

# University of Hawai'i at Hawai'i Community College Intensive English Program International Student Insurance Plan 2023-2024



## Questions

### Eligibility & Enrollment

Academic HealthPlans, Inc.  
(800) 537-1777

### Benefits

GeoBlue  
(844) 268-2686

## Insurance ID Card

Once you receive a Welcome Email from **GeoBlue** you can download your ID card. Visit [geobluestudents.com](http://geobluestudents.com) to set up an account.

**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 [geobluestudents.com](http://geobluestudents.com) or call (844) 268-2686 to find a provider in the **Blue Cross Blue Shield PPO** Network.

## More Information

For more information, please visit [hawaii-hawaii.mycare26.com](http://hawaii-hawaii.mycare26.com)

## Eligibility

The Classes eligible for coverage available under this plan are shown below.

**Class I:** An international student, scholar, visiting faculty, or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and is engaged in educational activities of the Member, has not obtained permanent residency status in the United States, and is not a U.S. Citizen.

**Class II:** Eligible Dependents of any of the above classes.

The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund the premium. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan. Enrollment cannot exceed 12 months. All benefits and limits are stated per Individual Insured or Eligible Dependent (Covered Person).

## What's Covered (Treatment must be Medically Necessary)

- \$250,000 per injury or sickness maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Prescription drugs
- Physiotherapy, including acupuncture (20 visits maximum)
- \$500 maximum for routine preventive care, including immunizations
- Annual women's cervical cancer screening and a breast exam
- Pregnancy and maternity

**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 Plan Certificate, the Plan Certificate will govern.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% when you use Blue Card PPO providers, part of Blue Cross Blue Shield, and 80% when you use out-of-network providers.

## Benefits

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST <sup>1</sup>
Office Visit	\$20 Copay per visit	20%
Urgent Care	\$35 Copay per visit	20%
Hospital Visit	\$50 Copay per visit	20%
Emergency Room	\$100 Copay per visit (Copay waived if admitted)	20%
Prescription Drugs <sup>2</sup>	\$10 Copay Generic/\$50 Copay Brand Name/\$50 Copay Injectables	
Out-of-Pocket Maximum	\$5,000 per Person, per Policy Year	

<sup>1</sup> Using Out-of-Network providers may cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some Out-of-Network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed Coinsurance.

<sup>2</sup> If you use an Out-of-Network pharmacy, you will have to pay for prescriptions in full, then submit a claim for reimbursement.

## Rates & Important Dates

Rates are effective 08/01/2023 to 07/31/2024. The cost of coverage includes insurance premium and administrative fees.

	STUDENT	SPOUSE/ DOMESTIC PARTNER	ONE CHILD	TWO OR MORE CHILDREN
Fall I 08/01/2023 to 10/31/2023	\$430.92	\$1,185.21	\$661.50	\$1,323.47
Fall II 10/01/2023 to 12/31/2023	\$430.92	\$1,185.21	\$661.50	\$1,323.47
Fall III (Continuing Students) 11/01/2023 to 12/31/2023	\$287.28	\$790.14	\$441.00	\$881.98
Spring I 01/01/2024 to 03/31/2024	\$430.92	\$1,185.21	\$661.50	\$1,323.47
Spring II 03/01/2024 to 05/31/2024	\$430.92	\$1,185.21	\$661.50	\$1,323.47
Spring III (Continuing Students) 04/01/2024 to 05/31/2024	\$287.28	\$790.14	\$441.00	\$881.98
Summer 06/01/2024 to 07/31/2024	\$287.28	\$790.14	\$441.00	\$881.98

## What's Included?

- Coverage when traveling
- Academic Emergency Services\*

\*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).

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 Plan Certificate. The final Plan Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Certificate is accessible upon approval at [hawaii-hawaii.mycare26.com](http://hawaii-hawaii.mycare26.com)

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the International Student Insurance Plan.