# Foothill College

#### Student Health Insurance Plan 2024-2025 PENDING FINAL APPROVAL

#### Eligibility

All International students enrolled at your school are eligible for and are required to purchase this insurance plan. International students who have been approved for permanent residency are not eligible.

The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

### What's Included?

- Access to Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*
- Academic Vision Care

Benefits (Deductible applies unless otherwise stated below)					
	CIGNA PPO PROVIDER YOU WILL PAY	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST			
Maximum Benefit Per person, per policy year	\$250,000				
Deductible	Deductible \$0 per Policy Term				
Out-of-Pocket Maximum Per person, per policy year	\$3,000	\$6,000			
Physician Visits	\$50 Copay per visit	30%, after \$100 (Deductible per visit)			
Urgent Care	\$50 Copay per visit	30%, after \$100 (Deductible per visit)			
Hospital Room & Board	\$50 Copay per confinement	30%			
Emergency Room	\$100 Copay per visit (Copay waived if admitted)	30%, after \$200 Deductible per visit (Deductible waived if admitted)			
Preventive Care Services See policy for more details	Covered up to \$2,500 per Policy Term				
	50% of Charges, up to \$2,500 per Policy Term				

Prescription Drugs

(If you use an Out-of-Network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement)

Coverage Periods & Rates Rates include medical insurance premium and administrative fees				
	FALL 08/15/2024 - 12/14/2024	WINTER 12/15/2024 - 04/14/2025	SPRING/SUMMER 04/15/2024 - 08/14/2025	
Enrollment Periods	07/15/2024 - 10/15/2024	11/15/2024 - 02/15/2025	03/14/2025 - 06/15/2025	
Student	N/A	N/A	N/A	
Spouse/Domestic Partner	\$1,312	\$1,312	\$1,312	
Each Child	\$1,180	\$1,180	\$1,180	

## **More Information**

For full details of participation in the plan, please view the complete brochure online at: foothill.myahpcare.com or call 1 (855) 684-4658 for additional information.

## 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 foothill.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 Cigna PPO Network. Visit wellfleetstudent.com or call 1 (877) 657-5030, TTY 711 to find a provider in the Cigna PPO Network. For Wellfleet RX call 1 (877) 640-7940.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, dba Academic Health Insurance Services.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

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 foothill.myahpcare.com.