

Metropolitan Community College 2020-2021 Student Health Insurance Plan

The new insurance carrier for the 2020-2021 Student Health Insurance Plan is Wellfleet.

Eligibility

Metropolitan Community College requires that all F-1 international students obtain and maintain health insurance coverage while enrolled at the college. To assure compliance, all F-1 International students will be automatically enrolled in and charged the insurance premium for the Metropolitan Community College Student Health Insurance Plan.

A dependent may become eligible for coverage under the plan only when the student becomes eligible; or within 31 days of marriage, birth or adoption.

Please view the complete brochure on-line at mccneb.myahpcare.com for full details of participation in the plan.

Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services*



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This flyer 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 Cigna.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Person, per Policy Year
Individual Deductible	In-Network Provider: \$ 250 per Insured Person, per Policy Year Out-of-Network Provider: \$ 500 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	In-Network Provider: \$ 6,600 per Insured Person, per Policy Year Out-of-Network Provider: \$25,000 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	In-Network Provider: \$13,200 per Family, per Policy Year Out-of-Network Provider: \$75,000 per Family, per Policy Year

BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on the Usual and Customary Changes
Hospital Care, Includes Room and Board Expense Pre-certification Required	80% after deductible	60% after deductible
Inpatient/Outpatient Surgery Pre-certification Required	80% after deductible	60% after deductible
Physician Office Visits	80% after a \$20 Copayment per visit (deductible applies)	60% after a \$40 Copayment per visit (deductible applies)
Rehabilitative Therapy including, Physical Therapy and Occupational Therapy and Speech Therapy - Pre-Certification Required	80% after a \$20 Copayment per visit (deductible applies)	60% after a \$40 Copayment per visit (deductible applies)
Diagnostic Imaging Services Pre-Certification Required	80% after deductible	60% after deductible
Emergency Services Expenses	80% after a \$200 Copayment per visit (deductible applies)	80% after a \$200 Copayment per visit (deductible applies)
Prescription Drugs	At pharmacies contracting with WellfleetRX®/ESI 100% after a \$15 Copayment per Tier 1 \$45 Copayment per Tier 2 \$75 Copayment per Tier 3 75% after a \$150 Copayment for Specialty Drugs	Not covered
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits .	100% (deductible waived)	60% (deductible waived)

2020-2021 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Fall 08/16/2020 to 11/23/2020	Winter 11/24/2020 to 02/28/2021	Spring (New students only) 03/01/2021 to 05/26/2021	Summer 05/27/2021 to 08/16/2021
Open Enrollment	07/17/2020 through 09/14/2020	10/22/2020 through 12/21/2020	01/29/2021 through 03/29/2021	04/23/2021 through 06/25/2021
Student	\$ 737.50	\$ 737.50	\$ 737.50	\$ 737.50
Spouse	\$ 737.50	\$ 737.50	\$ 737.50	\$ 737.50
Each Child, 2x Max¹	\$ 737.50	\$ 737.50	\$ 737.50	\$ 737.50

¹Coverage for 2 or more children is calculated at the child rate times two (2).

To view all enrollment and coverage periods available, please visit mccneb.myahpcare.com.

The coverage periods are effective and will terminate at 12:01am local time at the Policy holder's address on the dates advertised.