Eligibility

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, 2023 for the Fall.

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.

More Information

For full details of participation in the plan, please view the complete brochure online at: austincollege.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit austincollege.myahpcare.com/additionalresources

What’s Included?

- 100% coverage at the SHC unless otherwise stated
- 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, Inc. (AHP).

Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>IN-NETWORK PROVIDER</th>
<th>OUT-OF-NETWORK PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health Center (SHC): 100% of Usual &amp; Customary Rate (UC&amp;C) for Covered Medical Expenses unless otherwise stated below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Deductible applies unless otherwise stated below. The Deductible is waived for services rendered at the SHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Deductible*</td>
<td>Per Insured Person, per Policy Year</td>
<td>$500</td>
</tr>
<tr>
<td>Combined In-Network and Out-of-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Per Insured Person, per Policy Year</td>
<td>$8,150</td>
</tr>
<tr>
<td>Combined In-Network and Out-of-Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Care, includes Hospital Room and Board Expenses</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Pre-Authorization Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient/Outpatient Surgery</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Pre-Authorization Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician’s Office Visits, including specialists and consultants</td>
<td>100% after a $25 Copayment per visit (Deductible waived)</td>
<td>50%</td>
</tr>
<tr>
<td>Rehabilitation Therapy, including Physical Therapy, Occupational Therapy and Speech Therapy</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Pre-Authorization Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care Services, including pre-hospital and intrahospital care</td>
<td>80% after a $150 Copayment per visit</td>
<td>80% after a $150 Copayment per visit</td>
</tr>
<tr>
<td>Diagnostic Imaging Services</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Laboratory Procedures (Outpatient)</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>100% after a Tier 1 Copayment: $20 Tier 2 Copayment: $45 Tier 3 &amp; Specialty Copayment: $60 (Deductible waived)</td>
<td>50% after a Tier 1 Copayment: $20 Tier 2 Copayment: $45 Tier 3 &amp; Specialty Copayment: $60</td>
</tr>
</tbody>
</table>

Coverage Period & Cost

<table>
<thead>
<tr>
<th></th>
<th>ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment Periods</td>
<td>08/01/2023 - 07/31/2024</td>
</tr>
<tr>
<td>Student</td>
<td>$2,549</td>
</tr>
</tbody>
</table>

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 PPO network is Cigna OAP.

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 austincollege.myahpcare.com.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Wellfleet.