



Irvine Valley College 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 ivc.mycare26.com.

Carry your ID card with you at all times!

More Information

For more information, please visit ivc.mycare26.com

Eligibility

The South Orange County Community College District requires that all Irvine Valley College international students purchase the approved insurance plan through Academic Health Insurance Services. **Outside plans are not accepted.** To be eligible for this plan, you must be enrolled in the current or immediate upcoming academic term and be actively engaged in international education activities. Verification of visa and academic enrollment documentation may be requested by the insurance carrier. Lawful dependents of Eligible students may also be covered under this plan.

In the event you are not able to complete your studies and need to return home, you may request a refund of any unused insurance premium by contacting the International Student Office and submitting proof of departure from the U.S. (airline Itinerary, ticket receipt, etc.). You must request a refund within 30 days of leaving the United States.

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 75% 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 ivc.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	SPOUSE/ DOMESTIC PARTNER*	EACH CHILD*
Annual 08/01/2023 to 07/31/2024 Enrollment Deadline: 09/30/2023	\$2,252.30	\$2,252.30	\$2,252.30
Fall 08/01/2023 to 12/31/2023 Enrollment Deadline: 09/30/2023	\$938.46	\$938.46	\$938.46
Spring/Summer 01/01/2024 to 07/31/2024 Enrollment Deadline: 02/28/2024	\$1,313.84	\$1,313.84	\$1,313.84
Summer 05/01/2024 to 07/31/2024 Enrollment Deadline: 06/30/2024	\$563.08	\$563.08	\$563.08

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

BENEFITS

	AETNA OPEN CHOICE PPO PREFERRED PROVIDER YOU WILL PAY:	NON-PREFERRED PROVIDER YOU WILL PAY AT LEAST ¹
Deductible	\$100 per Person, per Policy Year	
Office Visit	\$0 Copay per visit	25% Coinsurance per visit
Urgent Care	\$0 Copay per visit	25% Coinsurance per visit
Emergency Room	\$0 Copay per visit	Paid the same as in-network coverage
Prescription Drugs	\$10 Copay Generic \$20 Copay Preferred Brand \$40 Copay Non-Preferred Generic & Brand \$90 Copay Specialty (Deductible waived)	Not covered
Out-of-Pocket Maximum	\$2,500 per Person, per Policy Year	No maximum

¹Using 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.

What's Included?

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