



2024 - 2025

# International Student Health Insurance Plan: California State University - Bakersfield-AHP Bronze



## Who can enroll?

International students or other persons with a current passport who: 1) are engaged in educational activities; 2) are temporarily located outside his/her home country as a non-resident alien; 3) have not obtained permanent residency status in the U.S.; and 4) are enrolled in an associate, bachelor, master or Ph.D. degree program at a university or other educational institution, with no less than 6 credit hours (unless such school's full-time status requires less); Visiting Scholars with an F-1 or J1 visa are eligible to enroll in this insurance Plan. The six credit hour requirement is waived for Summer if the applicant was enrolled in this plan as a fulltime student in the immediately preceding Spring term

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of International Visiting Scholars. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

U.S. citizens and residents are not eligible for coverage as a student or Dependent.

## Plan Cost

	Annual 08/01/24 - 7/31/25	Fall 08/01/24 - 12/31/24	Spring 01/01/25 - 05/31/25	Summer 06/01/25 - 07/31/25	Summer 2 07/01/25 - 07/31/25
Student	\$1,626.00	\$681.60	\$672.68	\$271.74	\$138.09
Spouse	\$4,737.00	\$1,985.66	\$1,959.70	\$791.66	\$402.32
Each Child	\$2,400.00	\$1,006.04	\$992.88	\$401.10	\$203.83

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider

[Options PPO](#)

Find a prescription drug provider

[Optum Rx](#)

## Plan highlights

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	\$250,000 (For each Injury or Sickness)	
<b>Plan Deductible</b>	\$100 per Insured Person, per Policy Year	\$100 per Insured Person, per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Out-of-Pocket Maximum</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$5,000 (Per Insured Person, Per Policy Year)  \$10,000 (For all Insureds in a Family, Per Policy Year)	\$5,000 (Per Insured Person, Per Policy Year)  \$10,000 (For all Insureds in a Family, Per Policy Year)
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay per prescription for Tier 1 \$40 Copay per prescription for Tier 2 \$60 Copay per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible  \$5,000 maximum per Policy Year	No Benefits
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.</i>	100% of Allowed Amount  \$500 maximum, Per Policy Year	No Benefits
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$20 not subject to Deductible  Medical Emergency: \$100 after Deductible  Room and Board: \$100 after Deductible	Physician's Visits: \$20 not subject to Deductible  Medical Emergency: \$100 after Deductible  Room and Board: \$100 after Deductible

## Questions about your plan?

Contact Customer Service at **1-888-251-6253**  
or at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

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**United  
Healthcare**

POLICY NUMBER: 2024-203690-91

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 - 07/30/2024

Applies to following member:

2024-203727-91

Policy: N/A

Cert: N/A

Summary Flyer:

Added Summer 2 Period

SAP Summary Flyer-

From:

Fall

08/25/24 - 12/18/24

Student \$516.76/Spouse \$1,505.46/ Child \$762.74

Spring

01/24/25 - 05/17/25

Student \$507.83/Spouse \$1,479.49/Child \$749.58

To:

Fall

08/23/24 - 12/16/24

Spring

From

01/24/25 - 05/17/25

Student \$507.83/Spouse \$1,479.49/Child \$749.58

To:

01/17/25 - 05/17/25

Student \$539.03/Spouse \$1,570.35/Child \$795.62

ALI Summary Flyer

Remove Fall 1 and Fall 2

From-

Spring 1

01/27/25-05/18/25

Student \$498.92/Spouse \$1,453.53/Child \$736.43

Spring 2

03/25/25-05/28/25

Student \$289.57/Spouse \$843.58/Child \$427.40

To:

Spring 1

1/29/25 - 3/22/25

Student \$236.10/Spouse \$687.83/Child \$348.49

Spring 2

3/23/25 - 5/17/25

Student \$249.46/Spouse \$726.77/Child \$368.21