

Student Coverage With Care



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.

For more information, visit [mccneb.myahpcare.com](https://mccneb.myahpcare.com).

Coverage Periods & Rates

|                         | FALL<br>08/23/2026 - 11/23/2026 | FALL (RETURNING)<br>08/16/2026 - 11/23/2026 | WINTER<br>11/24/2026 - 02/25/2027 | SPRING<br>02/26/2027 - 05/23/2027 | SUMMER<br>05/24/2027 - 08/09/2027 |
|-------------------------|---------------------------------|---------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Enrollment Periods      | 09/08/2026 - 11/23/2026         | 09/08/2026 - 11/23/2026                     | 12/07/2026 - 02/25/2027           | 03/08/2027 - 05/23/2027           | 06/01/2027 - 08/09/2027           |
| Student                 | \$742.75                        | \$800.00                                    | \$742.75                          | \$742.75                          | \$742.75                          |
| Spouse                  | \$742.75                        | \$800.00                                    | \$742.75                          | \$742.75                          | \$742.75                          |
| Each Child <sup>1</sup> | \$742.75                        | \$800.00                                    | \$742.75                          | \$742.75                          | \$742.75                          |

<sup>1</sup>Coverage for two (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](https://mccneb.myahpcare.com)

WHAT'S INCLUDED?

- Access to Academic Student Assistance Program (ASAP)
- Optional Dental Coverage
- Academic Vision Care (AVC)

- Access to Medical and Mental Health Telemedicine Services
- Coverage while traveling with Academic Emergency Services (AES)\*
- Cigna OAP PPO Network



Questions

To view Frequently Asked Questions or submit a request, please visit [help.ahpcare.com](https://help.ahpcare.com)



ID Cards

To access your ID Card, please visit [mccneb.myahpcare.com](https://mccneb.myahpcare.com)

# Metropolitan Community College 2026-2027

## Benefits

(Deductible applies unless otherwise stated below)

|                                                                                                                                                                         | IN-NETWORK PROVIDER<br>Payments are based on the Negotiated Charge                                                                                                                                 | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Usual & Customary Charge |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Benefit Maximum<br>Per Insured Person, Per Policy Year                                                                                                                  | Unlimited                                                                                                                                                                                          |                                                                               |
| Individual Deductible<br>Per Insured Person, Per Policy Year                                                                                                            | \$250                                                                                                                                                                                              | \$500                                                                         |
| Individual Out-of-Pocket<br>Maximum<br>Per Insured Person, Per Policy Year                                                                                              | \$6,600                                                                                                                                                                                            | \$25,000                                                                      |
| Family Out-of-Pocket<br>Maximum<br>For all Insureds in a Family,<br>Per Policy Year                                                                                     | \$13,200                                                                                                                                                                                           | \$75,000                                                                      |
| Hospital Care, includes Room<br>and Board Expense<br>Pre-Certification Required                                                                                         | 80%                                                                                                                                                                                                | 60%                                                                           |
| Inpatient/Outpatient Surgery<br>Pre-Certification Required                                                                                                              | 80%                                                                                                                                                                                                | 60%                                                                           |
| Physician Office Visits,<br>including Specialist/Counsultants                                                                                                           | 80%                                                                                                                                                                                                | 60%                                                                           |
| Rehabilitative Therapy, including<br>Physical Therapy, Occupational<br>Therapy and Speech Therapy                                                                       | 80%                                                                                                                                                                                                | 60%                                                                           |
| Diagnostic Imaging Services<br>Pre-Certification Required                                                                                                               | 80%                                                                                                                                                                                                | 60%                                                                           |
| Emergency Services                                                                                                                                                      | 80% after a<br>\$200 Copayment per visit                                                                                                                                                           | 80% after a<br>\$200 Copayment per visit                                      |
| Preventive Services<br>For more information,<br>please visit<br><a href="https://healthcare.gov/preventive-care-benefits/">healthcare.gov/preventive-care-benefits/</a> | 100%<br>(Deductible waived)                                                                                                                                                                        | 60%                                                                           |
| Prescription Drugs<br>30 day supply per prescription<br>(Deductible waived)                                                                                             | At pharmacies contracting<br>with WellfleetRX®/ESI<br>100% after:<br>Tier 1: \$15 Copayment<br>Tier 2: \$45 Copayment<br>Tier 3: \$75 Copayment<br>Specialty Drugs:<br>75% after a \$150 Copayment | Not covered                                                                   |

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [mcneb.myahpcare.com](https://mcneb.myahpcare.com) upon approval by federal and state authorities.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team.

AHP (26) Wellfleet-Metropolitan Community College