



Eligibility

ALL STUDENTS MUST either enroll in or waive out of the school-sponsored plan by going to the Student Enrollment/Waiver Portal. Students who complete the Waiver/Enrollment process in the Fall and are enrolled at CC for the Spring semester will have their SHIP waiver or enrollment automatically roll over to the Spring semester.

For more information, visit coloradocollege.myahpcare.com.

Coverage Periods & Rates

	Fall 08/01/2026 - 12/31/2026	Spring/Summer 01/01/2027 - 07/31/2027
Enrollment Periods	07/03/2026 - 08/31/2026	12/15/2026 - 01/31/2027
Student	\$2,223	\$3,093

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



Questions

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



ID Cards

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

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Participating Provider Member Responsibility	OUT-OF-NETWORK PROVIDER Non-Participating Provider Member Responsibility
Lifetime Maximum		Unlimited
Overall Deductible	\$500	\$1,000
Out-of-Pocket Limit	\$6,600	\$10,000
Outpatient Surgery	20%	40%
Hospital Stay All inpatient stays including maternity, mental/behavioral health, and substance abuse	\$25 Copay per visit, and then 0% (Deductible Waived)	40%
Primary Care Office Visit to treat an injury or illness	\$25 Copay per visit, and then 0%, (Deductible Waived)	40%
Rehabilitation and Habilitation Services, including physical, speech and occupational therapy	\$25 Copay per visit and then 0%	\$25 Copay per visit and then 0%
Diagnostic Services, including Lab and X-ray Office Copay waived if admitted	\$50 Copay per visit and then 0%	\$50 Copay per visit and then 0%
Emergency Room Facility Services Copay waived if admitted (Deductible waived)		\$50 Copay per visit and then 0%
Urgent Care (Office Setting) Deductible does not apply to In-Network providers	\$35 Copay per visit, and then 0%	40%
Preventive Care For more information, please visit healthcare.gov/preventive-care-benefits/ In-network preventive care is not subject to Deductible.	20%	40%
Prescription Drugs Covers up to a 30-day supply (retail pharmacy)	At pharmacies contracting with Anthem Pharmacy: 100% after: Tier 1 - Generic Drug \$15 Copay per prescription Tier 2 - Preferred Brand Drug \$25 Copay per prescription Tier 3 - Non-Preferred Brand and Specialty Drug \$60 Copay per prescription	100% after: Tier 1 - Generic Drug \$15 Copay per prescription Tier 2 - Preferred Brand Drug \$25 Copay per prescription Tier 3 - Non-Preferred Brand and Specialty Drug \$60 Copay per prescription

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