

East Central University 2020-2021 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.

BENEFIT MAXIMUMS & DEDUCTIBLES	
Benefit Maximum	Unlimited
Deductible* Per Insured Person, per Policy Year (The Deductible is waived and benefits paid at 100% for services rendered at the Student Health Center)	\$250
Out-of-Pocket Maximum* Per Insured Person, per Policy Year	\$ 6,600

*Combined In-Network Provider and Out-of-Network Provider

How to Waive

In order to have the insurance premium removed from the tuition, students must complete the online waiver at ecok.myahpcare.com by August 31, 2020 for the Fall and January 28, 2021 for the Spring.

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

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS		
Coverage Periods	Fall 08/01/2020 through 01/08/2021	Spring/Summer 01/09/2021 through 07/31/2021
Student	\$ 733	\$ 733

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.

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	<i>Payments are based on the Negotiated Charge for Covered Medical Expenses</i>	<i>Payments are based on the Usual & Customary Charge for Covered Medical Expenses</i>
Hospital Care Pre-Certification Required	80% after Deductible	60% after Deductible
Inpatient/Outpatient Surgery Pre-Certification Required	80% after Deductible	60% after Deductible
Physician's Office Visits	80% after Deductible	60% after Deductible
Diagnostic Imaging Services Pre-Certification Required	80% after Deductible	60% after Deductible
Rehabilitation Therapy including Physical Therapy, and Occupational Therapy and Speech Therapy Pre-Certification Required	80% after Deductible	60% after Deductible
Emergency Services	80% after a \$50 Copayment per visit (deductible applies)	80% after a \$50 Copayment per visit (deductible applies)
Prescription Drugs	At pharmacies contracting with Wellfleet RX/ESI 100% after a Tier 1 Copayment: \$15 Tier 2 Copayment: \$30 Tier 3 Copayment: \$60 Specialty Drugs Copayment: \$60 (deductible waived)	60% after a Tier 1 Copayment: \$15 Tier 2 Copayment: \$30 Tier 3 Copayment: \$60 Specialty Drugs Copayment: \$60
Preventive Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60% (Deductible applies)

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