

# Auburn University - International Students and Scholars

2026-2027

## Student Coverage With Care



### Eligibility

All non-immigrant students and scholars and their Dependents in F and J status who are attending or participating in a program at Auburn University, and J scholars employed by AU but not eligible for AU Blue Cross and Blue Shield of Alabama insurance, are automatically enrolled in this insurance plan on a mandatory basis. Optional Practical Training (OPT) are eligible to enroll by contacting the Office of Insurance. Online credits count toward the minimum hours, but may not exceed 50% of hours required for eligibility.

Dependents will be automatically enrolled in the health plan concurrently with the insured student and/or upon arrival to the United States. Waiver for participation may be granted at the discretion of the administrator for students who are already covered under certain government or embassy sponsored plans.

For more information, visit [auburn.myahpcare.com](http://auburn.myahpcare.com).

### Coverage Periods & Rates

| Coverage Periods     | EARLY FALL<br>07/16/2026 - 02/15/2027 | FALL<br>08/16/2026 - 02/15/2027 | EARLY SPRING<br>12/15/2026 - 08/15/2027 | EARLY SPRING II (NEW)<br>01/01/2027 - 08/15/2027 | SPRING/<br>SUMMER<br>02/16/2027 - 08/15/2027 | EARLY SUMMER<br>05/10/2027 - 08/15/2027 | SUMMER<br>05/16/2027 - 08/15/2027 |
|----------------------|---------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------|----------------------------------------------|-----------------------------------------|-----------------------------------|
| Enrollment Periods   | 07/15/2026 - 09/15/2026               | 07/15/2026 - 09/15/2026         | 01/15/2027 - 03/15/2027                 | 01/15/2027 - 03/15/2027                          | 01/15/2027 - 03/15/2027                      | 04/15/2027 - 06/15/2027                 | 04/15/2027 - 06/15/2027           |
| Student              | \$1,255.50                            | \$1,078.80                      | \$1,420.80                              | \$1,323.90                                       | \$1,061.70                                   | \$588.60                                | \$554.40                          |
| Spouse               | \$1,255.50                            | \$1,078.80                      | \$1,420.80                              | \$1,323.90                                       | \$1,061.70                                   | \$588.60                                | \$554.40                          |
| One Child            | \$1,255.50                            | \$1,078.80                      | \$1,420.80                              | \$1,323.90                                       | \$1,061.70                                   | \$588.60                                | \$554.40                          |
| Two or More Children | \$2,511.00                            | \$2,157.60                      | \$2,841.60                              | \$2,647.80                                       | \$2,123.40                                   | \$1,177.20                              | \$1,108.80                        |

To view all enrollment and coverage periods available, please visit [auburn.myahpcare.com](http://auburn.myahpcare.com)

### WHAT'S INCLUDED?

Access to 24-Hour Medical and Mental Health Telemedicine Services  
Coverage when traveling

Academic Emergency Services\*  
Network is BlueCard PPO



Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.



### Questions

To view Frequently Asked Questions or submit a request, please visit [help.ahpcare.com](http://help.ahpcare.com)



### ID Cards

To access your ID Card, please visit [auburn.myahpcare.com](http://auburn.myahpcare.com)

# Auburn University - International Students and Scholars Plan 2026-2027

## Benefits

(Deductible applies unless otherwise stated below)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IN-NETWORK PROVIDER<br>Payments are based on the Allowed Amount                                                                                                                                                                                                            | OUT-OF-NETWORK PROVIDER<br>Payments are based on the Allowed Amount                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Deductible</b><br>Per Insured Person, per Plan Coverage Period                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$500                                                                                                                                                                                                                                                                      | \$1,000                                                                              |
| <b>Individual Out-of-Pocket Maximum</b><br>Per Insured Person, per Policy Year                                                                                                                                                                                                                                                                                                                                                                                                                           | \$9,200                                                                                                                                                                                                                                                                    | Unlimited                                                                            |
| <b>Family Out-of-Pocket Maximum</b><br>For all insureds in a Family, per Policy year                                                                                                                                                                                                                                                                                                                                                                                                                     | \$18,400                                                                                                                                                                                                                                                                   | Unlimited                                                                            |
| <b>Inpatient Hospital &amp; Residential Treatment Facilities</b><br>Precertification Required                                                                                                                                                                                                                                                                                                                                                                                                            | 80%                                                                                                                                                                                                                                                                        | 80%<br>In Alabama: Covered only for medical emergency services and accidental injury |
| <b>Student Health Clinic Services-AUMC</b><br>(Auburn University Medical Clinic)<br>No benefits will be paid without a referral from AUMC for outpatient treatment received from a provider other than the Student Health Clinic.<br>No referral is required from the Student Health Clinic for certain services, for more information please visit <a href="http://auburn.myahpcare.com">auburn.myahpcare.com</a><br>Student Health Clinic will offer service to eligible dependents 13 years and over. | 100%, after \$25 office visit copay, no deductible; any other medical service available and rendered at AUMC - 100%, no copay or deductible<br><br>Services for certain allergy injections, B12 injections and certain therapeutic services - 100%, no copay or deductible | Not Covered                                                                          |
| <b>Outpatient Surgery</b><br>Including Ambulatory Surgical Centers                                                                                                                                                                                                                                                                                                                                                                                                                                       | 80%                                                                                                                                                                                                                                                                        | 60%<br>In Alabama: Not Covered                                                       |
| <b>Inpatient Physician Visits &amp; Consultations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 80%                                                                                                                                                                                                                                                                        | 60%<br>in Alabama - 50%                                                              |
| <b>Chemotherapy, Diagnostic Lab, Dialysis &amp; IV, Pathology, Radiation Therapy and X-ray</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 80%                                                                                                                                                                                                                                                                        | 60%<br>In Alabama: 50%                                                               |
| <b>Emergency Room</b><br>(Medical Emergency)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$300 copay<br>(copay waived if admitted)                                                                                                                                                                                                                                  | \$300 copay<br>(copay waived if admitted)                                            |
| <b>Prescription Drugs</b><br>Other benefits available at Prime Participating Pharmacies - for more information, please visit <a href="http://auburn.myahpcare.com">auburn.myahpcare.com</a>                                                                                                                                                                                                                                                                                                              | Student Health Clinic-AUMC<br>(Auburn University Medical Clinic):<br>100%, after the following copays,<br>no deductible<br>Tier 1 & 2: \$10 copay<br>Tier 3: \$45 copay<br>Tier 4: \$75 copay<br>Tier 5 & 6: 25% Coinsurance,<br>\$800 Maximum                             | Not covered                                                                          |
| <b>Preventive Care</b><br>For more information, please visit <a href="http://AlabamaBlue.com/PreventiveServices">AlabamaBlue.com/PreventiveServices</a>                                                                                                                                                                                                                                                                                                                                                  | 100%<br>(No copay or Deductible)                                                                                                                                                                                                                                           | Not covered                                                                          |

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at [auburn.myahpcare.com](http://auburn.myahpcare.com) upon approval by federal and state authorities.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of Alabama.

\*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), Part of the Brown & Brown Team.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association: made available in cooperation with Blue Cross and Blue Shield of Alabama. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 54.1201.

AHP (26) BCBSAL-Auburn