



2018-2019

PLAN SNAPSHOT

Maricopa County Community College District International Student Health Insurance Plan (ISHIP)

Welcome to the 2018-2019 International Student Health Insurance Plan (ISHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage.

For more information, please consult the Plan Certificate and other plan materials at www.4studenthealth.com/mcccd. If you have questions about medical benefits or claims, please call Relation Insurance Administrators at **(800) 468-4343**. If you have questions about enrollment, please call Relation Insurance Services at **(800) 537-1777**.

PPO Network

This plan utilizes the Cigna PPO Network as the Preferred Provider Organization (PPO). To locate PPO providers, visit www.cigna.com. While you are allowed to visit any provider, using an in-network provider will save you money.

Insurance ID Card

Once you are enrolled in the plan, you may download your insurance ID card at www.4studenthealth.com/mcccd. If you go to a physician's office, urgent care center, hospital, or pharmacy, you will be asked for your ID card.

Carry your insurance identification card with you at all times.

Prescription Drugs

The Pharmacy Benefits Manager for this plan is Express Scripts. To fill a prescription, visit any Express Scripts network pharmacy and pay your portion of the cost. If you visit a non-network provider, you will need to pay for the prescription in full at the time of pickup, then submit a claim for reimbursement.

To locate an Express Scripts pharmacy, visit www.express-scripts.com or call **(800) 447-9638**.

Rates and Important Dates

Rates are effective 08/11/2018 at 12:01 a.m. to 08/10/2019 at 11:59 p.m. Rates include medical insurance premium and administrative fees.

	Fall 08/11/2018 to 01/11/2019	Spring/ Summer 01/12/2019 to 08/10/2019
Student	\$ 557.50	\$ 780.50
Spouse	\$ 557.50	\$ 780.50
Each Child	\$ 557.50	\$ 780.50

For more information, please visit www.4studenthealth.com/mcccd.

What should I do if I need to see a doctor?

You should go to the nearest PPO doctor's office, urgent care, or hospital. While you are allowed to visit any provider of your choosing, if you use a PPO doctor or facility, you will pay less money out-of-pocket.

Visit www.cigna.com to access general providers, specialists (such as mental health providers), and other medical facilities and providers. Remember, only go to the emergency room (ER) when it is a life-threatening situation. In severe but non-life-threatening cases, go to an urgent care center. You will save money and time if you go to an urgent care center over the ER. In all other instances, schedule an appointment with a doctor.

This is only a brief description of the coverage(s) available under Certificate form AZ SHIP Cert (2018). The Certificate will contain reductions, limitations, exclusions and termination provisions. Full details of coverage are contained in the Certificate. If there are any conflicts between this document and the Certificate, the Certificate shall govern in all cases.

The Arizona Insurance Department has approved the underlying health insurance policy [AZ SHIP CERT (2018)] for use in Arizona. This is not an insurance policy and your receipt of this document does not constitute the issuance or delivery of a policy of insurance.

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Underwritten By: Commercial Casualty Insurance Company



Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	Preferred Provider	Non-Preferred Provider
Deductible	None	\$50 per person, per policy year
Coinsurance Amount	100% of Preferred Allowance (PA)	60% of Usual and Reasonable charges (U&R)
Physicians and Other Practitioners Office Visit	\$25 copay per visit	\$25 copay per visit/ 60% of U&R
Urgent Care Centers	\$25 copay per visit	\$25 copay per visit/ 60% of U&R
Physical Therapy (up to 60 visits per policy year)	\$25 copay per visit	\$25 copay per visit/ 60% of U&R
Rehabilitation Therapy and Habilitative Services including cardiac/ pulmonary rehabilitation, occupational/ speech therapy (up to 60 visits each per policy year)	\$25 copay per visit	\$25 copay per visit/ 60% of U&R
Chiropractic Care Benefit (up to 20 visits per policy year)	\$25 copay per visit	\$25 copay per visit/ 60% of U&R
Pediatric Dental Care Benefit Subject to a \$500 deductible per policy year	See benefit for limitations	See benefit for limitations
Pediatric Vision Care Benefit	See benefit for copay amounts	See benefit for coinsurance amounts
Emergency Services Expenses	\$250 copay (waived if admitted to hospital) 100% of Preferred Allowance	\$250 copay (waived if admitted to hospital) 100% of Usual and Reasonable charges
Prescription Drug Coinsurance Amount	65% of Preferred Allowance	65% of Usual and Reasonable charges
Out-of-Pocket Maximum	\$6,350 per person / \$12,700 per family per policy year	No maximum

Commercial Casualty Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

(Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al +1 (800) 468-4343.

(Chinese-S)

如果您说中文，您可以免费获得语言援助服务。请致电 +1 (800) 468-4343。

(Chinese-T)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 +1 (800) 468-4343。

(French)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le +1 (800) 468-4343.

(Tagalog)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa +1 (800) 468-4343.

(German)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer +1 (800) 468-4343.

(Arabic)

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم +1 (800) 468-4343.

(French Creole-Haitian)

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele +1 (800) 468-4343.

(Italian)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero +1 (800) 468-4343.

(Japanese)

日本語を話される場合、無料の言語支援をご利用いただけます。+1 (800) 468-4343 まで、お電話にてご連絡ください。

(Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. +1 (800) 468-4343 번으로 전화해 주십시오.

(Persian-Farsi)

اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با +1 (800) 468-4343 تماس بگیرید.

(Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer +1 (800) 468-4343.

(Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para +1 (800) 468-4343.

(Russian)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните +1 (800) 468-4343.

(Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số +1 (800) 468-4343.

Exclusions and Limitations

Any exclusion in conflict with the Patient Protection and Affordable Care Act or any state imposed requirements will be administered to comply with the requirements of the federal or state guideline, whichever is more favorable to You.

This Certificate does not cover loss nor provide benefits for any of the following, except as otherwise provided by the benefits of this Certificate and as shown in the Schedule of Benefits.

1. International Students Only – Eligible expenses within Your Home Country or country of origin that would be payable or medical Treatment that is available under any governmental or national health plan for which You could be eligible.
2. Treatment, service or supply which is not Medically Necessary for the diagnosis, care or Treatment of the Sickness or Injury involved. This applies even if they are prescribed, recommended or approved by the person's attending physician or dentist.
3. Medical services rendered by provider employed for or contracted with the School, including team physicians or trainers, except as specifically provided in the Schedule of Benefits.
4. Professional services rendered by anyone who lives with You.
5. Weak, strained, or flat feet, corns, calluses, ingrown toenails, except for Treatment because of Injury, infection or disease.
6. Surgical procedures in connection with infertility unless such infertility is a result of a Covered Injury or Covered Sickness.
7. Expenses covered under any Workers' Compensation, occupational benefits plan, mandatory automobile no-fault plan, public assistance program or government plan, except Medicaid.
8. Charges of an institution, health service or infirmary for whose services payment is not required in the absence of insurance or services provided by Student Health Fees.
9. Any expenses in excess of Usual and Reasonable charges except as provided in this Certificate.
10. Loss incurred as the result of riding as a passenger or otherwise (including skydiving) in a vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a scheduled airline maintaining regular published schedules on a regularly established route anywhere in the world.
11. Loss resulting from war or any act of war, whether declared or not, or loss sustained while in the armed forces of any country or international authority.
12. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any Intercollegiate, intramural, or club sports.
13. Loss resulting from playing, practicing, traveling to or from, or participating in, or conditioning for, any professional sport.
14. Treatment, services, supplies or facilities in a Hospital owned or operated by the Veterans Administration or a national government or any of its agencies, except when a charge is made which You are required to pay.
15. Services that are duplicated when provided by both a certified Nurse-midwife and a Physician.
16. Expenses payable under any prior Certificate which was in force for the person making the claim.
17. Injury sustained as the result of Your operation of a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
18. Expenses incurred after:
 - The date insurance terminates as to an Insured Person, except as specified in the extension of benefits provision; and
 - The end of the Policy Year specified in the Benefit Schedule.
19. Elective Surgery or Treatment unless such coverage is otherwise specifically covered under the Certificate.
20. Charges incurred for massage, in any form.
21. Weight management, weight reduction, nutrition programs, treatment for obesity, except surgery for morbid obesity (bariatric surgery), surgery for removal of excess skin or fat. This does not apply to nutritional counseling or any screening or assessment specifically provided under the Preventive Care Services benefit, or otherwise specifically covered under the Certificate.
22. Charges for hair growth or removal unless otherwise specifically covered under the Certificate.
23. Expenses for radial keratotomy and services in connection with eye examination, eye glasses or contact lenses, office visit exam for the fitting of prescription contact lenses, eyeglasses or duplicate spare eyeglasses or lenses or frames, eyeglass frames, non-prescription lenses, and non-prescription contact lenses that are for cosmetic purposes or unless otherwise covered under the Pediatric Vision Care Benefit.
24. Charges for hearing screening.
25. Racing or speed contest, skin diving or sky diving, mountaineering (where ropes or guides are customarily used), ultra-light aircraft, parasailing, sail planing, hang gliding, bungee jumping, travel in or on ATV's (all terrain or similar type vehicles), or other hazardous sport or hobby.
26. Expenses incurred for Plastic or Cosmetic Surgery, unless they result directly from a Covered Injury that necessitates medical Treatment within 24 hours of the Accident or results from Reconstructive Surgery.
 - For the purposes of this provision, **Reconstructive Surgery** means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to either improve function or to create a normal appearance, to the extent possible.
 - For the purposes of this provision, **Plastic or Cosmetic Surgery** means surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance or alter their personal concept of body image.
27. Treatment to the teeth, including orthodontic braces and orthodontic appliances. This exclusion does not apply to the repair of Injuries caused by a Covered Injury to the limits shown in the Schedule of Benefits.

28. You are:
- Committing or attempting to commit a felony;
 - Being engaged in an illegal occupation; or
 - Participation in a riot.
29. Elective abortions.
30. Congenital defects, except as provided for newborn or adopted children added after the Effective Date of coverage.
31. Custodial Care service and supplies.
32. Charges for hot or cold packs.
33. Services of a private duty Nurse.
34. Expenses that are not recommended and approved by a Physician.
35. Sexual reassignment surgery, except as provided when Medically Necessary or when Treatment is covered under the Certificate. This exclusion does not include related mental health counseling or hormone therapy.
36. Routine harvesting and storage of stem cells from newborn cord blood, the purchase price of any organ or tissue, or services for or related to the transplantation of animal or artificial organs or tissues.
37. Cosmetic procedures related to Gender Dysphoria including but not limited to rhinoplasty, face lift, facial bone reduction, lip enhancement or reduction, blepharoplasty, breast augmentation, body contouring, reduction thyroid chondroplasty, hair removal, voice modification surgery, skin resurfacing, chin implants, nose implants.
38. Under the Prescription Drug Benefit shown in the Schedule of Benefits, any drug or medicine:
- Which does not, by federal or state law, require a prescription order, (i.e., over-the-counter drugs), even if a prescription is written, except as specifically provided in the Prescription Drug Benefit section of this plan;
 - Drugs with over-the-counter equivalents;
 - Allergy sera and extracts administered via injection;
 - For the purpose of weight control;
 - Fertility drugs;
 - Vitamins, minerals, food supplements;
 - Sexual enhancements drugs;
 - Dietary supplements;
 - Cosmetic, including but not limited to, the removal of wrinkles or other natural skin blemishes due to aging or physical maturation;
 - Blood glucose meters, asthma holding chambers and peak flow meters are eligible health services, but are limited to one (1) prescription order per Policy Year.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
 - Drugs labeled, "Caution – limited by federal law to Investigational use" or Experimental Drugs;
 - Purchased after coverage under the Certificate terminates;
 - Consumed or administered at the place where it is dispensed;
 - If the FDA determines that the drug is: contraindicated for the Treatment of the condition for which the drug was prescribed; or Experimental for any reason;
 - Bulk chemicals;
 - Non-insulin syringes, surgical supplies, durable medical equipment/ medical devices with the exception of diabetic blood monitors and kits;
 - Stimulants;
 - Repackaged products;
 - Blood components;
 - Immunology products.
39. Non-chemical addictions.
40. Non-physical, occupational, speech therapies (art, dance, etc.).
41. Modifications made to dwellings.
42. General fitness, exercise programs.
43. Hypnosis.
44. Rolfing.
45. Biofeedback.
46. Hyperhidrosis.