



San Jose City College

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 sjcc.mycare26.com

Eligibility

Eligible students are defined as full-time U.S. Inbound Expatriate students of the school enrolled full time. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

For purposes of this plan, a U.S. Inbound Expatriate is a student who attends university outside of his / her country of citizenship and attends in the United States.

Dependent coverage for eligible children will be up to age 26.

What's Covered

(Treatment must be Medically Necessary)

- \$500,000 annual maximum
- Doctor visits
- Emergency and urgent care
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy (20 visits maximum)
- Chiropractic care and acupuncture (\$500 maximum)
- Maternity and prenatal care
- Prescription drugs

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

Coinurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 90% 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 90% of the Reimbursement Amount after Deductible outside of the U.S.

Getting Care

Go to the campus health center.

If you need to access care away from campus, 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 www.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 sjcc.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 08/15/2023 TO 08/14/2024. RATES INCLUDE MEDICAL INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

	STUDENT	SPOUSE/ DOMESTIC PARTNER*	EACH CHILD*
Fall 08/15/2023 to 01/14/2024	\$772.53	\$2,066.75	\$2,066.75
Spring/Summer 01/15/2024 to 08/14/2024	\$1,075.47	\$2,877.25	\$2,877.25

*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	\$250 per Individual/ \$500 per Family, per Policy Year	\$250 per Individual/ \$500 per Family, per Policy Year
Physician's Office Visit	\$20 Copay per visit (Deductible waived)	30%
Urgent Care Services	\$20 Copay per visit (Deductible waived)	30%
Inpatient Hospital Facility Services	\$50 Copay per visit (Deductible waived)	30%
Emergency Room	\$100 Copay per visit (Copay waived if admitted; Deductible waived)	\$100 Copay per visit (Copay waived if admitted; deductible waived)
Prescription Drugs	50% of Actual Charges Oral contraceptives covered at 100% of Actual Charges (Deductible waived)	Not covered
Out-Pocket Limit	\$3,000 per Individual/ \$6,000 per Family, per Policy Year	\$19,000 per Individual/ \$38,000 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.

What's Included?

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