 12/15/2016	01/28/2017 through 03/22/2017	04/25/2017 through 06/19/2017
Student	\$ 555	\$ 555	\$ 555	\$ 555
Spouse	\$ 555	\$ 555	\$ 555	\$ 555
Child	\$ 555	\$ 555	\$ 555	\$ 555

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