

Point Loma Nazarene University

International Student Insurance Plan 2024-2025



Eligibility

All traditional aged undergraduate International students enrolled at the Point Loma campus, international undergraduate and graduate intercollegiate sports athletes, and scholars enrolled at your school with a current passport and an F-1 or J-1 Visa are eligible for and are required to purchase this insurance plan. Students must be temporarily residing outside of their Home Country while actively engaged in education or educational activities or providing research for the school. International students who have been approved for permanent residency are not eligible.

The Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If and whenever the Company discovers that the eligibility requirements have not been met, its only obligation is a refund of premium, less any claims paid.

What's Included?

- Coverage when traveling
- Telehealth solutions through AcademicLiveCare (ALC)
- Vision Coverage through Academic Vision Care (AVC)
- Access to ASAP - Academic Student Assistance Program
- 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), a Risk Strategies Company 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 policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at pointloma.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: pointloma.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please [click here](#).

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Cigna PPO**. Visit wellfleetstudent.com or call 1 (877) 657-5030, TTY 711 to find a provider in the Cigna PPO Network. Always use a Wellfleet RX/ESI pharmacy. To locate a pharmacy, visit wellfleetrx.com or call 1 (877) 640-7940.

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Benefits

(Deductible applies unless otherwise stated below)

	AETNA PASSPORT PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST:
Benefit Maximum		\$500,000
Deductible Per Person, Per Policy Year		\$200
Out-of-Pocket Maximum Per Person, Per Policy Year		None
Office Visits or Urgent Care Visit	\$25 Copay per visit (Copay waived for treatment at the PLNU Wellness Center)	20% after a \$25 Deductible per visit
Hospital Room & Board	\$100 Copay per visit	20% after a \$100 Deductible per visit
Diagnostic X-Ray and Lab Benefit	\$100 Copay per visit	20% after a \$100 Deductible per visit
Surgeon (In or Outpatient) Benefits	\$0	20%
Emergency Room Benefit	\$200 Copay per visit (Copay waived if admitted to hospital)	20% after a \$200 Deductible per visit (Deductible waived if admitted to hospital)
Prescription Drugs Up to a 30-day supply	At pharmacies contracting with Wellfleet RX/ESI Generic Drug: \$20 Brand Name Drug: \$50	Generic Drug: \$20 Brand Name Drug: \$50 Please note: You are required to pay the full amount charged at the time of service for all prescriptions dispensed at an out-of-network provider and must file a claim for reimbursement.

Rates & Coverage Periods

	FALL 08/01/2024 - 01/11/2025	SPRING/SUMMER 01/12/2025 - 07/31/2025
Student	\$687.00	\$687.00
Spouse/Domestic Partner	\$2,839.50	\$2,839.50
Each Child ¹	\$1,900.50	\$1,900.50

¹Coverage for two (2) or more children is calculated at the child rate times two (2).
To view all enrollment and coverage periods available, please visit pointloma.myahpcare.com