

East Central University 2017-2018 Student Health Insurance Plan



Eligibility

All **registered International students** are required to enroll in the Student Health Insurance Plan, or provide proof of comparable coverage.

The insurance premium will be automatically assessed on the student's tuition bill.

How do I waive?

In order to have the insurance premium removed from the tuition, students must complete the online waiver at ecok.myahpcare.com by **August 25, 2017 for the Fall and January 29, 2018 for the Spring.**

Please view the complete brochure on-line at ecok.myahpcare.com for full details of participation in the plan.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible <i>(The Deductible is waived and benefits paid at 100% for services rendered at the Student Health Center.)</i>	\$ 100 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	\$ 6,600 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	\$ 13,200 per Family, per Policy Year

***Preventive Services:** Coinsurance, Copayments and Deductible are not applicable to Preventive Services. Benefits are paid at 100% of Usual and Reasonable Charge.

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance for Covered Medical Expenses</i>	<i>Payments are based on the Usual & Reasonable Charges for Covered Medical Expenses</i>
Hospital Room & 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>\$50 Deductible per visit</i>	80%	80% of PPO allowance

At pharmacies contracting with HealthSmart RX®

	100% after a	60% after a
Prescription Drugs	\$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug	\$15 Copayment per Generic Drug \$30 Copayment per Preferred Brand Drug \$60 Copayment per Brand Drug

*Please visit www.healthcare.gov/preventive-care-benefits/ for more information

Additional Benefits

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

Additional Information

ecok.myahpcare.com

1-855-871-9859

2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring/Summer
	08/01/2017 - 01/08/2018	01/09/2018 - 07/31/2018
Student	\$ 683	\$ 683

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National Guardian
Life Insurance Company

The 2017-2018 Student Health Insurance Plan is underwritten by National Guardian Life Insurance Company, NBH-280(2014)OK. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, AKA The Guardian or Guardian Life.

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