

# Houston Community College 2018-2019 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 [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.

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 University 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 25, 2019, the Spring deadline is February 12, 2019 and the Summer deadline is June 4, 2019.

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
- 🐦 @ahpcare
- 🌐 Academic HealthPlans
- 📘 @ahpcare



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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	
Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Deductible	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,500 per Insured Person, per Policy Year
Out-of-Pocket Maximum	Network Provider: \$ 7,150 per Insured Person, per Policy Year Non-Network Provider: \$30,000 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	100% after a \$35 Copayment per visit	50% after a \$15 Deductible per visit
Diagnostic X-ray Services & Laboratory Procedures	80%	50%
Emergency Services Expense Copayment/Deductible waived if admitted	80% after a \$150 Copayment per visit	80% after a \$150 Deductible per visit
Prescription Drugs	<b>At pharmacies contracting with Aetna</b> 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/)

2018-2019 PREMIUM COSTS AND COVERAGE PERIODS			
Coverage Periods	Fall 08/22/2018 through 01/13/2019	Spring/Summer 01/14/2019 through 08/21/2019	Summer (New Students Only) 06/03/2019 through 08/21/2019
Open Enrollment	06/08/2018 through 09/25/2018	10/29/2018 through 02/12/2019	04/01/2019 through 06/04/2019
Student	\$ 793	\$ 1,203	\$ 438
Spouse	\$ 793	\$ 1,203	\$ 438
Each Child	\$ 793	\$ 1,203	\$ 438

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.

**DISCLAIMER: This information is subject to change based upon the mandated benefits approved within the filing for the plan.**