

# Houston Community College 2017-2018 Student Health Insurance Plan

## Eligibility

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 <https://hccs.myahpcare.com/waiver> by the waiver deadline date each semester. No waivers will be accepted after the waiver deadline date.

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.

## How do I Waive?

If you have other adequate health insurance and would like to waive out of the Student Health Insurance Plan, you must go online to [hccs.myahpcare.com](https://hccs.myahpcare.com) and complete the online waiver by the deadline dates each semester. The waiver deadline date for Fall is September 18, 2017, the Spring deadline is February 12, 2018 and the Summer deadline is June 5, 2018.

For more information, an eligible student should contact Academic HealthPlans at 1-855-844-3018.

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



## Additional Benefits

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

## Additional Information

- 🌐 [hccs.myahpcare.com](https://hccs.myahpcare.com)
- 📞 1-855-844-3018

**aetna**<sup>SM</sup>

**ahp** | Academic HealthPlans<sup>SM</sup>

Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna). Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company. Self insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company.

AHP-OF(15) Aetna-HCCS

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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

<b>Benefit Maximum</b>	Unlimited, per Insured Person, per Policy Year
<b>Deductible</b>	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b>	Network Provider: \$ 6,800 per Insured Person, per Policy Year Non-Network Provider: \$13,600 per Insured Person, per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the Negotiated Charge</i>	<i>Payments are based on Recognized Charge</i>
Hospital Room and Board Expense	80%	50%
Inpatient/Outpatient Surgery	80%	50%
In-Office Physician Fees	80% after a \$15 Copayment per visit	50% after a \$15 Deductible per visit
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Emergency Services Expense \$150 Copay per visit Waived if admitted	80%	80%
Prescription Drugs	At pharmacies contracting with Aetna 100% after a \$20 Copayment per Generic Drug \$40 Copayment per Preferred Brand Name Drug \$80 Copayment per Non-Preferred Brand Name Drug	100% after a \$20 Deductible per Generic Drug \$40 Deductible per Preferred Brand Name Drug \$80 Deductible per Non-Preferred Brand Name Drug
*Preventive Care Services	100%	50%

\*For more information please visit [healthcare.gov/preventive-care-benefits/](http://healthcare.gov/preventive-care-benefits/)

## 2017-2018 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall	Spring/Summer	Summer
	08/22/2017 through 01/14/2018	01/15/2018 through 08/21/2018	(New Students Only) 06/04/2018 through 08/21/2018
Open Enrollment	05/01/2017 through 09/18/2017	11/06/2017 through 02/12/2018	04/02/2018 through 06/05/2018
Student	\$ 758	\$ 1,135	\$ 408
Spouse	\$ 758	\$ 1,135	\$ 408
Each Child	\$ 758	\$ 1,135	\$ 408

To view all enrollment and coverage periods available, please visit [hccs.myahpcare.com](http://hccs.myahpcare.com) or call Academic HealthPlans at 1-855-844-3018.