

A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

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*

^{*}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.

METROPOLITAN COMMUNITY COLLEGE 2022 - 2023

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	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	BENEFITS Deductible applies u IN-NETWORK PROVIDER	OUT-OF-NETWORK
Benefit Maximum	Unlimite	d	Payments are based on the Negotiated Charge	PROVIDER Payments are based on the Usual and Customary Changes
per Insured Person, per Policy Year			Hospital Care, includes Room a	and Board Expense
Individual Deductible per Insured Person, per Poilcy Year	\$ 250	\$ 500	Pre-certification Required 80%	60%
Individual Out-of-Pocket Maximur per Insured Person, per Policy Year	\$ 6,600	\$ 25,000	Inpatient/Outpatient Surgery Pre-certification Required	
Family Out-of-Pocket Maximum	A. 4.2.000	ф.7F.000	80%	60%
for all Insureds in a Family, per Policy Ye	\$ 13,200 ar	\$ 75,000	Physician Office Visits, including	g specialist
			80% after a	60% after a
COVERAGE PERIOD & COST			\$20 Copayment per visit	\$40 Copayment per visit
Fall	08/16/22 - 11/21/22		Rehabilitative Therapy, including Physical Therapy, Occupational Therapy and Speech Therapy Pre-Certification Required	
Enrollment Deadline	07/17/22 - 09/14/22			
Student	\$ 801.00		80% after a	60% after a
Spouse	\$ 801.00		\$20 Copayment per visit	\$40 Copayment per visit
Each Child	\$801.00		Diagnostic Imaging Services	
Winter	11/22/22 - 02/27/23		Pre-Certification Required	
Enrollment Deadline	10/22/22 - 12/12/22		80%	60%
Student	\$ 801.00		Emergency Services	
Spouse	\$ 801.00		80% after a	80% after a
Each Child	\$801.00		\$200 Copayment per visit	\$200 Copayment per visit
Spring	02/28/23 - 05/24/23		Preventive Care Services	
Enrollment Deadline	01/29/23 - 03/23/23		For more information, please visit healthcare.gov/preventive-care-benefits/	
Student	\$ 801.00		100%	60%
Spouse	\$ 801.00		(deductible waived)	
Each Child \$801.00		Prescription Drugs		
Summer	05/25/23 - 08/15/23		At pharmacies contracting with WellleetRX®/ESI	
Enrollment Deadline	Deadline 4/23/23 - 06/26/23		100% after:	
Student \$ 801.00		Tier 1 - \$15 Copayment	Not covered	
Spouse \$ 801.00		Tier 2 - \$45 Copayment	Not covered	
Each Child	\$801.00		Tier 3 - \$75 Copayment	Not covered
-			Specialty Drugs - 75% after a \$150 Copaymen	Not covered it
			(deducatible weiged)	

(deductible waived)

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.