# Houston Community College 2020-2021 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 <u>hccs.myahpcare.com/waiver</u> 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.

#### 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 complete an online waiver at <u>hccs.myahpcare.com</u> by the deadline dates each semester. The waiver deadline date for Fall is September 24, 2020, the Spring deadline is February 18, 2021 and the Summer deadline is June 10, 2021.

Please view the complete brochure on-line at <u>hccs.myahpcare.com</u> for full details of participation in the plan.

### AHP Live Care

A telehealth benefit at no cost to you. You can get care 24/7 from the comfort of your home - or anywhere else for that matter. Go to <u>ahplivecare.com</u> for more details.

### Additional Benefits

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



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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			

	Network Provider	Non-Network Provider	
BENEFIT CATEGORY	Payments are based on the Negotiated Charge	Payments are based on Recognized Charge	
Hospital Room and Board Expense	80% per admission	50% per admission	
Inpatient/Outpatient Surgery	80%	50%	
Physician Office Hours Visits	100% after a \$35 Copayment per visit	50% after a \$15 Copayment per visit	
Diagnostic X-ray Services & Laboratory Procedures	80% per visit	50% per visit	
Outpatient Physical, Occupational, Speech, and Cognitive Therapies	80% per visit	50% per visit	
Emergency Services Expense Copayment/Deductible waived if admitted	80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit	
rescription Drugs 440 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 For more information please visit healthcare.gov/coverage/preventive-care-benefits/.	100% deductible waived	50%	

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS					
Coverage Periods	<b>Fall</b> 08/22/2020 through 01/18/2021	<b>Spring/Summer</b> 01/19/2021 through 08/21/2021	Summer (New Students Only) 06/07/2021 through 08/21/2021		
Student	\$ 799	\$ 1,144	\$ 405		

To view all enrollment and coverage periods available, please visit <u>hccs.myahpcare.com</u>.