



California Polytechnic State University, San Luis Obispo J-1 Scholars

International Student Insurance Plan 2023-2024

Questions

Eligibility & Enrollment

Academic Health Insurance Services
(800) 537-1777

Benefits

Cigna Global Health Benefits®
(800) 441-2668

Insurance ID Card

Once you receive a welcome email from Cigna, you can download your insurance ID card. Visit cignaenvoy.com to set up an account.

Carry your ID card with you at all times!

More Information

For more information, please visit calpoly.mycare26.com

Eligibility

1. An international student, scholar, visiting faculty or other person with a current passport and non-immigrant visa, temporarily located outside their Home Country as a non-resident alien and:
 - a. Is engaged in educational activities at Cal Poly; and
 - b. Has not obtained permanent residency status in the United States; and
 - c. Is not a U.S. Citizen.

NOTE: Students enrolled in Cal Poly classes will automatically be enrolled in the plan. F-1 students admitted to a study abroad program while a Cal Poly student will need to contact intlservices@calpoly.edu to request to be waived from the insurance while abroad.

2. Participants engaged in Optional Practical Training (OPT) or Academic Training (A/T) if:
 - a. The OPT/AT training follows a course of study; and
 - b. The Subscriber enrolls in the plan no later than 30 days after the previous insurance coverage period ends; and
 - c. The Subscriber maintains their valid visa status; and
 - d. The coverage period is no longer than 12 months in duration.

What's Covered

(Treatment must be Medically Necessary)

- Unlimited annual maximum
- Doctor visits
- Emergency and urgent care
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Chiropractic care (20 visits maximum)
- Acupuncture (20 visits maximum)
- Maternity and prenatal care
- Prescription drugs

Limitations and exclusions apply. Please see the Certificate for more details.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Rate when you use **Cigna Open Access Plus (OAP)** providers, 70% of the Reimbursement Amount when you use Out-of-Network providers, and 100% of the Reimbursement Amount after Deductible outside of the U.S.

Getting Care

If you need to access care, visit cigna.com/providerdirectory or call (800) 441-2668 to locate a provider in the Cigna Open Access Plus (OAP) Network.

Prescription Drugs

Always use a Cigna Envoy pharmacy. To locate a pharmacy, visit cigna.com/providerdirectory.

**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 Certificate of insurance. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate of insurance is accessible upon approval at calpoly.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 Insurance Plan. CA License #0H64806

RATES & IMPORTANT DATES

RATES ARE EFFECTIVE 09/08/2023 TO 09/07/2024. RATES INCLUDE MEDICAL INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

| | STUDENT | SPOUSE/ DOMESTIC PARTNER* | EACH CHILD* |
|-------------------------------------|---------|---------------------------------|-------------|
| Monthly 09/08/2023 to 09/07/2024 | \$146 | \$247 | \$247 |

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

BENEFITS

| | CIGNA OAP PROVIDER YOU WILL PAY: | OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST ¹ |
|---|---|---|
| Deductible | \$150 per Individual/ \$300 per Family, per Policy Year | \$150 per Individual/ \$300 per Family, per Policy Year |
| Physician's Office Visit | \$10 Copay per visit (Deductible waived) | 30% |
| Urgent Care Services | \$0 Copay per visit | 30% |
| Inpatient Hospital Facility Services | \$0 Copay per visit | 30% |
| Emergency Room | \$150 Copay per visit (Copay waived if admitted; Deductible waived) | \$150 Copay per visit (Copay waived if admitted; Deductible waived) |
| Prescription Drugs ² | \$15 Copay Generic \$30 Copay Brand Name (Deductible waived) | 50% of Charges (Deductible applies) |
| Out-Pocket Limit | \$5,000 per Individual/ \$10,000 per Family, per Policy Year | \$5,000 per Individual/ \$10,000 per Family, per Policy Year |

¹ Using Out-of-Network providers may cost you more money! Coinsurance is payable for the Reimbursement Amount, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some Out-of-Network providers charge more than the Reimbursement Amount and you will be responsible for these excess amounts over the listed Coinsurance.

² At Out-of-Network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

What's Included?

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