



100% coverage at the SHC unless otherwise stated below

Cigna is the Preferred Provider and will provide maximum benefits at lowest cost

Access to Telehealth and Behavioral Health

Access to Cigna Dental & VSP Vision discount program

Access to ASAP - Academic Student Assistance Program

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.

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 June 17, 2022 for the Fall and January 6, 2023 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 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
Benefit Maximum	Unlimited
Deductible Per Insured Person, per Policy Year <i>(The deductible is waived for services rendered at the SHC) Combined In-Network and Out-of-Network</i>	\$ 500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year <i>Combined In-Network and Out-of-Network</i>	\$ 8,150

Student Health Center: 100% of Usual and Customary Rate (U&C) for Covered Medical Expenses unless otherwise stated below.

BENEFITS *(deductible applies unless otherwise stated below)*

IN-NETWORK PROVIDER
Payments are based on the Negotiated Charge for Covered Medical Expenses

OUT-OF-NETWORK PROVIDER
Payments are based on the Usual & Customary Charges for Covered Medical Expenses

Hospital Care, includes Hospital Room and Board Expenses
Pre-Authorization Required

80% 50%

Inpatient/Outpatient Surgery
Pre-Authorization Required

80% 50%

Physician's Office Visits, including specialists and consultants

100% after a \$25 Copayment per visit
(deductible waived) 50%

Rehabilitation Therapy, including Physical Therapy and Occupational Therapy and Speech Therapy
Pre-Authorization Required

80% 50%

Emergency Care Services

80% after a \$150 Copayment per visit 80% after a \$150 Copayment per visit

IN-NETWORK PROVIDER
Payments are based on the Negotiated Charge for Covered Medical Expenses

OUT-OF-NETWORK PROVIDER
Payments are based on the Usual & Customary Charges for Covered Medical Expenses

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 50% after a

Tier 1 Copayment: \$20 Tier 1 Copayment: \$20

Tier 2 Copayment: \$45 Tier 2 Copayment: \$45

Tier 3 & Specialty Copayment: \$60 Tier 3 & Specialty Copayment: \$60

(deductible waived)

COVERAGE & COST

Annual Coverage Period 08/01/22 - 07/31/23

Open Enrollment Period 04/26/22 - 09/02/22

Student \$2,549.00