



- 100% coverage at the SHC unless otherwise stated below
- Cigna is the Preferred Provider and will provide maximum benefits at lowest cost
- Behavioral Health solutions through CareConnect
- Access to Cigna Dental & VSP Vision discount program
- Access to a Student Assistance Program
- Academic Emergency Services
- Coverage when traveling

All registered full-time students (including International Teaching Assistants) are required to purchase this Student Health Insurance Plan unless proof of comparable coverage is furnished prior to the deadline of September 2, 2021 for the fall and February 3, 2022 for the spring.

An eligible student must attend classes at the Policyholder's school for at least the first 31 days of the period for which he or she is enrolled and/or pursuant to his or her visa requirements for the period for which coverage is elected.

Please view the complete brochure online at [austincollege.myahpcare.com](http://austincollege.myahpcare.com) for full details of participation in the plan.

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 expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The network is Cigna OAP.**

## BENEFIT MAXIMUMS & DEDUCTIBLES

	NETWORK PROVIDER
<b>Benefit Maximum</b>	Unlimited
<b>Deductible</b> Per Insured Person, per Policy Year <i>(The deductible is waived for services rendered at the SHC)</i>	\$ 500
<b>Individual Out-of-Pocket Maximum</b> Per Insured Person, per Policy Year <i>Combined In-Network and Out-of-Network</i>	\$ 8,150

## BENEFITS *(deductible applies unless otherwise stated below)*

IN-NETWORK PROVIDER <i>Payments are based on the Negotiated Charge for Covered Medical Expenses</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on the Usual &amp; Customary Charges for Covered Medical Expenses</i>
<b>Hospital Care</b> , includes Hospital Room and Board Expenses <i>Pre-Authorization Required</i>	
80%	50%
<b>Inpatient/Outpatient Surgery</b> <i>Pre-Authorization Required</i>	
80%	50%
<b>Physician's Office Visits</b> , including specialists and consultants 100% after a \$25 Copayment per visit <i>(deductible waived)</i>	
100%	50%
<b>Rehabilitation Therapy</b> , including Physical Therapy, and Occupational Therapy and Speech Therapy <i>Pre-Authorization Required</i>	
80%	50%
<b>Emergency Care Services</b>	
80% after a \$150 Copayment per visit	80% after a \$150 Copayment per visit

IN-NETWORK PROVIDER <i>Payments are based on the Negotiated Charge for Covered Medical Expenses</i>	OUT-OF-NETWORK PROVIDER <i>Payments are based on the Usual &amp; Customary Charges for Covered Medical Expenses</i>
--	--

### Diagnostic Imaging Services

*Pre-Authorization Required*

80%	50%
-----	-----

### Laboratory Procedures (Outpatient)

80%	50%
-----	-----

### Prescription Drugs

At pharmacies contracting with Wellfleet Rx/ESI

100% after a Tier 1 Copayment: \$20 Tier 2 Copayment: \$45 Tier 3 & Specialty Copayment: \$60 <i>(deductible waived)</i>	50% after a Tier 1 Copayment: \$20 Tier 2 Copayment: \$45 Tier 3 & Specialty Copayment: \$60
--	---

## COVERAGE & COST

<b>Annual Coverage Period</b>	08/01/21 - 07/31/22
Open Enrollment Period	04/26/21 - 09/02/21
Student	\$2,297.00