

Manhattan University

# **Student Coverage With Care**

2025-2026

What's Included?





Access to **Optional Dental** and Vision Coverage



**Emergency** Services (AES)\*



Cigna is the **Preferred** Provider



Telehealth solutions through CareConnect

### **Eligibility**

All registered full-time undergraduate students taking 12 or more credits, all degree-seeking international students, all students residing in the university dormitories, and all Division I student athletes of the policyholder are required to have health insurance coverage, either through this Student Health Plan or through another individual or family health plan. Eligible students are automatically enrolled in and charged premium for the Student Health Plan coverage unless proof of comparable coverage is provided by completing the waiver by the applicable waiver deadline date.

Coverage for dependents is not available.



#### **Questions**

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com



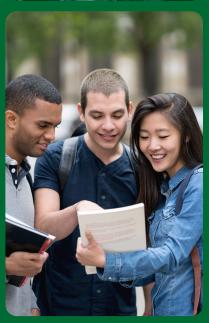
#### **Insurance ID Card**

To access your ID card, please visit manhattan.myahpcare.com/additionalresources For more information, please visit manhattan.myahpcare.com.

\*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), a Risk Strategies Company.







Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

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(Deductible applies unless otherwise stated below)					
	PARTICIPATING PROVIDER Payments are based on the Allowed Amount	NON-PARTICIPATING PROVIDER Payments are based on the Allowed Amount			
Individual Deductible Per Person, per Policy Year	\$250	\$500			
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$7,900	\$15,800			
Primary Care Office Visits Including Specialist Office Visits (Deductible waived)	100% after a \$25 Copayment per visit	70%			
Urgent Care Center	70%	70%			
Emergency Care Services	70%	70%			
Hospital Care Includes hospital room and board expense Pre-Authorization Required	70%	60%			
Inpatient and Outpatient Surgery Includes Surgeon Services, Anesthetist, and Assistant Surgeon Pre-Authorization Required	70%	60%			
Diagnostic Imaging Services and Laboratory Procedures Pre-Authorization Required	70%	60%			
Preventive Services (Deductible waived) For more information, visit healthcare.gov/preventive-care- benefits	100%	70%			
Prescription Drugs Up to a 30-day supply (Deductible waived)	At pharmacies contracting with Wellfleet Rx/ESI  100% after a Tier 1: \$20 Copayment Tier 2: \$50 Copayment	100% after a Tier 1: \$20 Copayment Tier 2: \$50 Copayment			

<sup>&</sup>lt;sup>1</sup>For prescriptions purchased at non-participating pharmacies, you must pay in full and then submit a claim for reimbursement.

Tier 3: \$100 Copayment<sup>1</sup>

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## Coverage Periods & Rates

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	ANNUAL 08/01/2025 - 07/31/2026	SPRING/SUMMER 01/01/2026 - 07/31/2026
Waiver Deadlines	08/15/2025	02/02/2026
Student	\$2,392	\$1,389

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  $final\ policy\ of\ insurance,\ which\ will\ be\ available\ at\ \textbf{manhattan.myahpcare.com}\ upon\ approval\ by\ federal\ and$ state authorities.