

# Metropolitan Community College

## Student Health Insurance Plan 2024-2025



### 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.

### What's Included?

- Access to a 24/7 Student Assistance Program
- Access to Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*
- Academic Vision Care (AVC)

### More Information

For full details of participation in the plan, please view the complete brochure online at: [mccneb.myahpcare.com](http://mccneb.myahpcare.com)

### Questions

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

### Insurance ID Card

To access your ID card, please visit [mccneb.myahpcare.com/additionalresources](http://mccneb.myahpcare.com/additionalresources)

---

This 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.**

\*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.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at [mccneb.myahpcare.com](http://mccneb.myahpcare.com).

# Metropolitan Community College 2024-2025

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

## Rates & Coverage Periods

	Fall 08/16/24 - 11/19/24	Winter 11/20/24 - 02/26/25	Spring 02/27/25 - 05/22/25	Summer 05/23/25 - 08/15/25
Enrollment Period	07/17/24 - 09/14/24	10/22/24 - 12/12/24	01/29/25 - 03/23/25	04/23/25 - 06/26/25
Student	\$723.25	\$723.25	\$723.25	\$723.25
Spouse	\$723.25	\$723.25	\$723.25	\$723.25
Each Child <sup>1</sup>	\$723.25	\$723.25	\$723.25	\$723.25

<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).