# **Cerritos College**

# International Student Insurance Plan 2023-2024

#### Eligibility

All International students enrolled at your school are eligible for and are required to purchase this insurance plan. To maintain eligibility, the Covered Person is required to maintain a valid F, J or M visa status. International students who have been approved for permanent residency are not eligible.

The company retains the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

## **Rates & Important Dates**

Rates are effective 08/01/2023 to 07/31/2024. Rates include insurance premium and administrative fees.

	STUDENT	SPOUSE/DOMESTIC PARTNER	EACH CHILD
Annual 08/01/2023 to 07/31/2024	\$1,864.00	\$5,736.00	\$2,976.00
Fall 08/01/2023 to 12/31/2023	\$784.00	\$2,396.00	\$1,243.00
Spring/Summer 01/01/2024 to 07/31/2024	\$1,090.00	\$3,340.00	\$1,733.00
Summer 05/01/2024 to 07/31/2024	\$476.12	\$1,441.17	\$747.94

#### What's Covered

#### (Treatment must be Medically Necessary)

- · Physician visits
- Specific emergency benefit expenses
- Surgery, in- and out-patient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy (30 visits maximum)
- Chiropractic care (\$5,000 maximum)
- Acupuncture (\$500 maximum)
- Maternity and prenatal care
- Prescription drugs

#### **Benefits**

	FIRST HEALTH PPO PROVIDER YOU WILL PAY*	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST <sup>1</sup>	
Maximum Benefit	\$250,000 per covered Accident or Sickness		
Deductible	\$0 per Covered Person per Policy Year		
Out-Patient Office Visits	\$10 Copay per visit (Copay waived at campus health center)	20%, after \$10 Copay per visit	
Urgent Care Facility	\$10 Copay per visit	20%, after \$10 Copay per visit	
Hospital Room & Emergency Room Treatment	\$50 Copay per visit	20%, after \$50 Copay per visit	
Emergency Room Benefit	\$100 Copay per visit (Copay waived if admitted)	20%, after \$100 Copay per visit (Copay waived if admitted)	
Prescription Drugs	\$0	100%²	

<sup>&</sup>lt;sup>1</sup>Using Out-of-Network providers may cost you more money! Coinsurance is payable for Usual & Customary (U&C) Charge, 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 U&C and you will be responsible for these excess amounts over the listed Coinsurance.



### Questions

Eligibility & Enrollment
Academic Health Insurance Services
(800) 537-1777

#### **Benefits**

Administrative Concepts, Inc. (ACI) (888) 585-9033

#### **Insurance ID Card**

Once your enrollment has been processed, you will receive an e-mail confirmation which will provide you access to your ID Card.

Carry your ID card with you at all times!

## **Getting Care**

Go to the campus health center. If you need to access care away from campus, visit myfirsthealth.com or contact (800) 226-5116 to locate a provider in the First Health PPO Network.

# **Prescription Drugs**

Always use an Express Scripts pharmacy. To locate a pharmacy, visit express-scripts.com or call (800) 400-0136.

#### **More Information**

For more information, please visit cerritos.mycare26.com

\*Coverage is underwritten by Pan-American International Insurance Corporation.

<sup>&</sup>lt;sup>2</sup>At Out-of-Network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Plan Certificate for full benefit details. If there are any discrepancies between this document and the Certificate, the Certificate will govern.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Rate (NR) when you use **First Health PPO** providers, and 80% of Usual and Customary (U&C) Charges when you use out-of-network providers.

**Pre-Existing Conditions** are not covered under this plan of insurance. However, a Pre-Existing Condition will be covered after the Covered Person has been continuously insured for six (6) months under the Participating Member's plan.

#### What's Included?

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

This document contains a summary of your school's International Student Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Certificate. The final Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Certificate is accessible upon approval at cerritos.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

<sup>\*</sup>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.