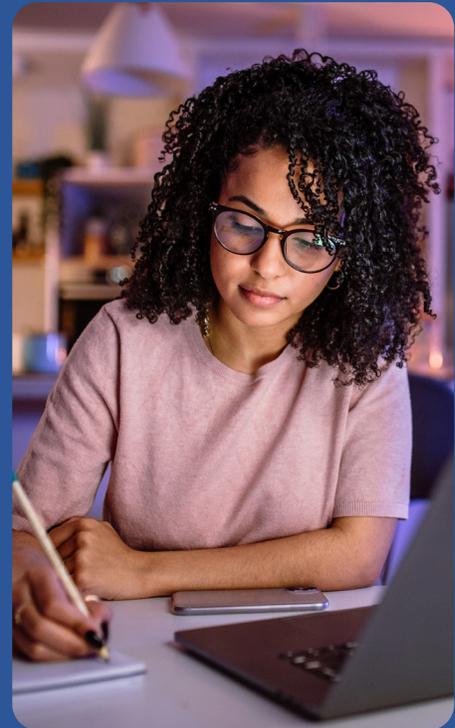




East Central University

# Student Coverage With Care 2025-2026



## What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)\*



Telehealth solutions through AcademicLiveCare (ALC)



Small Copayments for approved prescription medications



Cigna is the Preferred Provider Network

## Eligibility

East Central University requires health insurance coverage for all international students or proof of comparable coverage.

The premium for the East Central University Student Health Insurance Plan (SHIP) will automatically be charged, per semester, to each student's account. If students have insurance coverage comparable to East Central University SHIP, a waiver may be submitted online by the published deadline(s) at [ecok.myahpcare.com](http://ecok.myahpcare.com).

## Questions



To view Frequently Asked Questions or submit a request, please visit: [help.ahpcare.com](http://help.ahpcare.com)

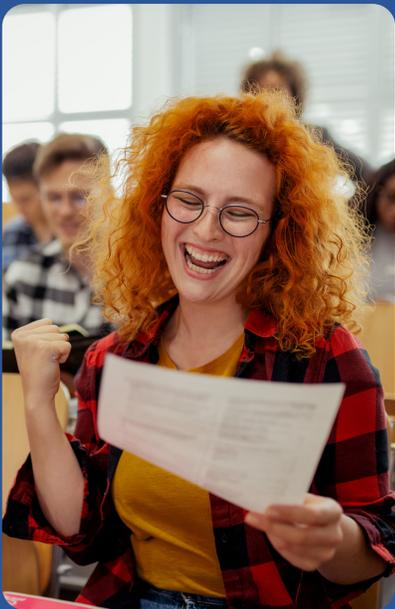
## Insurance ID Card



To access your ID card, please visit [ecok.myahpcare.com/additionalresources](http://ecok.myahpcare.com/additionalresources)

For more information, visit [ecok.myahpcare.com](http://ecok.myahpcare.com).

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



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

## Benefits

*(Deductible applies unless otherwise stated below)*

At the Memorial Student Union, the Deductible will be waived and benefits will be paid at 100% of covered expenses.

	CIGNA NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Usual &amp; Customary Charge</small>
<b>Benefit Maximum</b> Per Insured Person, per Policy Year		Unlimited
<b>Deductible</b> Per Insured Person, per Policy Year		\$250
<b>Out-of-Pocket Maximum</b> Per Insured Person, per Policy Year		\$6,600
<b>Hospital Care</b> Includes Hospital room & board expenses	80%	60%
<b>Surgical Expenses</b>	80%	60%
<b>Physician's Office Visits</b> Including Specialists/Consultants	100% after a \$30 Copayment (Deductible waived)	70%
<b>Emergency Care Services</b> (Copayment waived if admitted)	80% after a \$50 Copayment	80% after a \$50 Copayment
<b>Urgent Care Center</b>	80%	80%
<b>Diagnostic Imaging Services &amp; Laboratory Procedures</b> (Deductible waived)	80%	60%
	<small>At pharmacies contracting with Wellfleet Rx/ESI</small>	
<b>Prescription Drugs</b> Per 30-Day Retail Supply (Deductible waived)	100% after a Tier 1: \$15 Copayment Tier 2: \$30 Copayment Tier 3: \$60 Copayment Specialty Drugs: \$60 Copayment	60% after a Tier 1: \$15 Copayment Tier 2: \$30 Copayment Tier 3: \$60 Copayment Specialty Drugs: \$60 Copayment
<b>Preventive Care Services</b> For more information, visit: <a href="https://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a>	100% (Deductible waived)	70%

## Coverage Periods & Rates

	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026
<b>Waiver Periods</b>	06/20/2025 - 08/19/2025	11/07/2025 - 01/25/2026
<b>Student</b>	\$649	\$900

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 [ecok.myahpcare.com](https://ecok.myahpcare.com) upon approval by federal and state authorities.