



California State University, San Marcos

International Student Health Insurance Plan (ISHIP) 2023-2024

Questions

Eligibility & Enrollment

Academic Health Insurance Services
(800) 537-1777

Benefits

Aetna Customer Service
(855) 236-2138

Insurance ID Card

Download your ID card from aetnastudenthealth.com. You can also download your temporary insurance ID card by going to csusm.mycare26.com.

Carry your ID card with you at all times!

More Information

For more information, please visit csusm.mycare26.com

Eligibility

California State University, San Marcos, requires that all registered degree-seeking students carry a specific level of health insurance. Students who have comparable coverage, meeting all CSUSM requirements, may waive coverage during the school's open waiver period at the beginning of the fall semester. All other students will be required to enroll in the plan.

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. 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.

Aetna Network

This plan utilizes the Aetna Open Choice PPO Network. To learn more about the network or to find a provider, view the Aetna DocFind® online provider directory by visiting aetnastudenthealth.com.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Charge (NC) when you use Aetna Open Choice PPO providers, and 70% of the Recognized Charge when you use Non-Preferred Providers, after deductible.

If there are any discrepancies between this document and the Plan Design and Benefits Summary, the Plan Design and Benefits Summary will govern.

Getting Care

To locate a primary care physician or provider in the Aetna Open Choice PPO Network, visit aetnastudenthealth.com or call (855) 236-2138.

Prescription Drugs

Always use an Aetna pharmacy. To locate a pharmacy, visit aetnastudenthealth.com or call (855) 236-2138.

**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), dba Academic Health Insurance Services.

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 Plan Design and Benefits Summary. The final Plan Design and Benefits Summary may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Design and Benefits Summary is accessible upon approval at csusm.mycare26.com.

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the International Student Health Insurance Plans of Aetna. CA License #0H64806

RATES & IMPORTANT DATES

RATES INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	STUDENT	DEPENDENT*
Annual 08/15/2023 to 08/14/2024 Enrollment Deadline: 11/30/2023	\$2,331.00	\$2,295.00
Fall 08/15/2023 to 01/14/2024 Enrollment Deadline: 11/30/2023	\$974.39	\$959.39
Spring/Summer 01/15/2024 to 08/14/2024 Enrollment Deadline: 06/30/2024	\$1,356.61	\$1,335.61

* Premium is charged per dependent, up to three (3) times the premium fee, after which no further premium is charged for additional dependents.

Note: A legal dependent is a spouse, domestic partner, or unmarried child under age 26.

BENEFITS

	AETNA OPEN CHOICE PPO PREFERRED PROVIDER YOU WILL PAY:	NON-PREFERRED PROVIDER YOU WILL PAY AT LEAST ¹
Deductible	\$250 per Person, per Policy Year	\$250 per Person, per Policy Year
Office Visit	\$25 Copay per visit (Deductible waived)	30% Coinsurance per visit
Urgent Care	\$25 Copay per visit	30% Coinsurance per visit
Emergency Room	\$150 Copay per visit (Copay waived if admitted)	\$150 Copay per visit (Copay waived if admitted)
Prescription Drugs ²	\$15 Copay Generic \$30 Copay Preferred Brand \$75 Copay Non-Preferred Generic & Brand (Deductible waived)	\$15 Copay Generic \$30 Copay Preferred Brand \$75 Copay Non-Preferred Generic & Brand (Deductible waived)
Out-of-Pocket Maximum	\$5,000 per Person, per Policy Year	\$5,000 per Person, per Policy Year

¹ Using out-of-network providers may cost you more money! Coinsurance is payable for Recognized Charge, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than Recognized Charge and you will be responsible for these excess amounts over the listed coinsurance.

² For prescriptions filled at an out-of-network pharmacy, you must pay for the prescription in full and submit a claim for reimbursement.

What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services**