



## A STUDENT HEALTH PLAN **FOR YOU!**

### AM I ELIGIBLE?

All international students holding an "F-1" or "J-1" visa and enrolled at Houston Community College will be automatically enrolled in and billed each semester for coverage under the Plan unless a waiver of coverage has been submitted and approved online at [hccs.myahpcare.com/waiver](https://hccs.myahpcare.com/waiver) by the waiver deadline date each semester. No waivers will be accepted after the waiver deadline date. Dependent coverage is no longer available under this plan.

A student who initially waived coverage under the Plan but subsequently experiences ineligibility under another creditable coverage plan may elect to enroll for coverage under the Plan within 31 days of the date of ineligibility. Proof of ineligibility under another creditable coverage is required at the time the enrollment form is submitted.

An eligible student must actively attend classes at the college for at least the first 45 days of the period for which he or she is enrolled. Students who fully withdraw after 45 days will remain covered under the Plan and no refund will be made. Eligibility requirements must be met each time premium is paid to continue coverage. The Company maintains the right to investigate student status and attendance records to verify that the Plan eligibility requirements have been met. If it is discovered that the Plan eligibility requirements have not been met, the Company's only obligation is to refund premium, less any claims paid.

### WAIVER/OPT-OUT

If you have other adequate health insurance and would like to waive out of the Student Health Insurance Plan, you must go online to complete an online waiver at [hccs.myahpcare.com](https://hccs.myahpcare.com) by the deadline dates each semester. The waiver deadline date for Fall is September 23, 2021, the Spring/ Summer deadline is February 17, 2022 and the Summer deadline is June 9, 2022.

Please view the complete brochure on-line at [hccs.myahpcare.com](https://hccs.myahpcare.com) for full details of participation in the plan.

### AcademicLiveCare

You may access AcademicLiveCare on August 22, 2021 at [hccs.myahpcare.com/benefits](https://hccs.myahpcare.com/benefits).

### ADDITIONAL BENEFITS

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

# HOUSTON COMMUNITY COLLEGE 2021- 2022

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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Aetna PPO.**

## BENEFIT MAXIMUMS & DEDUCTIBLES

	NETWORK PROVIDER	NON-NETWORK PROVIDER
<b>Benefit Maximum</b> per Insured Person, per Policy Year		Unlimited
<b>Deductible</b> per Insured Person, per Policy Year	\$ 500	\$ 1,500
<b>Out-of-Pocket Maximum</b> per Insured Person, per Policy Year	\$ 7,150	\$ 30,000

## BENEFIT CATEGORY

Deductible applies unless otherwise stated below

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on Usual and Charge
Hospital Room and Board Expense	80% per admission	50% per admission
Inpatient/Outpatient Surgery	80%	50%
Physician's and Specialist Office Hour Visits	100% after a \$35 Copayment per visit	50% after a \$15 Copayment per visit
Diagnostic Testing	80% per visit	50% per visit
Outpatient Physical, Occupational, Speech, and Cognitive Therapies	80% per visit	50% per visit
Hospital Emergency Room	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit
<b>Prescription Drugs</b> , including specialty drugs (Deductible waived)	At pharmacies contracting with Aetna 100% after a Generic: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$80 Copayment	100% after a Generic: \$20 Copayment Preferred Brand-Name: \$40 Copayment Non-Preferred Brand-Name: \$80 Copayment
<b>Preventive Care Services</b> For more information, please visit <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	100% (Deductible waived)	50%

## COVERAGE PERIOD & COST

Fall Student	08/22/21 - 01/17/22 \$ 830	Spring/Summer Student	01/18/22 - 08/21/22 \$ 1,204	Summer Student	New Students Only 06/06/22 - 08/21/22 \$ 429
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To view all enrollment and coverage periods available, please visit [hccs.myahpcare.com](https://hccs.myahpcare.com).