

## Student Coverage With Care



### Eligibility

All registered Undergraduate International students taking one (1) credit are required to have health insurance coverage.

Students are automatically enrolled in the International Student Health Insurance Plan at registration and the premium is added to the student's tuition fees with no option to waive coverage.

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

### Coverage Periods & Rates

	COVERAGE PERIODS	STUDENT RATE
ANNUAL	08/11/2025 - 08/10/2026	\$1,964.00
FALL	08/11/2025 - 01/17/2026	\$861.00
SPRING (EARLY START)	12/19/2025 - 01/17/2026	\$161.00
SPRING/SUMMER	01/18/2026 - 08/10/2026	\$1,103.00
FALL 2026 (EARLY START)	07/12/2026 - 08/10/2026	\$161.00

To view all enrollment and coverage periods available, please visit [maricopa.myahpcare.com](https://maricopa.myahpcare.com)

### WHAT'S INCLUDED?

Cigna is the Preferred Provider Network

Optional Dental coverage through Guardian

Low Coinsurance on approved prescription medications

Optional Vision coverage through VSP



### 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 [maricopa.myahpcare.com](https://maricopa.myahpcare.com)

# Maricopa Community Colleges 2025-2026

## Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charge
Individual Deductible Per Person, per Policy Year	\$0	\$50
Individual Out-of-Pocket Maximum Per Person, per Policy Year	\$6,350	No Maximum
Physician's Office Visits Including Specialists/Consultants	100% after a \$25 Copayment per visit	60%
Urgent Care Centers for Non-Life Threatening Conditions	100% after a \$25 Copayment per visit	100% after a \$25 Copayment per visit (Deductible waived)
Emergency Services in an Emergency Department for Emergency Medical Conditions (Copayment waived if admitted)	100% after a \$250 Copayment per visit	100% after a \$250 Copayment per visit
Hospital Care Includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies <sup>1</sup>	100%	60%
Prescription Drugs	65%	65% of Actual Charge (Deductible Waived)
Preventive Services For more information, visit <a href="https://www.healthcare.gov/preventive-care-benefits">healthcare.gov/preventive-care-benefits</a>	100% (Deductible waived)	60%
<sup>1</sup> Subject to Semi-Private room rate unless intensive care unit is required. Room and board includes intensive care. Pre-Certification required.		

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 [maricopa.myahpcare.com](https://maricopa.myahpcare.com) upon approval by federal and state authorities.