



East Central University

Student Coverage With Care 2026-2027

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.

The premium for the East Central University Student Health Insurance Plan (SHIP) will automatically be charged, per semester, to each student's account.

Questions

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

Insurance ID Card

To access your ID card, please visit ecok.myahpcare.com/additionalresources

For more information, visit 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), Part of the Brown & Brown Team.



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.

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

Coverage Periods & Rates

	FALL 08/01/2026 - 12/31/2026	SPRING/SUMMER 01/01/2027 - 07/31/2027
Student	\$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 upon approval by federal and state authorities.