Molloy University

2026-2027

Student Coverage With Care

Eligibility

All full-time undergraduate students are required and are automatically enrolled and charged for the Plan, unless student provides comparable coverage by the relevant deadline.

Eligible dependents of students enrolled in the Plan are eligible to enroll in the Plan.

Voluntary Coverage Graduate Students must be enrolled in at least six (6) credits to be eligible.

For more information, visit **molloy.myahpcare.com**.

Coverage Periods & Rates

	ANNUAL 08/01/2026 - 07/31/2027	SPRING/SUMMER (NEW STUDENTS) 01/01/2027 - 07/31/2027
Enrollment Periods	07/15/2026 - 10/02/2026	12/15/2026 - 02/02/2027
Student	$2,740	$1,592
Spouse	$2,740	$1,592
Each Child	$2,740	$1,592
Three or More Children	$2,740	$1,592

WHAT'S INCLUDED?

Access to Optional Dental through Guardian

Access to Optional Vision through VSP

The PPO Network is Cigna PPO

Questions

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

ID Cards

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

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Benefits
(Deductible applies unless otherwise stated below)

	PARTICIPATING PROVIDER Member Payments are based on the Allowed Amount	NON-PARTICIPATING PROVIDER Member Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Person, Per Policy Year	$100	
Out-of-Pocket Maximum Per Insured Person, per Policy Year	$5,000	
Inpatient Services and Facilities	10%	30%
Primary Care Office Visits (Home Visits), including Specialist office Visits	10%	30%
Outpatient Mental Health Care	10%	30%
Emergency Care Services (Copayment waived if admitted)	10%	10%
Urgent Care Center	10%	10%
Diagnostic Testing	10%	30%
Prescription Drugs Per 30-Day Retail Supply (Deductible waived) Retail Pharmacy Reimbursement All students enrolled under the Molloy University SHIP must pay upfront for Prescription Drugs at the time it is dispensed by a Pharmacy. Your itemized Prescription receipts must be submitted to Wellfleet for reimbursement.	Tier 1: $20 Copayment Tier 2: $40 Copayment	Tier 1: $20 Copayment Tier 2: $40 Copayment
Preventive Care For more information, please visit healthcare.gov/preventive-care-benefits/	Covered in full	30% (Deductible waived)

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

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of Wellfleet Insurance Company.

AHP (26) WF-MOLLOY