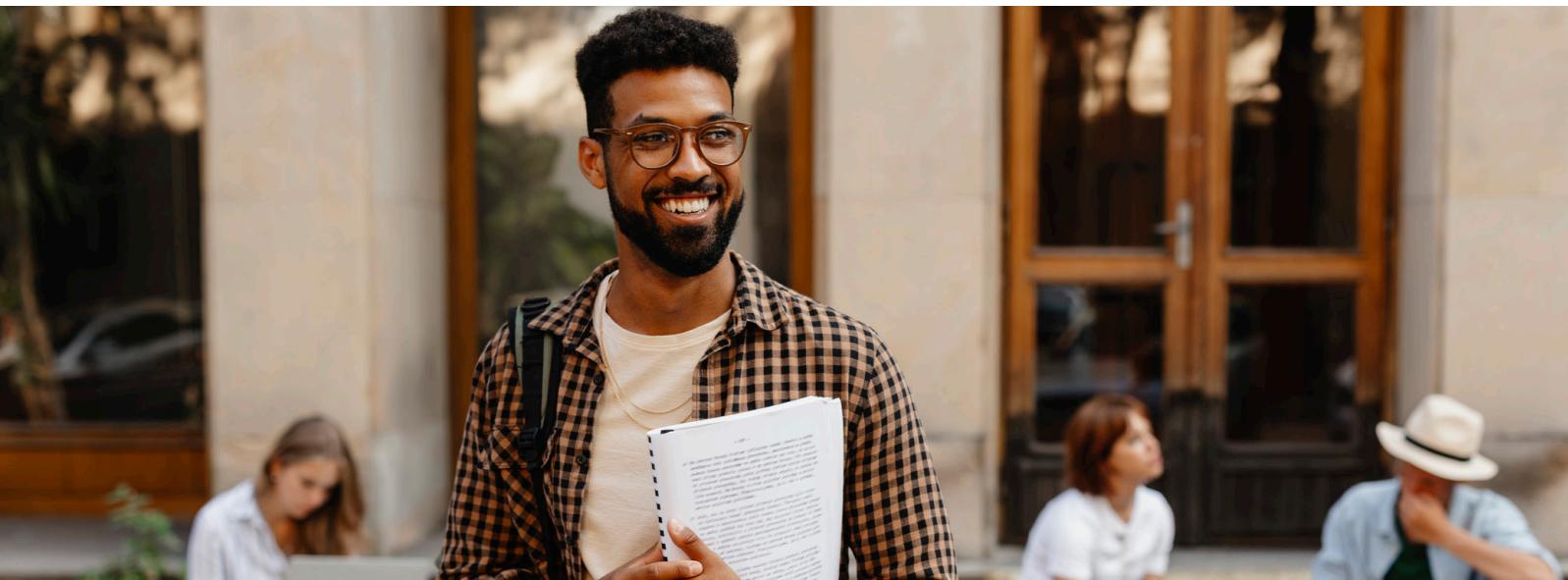


California State University, Monterey Bay

International Student Insurance Plan

2024-2025



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 Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services through AcademicLiveCare at no additional charge
- Coverage when traveling
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at: csumb.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 visit csumb.myahpcare.com/quicklist

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 OAP network is **Cigna Open Access Plus**. If you need to access care away from campus, visit Doctors on Duty at doctorsonduty.com for a complete list of locations. If Doctors on Duty is closed, call 1 (800) 441-2668 to locate a provider in the Cigna Open Access Plus (OAP) Network. Always use a Cigna Envoy pharmacy. To locate a pharmacy, visit 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), 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 csumb.myahpcare.com.

California State University, Monterey Bay 2024-2025

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Allowable Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Maximum Reimbursable Charge	INTERNATIONAL PROVIDER Payments are based on the Maximum Reimbursable Charge
Maximum Benefit Per Individual, Policy Year	\$500,000	\$500,000	\$500,000
Individual Deductible Per Individual, Policy Year	\$250	\$750	\$250
Family Deductible Per Family, Policy Year	\$500	\$1,500	\$500
Individual Out-of-Pocket Maximum Per Individual, Policy Year	\$0	\$2,000	\$0
Family Out-of-Pocket Maximum Per Family, Policy Year	\$0	\$4,000	\$0
Physician's Office Visit	100% after a \$15 Copay per visit	80%	100%
Urgent Care Services	100%	80%	100%
Laboratory Services	100% (Deductible waived for Physician's Office Visit)	80%	100%
Hospital Room & Board	\$75 Copay per visit (Deductible waived)	\$75 Copay per visit (Deductible waived)	100%
Hospital Emergency Room	100% after a \$200 Copay per visit (Deductible waived)	100% after a \$200 Copay per visit (Deductible waived)	100%
Prescription Drugs 30-day supply	At Express Scripts Pharmacy 100% after a Generic: \$20 Copay All Other: \$50 Copay	80% At out-of-network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.	100%
Preventive Care For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	100% (Deductible waived)	80%	100% (Deductible waived)

Coverage Periods & Rates

	FALL 08/01/2024 - 12/31/2024	SPRING 01/01/2025 - 05/31/2025	SUMMER 06/01/2025 - 07/31/2025
Student	\$745	\$745	\$298
Dependent*	\$1,245	\$1,245	\$498

*Rate caps at the maximum of three (3) dependents

To view all enrollment and coverage periods available, please visit csumb.myahpcare.com