



## ELIGIBILITY

All full-time Undergraduate, Domestic, and International students taking six (6) or more credits are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students taking three (3) credit hours enrolled in a degree-granting program are eligible for coverage. All registered students who are actively attending classes are required to enroll in the plan unless proof of coverage is furnished. Students may waive coverage under this plan by submitting an online waiver application.

For more information, visit [ftta.myahpcare.com](https://ftta.myahpcare.com)

## WAIVER

Students who do have comparable coverage and would like to submit an online waiver can go to [ftta.myahpcare.com](https://ftta.myahpcare.com) to submit their waiver by 10/31/2026 for the Fall and 04/03/2027 for the Spring/Summer.

## KEY BENEFITS

(Deductible applies unless otherwise stated below) The PPO Network is Cigna OAP.

|                                                                                                                                                                                         | IN-NETWORK PROVIDER<br>Payments are based on the<br>Negotiated Charge                                                                                                                  | OUT-OF-NETWORK PROVIDER<br>Payments are based on the<br>Usual & Customary Charge                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Benefit Maximum<br>Per Insured Person, per Policy Year                                                                                                                                  | Unlimited                                                                                                                                                                              |                                                                                                                                  |
| Medical Deductible<br>(Individual)                                                                                                                                                      | \$300                                                                                                                                                                                  | \$300                                                                                                                            |
| Out-of-Pocket Maximum                                                                                                                                                                   | \$8,550 Individual<br>\$17,100 Family                                                                                                                                                  | \$8,550 Individual<br>\$17,100 Family                                                                                            |
| Physician's Office Visits                                                                                                                                                               | 80%                                                                                                                                                                                    | 60%                                                                                                                              |
| Hospital Care, Including Room & Board<br>(Pre-Certification required)                                                                                                                   | 80%                                                                                                                                                                                    | 60%                                                                                                                              |
| Surgery (Inpatient & Outpatient)<br>(Pre-Certification required)                                                                                                                        | 80%                                                                                                                                                                                    | 60%                                                                                                                              |
| Emergency Services                                                                                                                                                                      | 80%                                                                                                                                                                                    | 80%                                                                                                                              |
| Diagnostic Imaging Services<br>(Pre-Certification required)                                                                                                                             | 80%                                                                                                                                                                                    | 60%                                                                                                                              |
| Laboratory Procedures (Outpatient)                                                                                                                                                      | 80%                                                                                                                                                                                    | 60%                                                                                                                              |
| Prescription Drugs<br>(Deductible waived)                                                                                                                                               | At pharmacies contracting with<br>Wellfleet RX/ESI<br>100% after a:<br>Tier 1: \$20 Copayment<br>Tier 2: \$50 Copayment<br>Tier 3: \$100 Copayment<br>Specialty Drugs: \$100 Copayment | 100% after a:<br>Tier 1: \$20 Copayment<br>Tier 2: \$50 Copayment<br>Tier 3: \$100 Copayment<br>Specialty Drugs: \$100 Copayment |
| Preventive Services<br>For more information, please visit:<br><a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a> | 100%<br>(Deductible waived)                                                                                                                                                            | 60%                                                                                                                              |

## COVERAGE PERIODS & RATES

|                         | FALL<br>08/01/2026 - 01/31/2027 | SPRING/SUMMER<br>02/01/2027 - 07/31/2027 |
|-------------------------|---------------------------------|------------------------------------------|
| Enrollment Periods      | 06/29/2026 - 10/31/2026         | 01/04/2027 - 04/03/2027                  |
| Student                 | \$1,966                         | \$1,966                                  |
| Spouse/Domestic Partner | \$1,966                         | \$1,966                                  |
| Each Child <sup>1</sup> | \$1,966                         | \$1,966                                  |

<sup>1</sup> The cost for three (3) or more children will be three (3) times the child rate.

# STUDENT COVERAGE WITH CARE

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

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the student health plans of Wellfleet. CA License #0H64806