

California State University, San Bernardino

International Student Insurance Plan 2024-2025



Eligibility

All International students enrolled at your school are eligible for and are required to purchase this insurance plan. To maintain eligibility, the Insured Person is required to maintain a valid F, J or M visa status. International students who have been approved for permanent residency are not eligible.

The Insurance Company retains the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Academic Vision Care (AVC)
- Coverage when traveling
- 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 csusb.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: csusb.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 csusb.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 PPO network is the **UnitedHealthcare Select Plus Network**.

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Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Maximum Benefit Per Insured Person, Per Policy Year		\$500,000
Deductible Per Insured Person, Per Policy Year	\$250	\$500
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$6,000	\$8,000
Family Out-of-Pocket Maximum Per Insured Family, Per Policy Year	\$12,000	Unlimited
Physician's Visits	100% after a \$25 Copay	80% after a \$25 Copay
Urgent Care Center	100% after a \$50 Copay per visit	80% after a \$50 Copay per visit
Diagnostic X-ray Services	100%	80%
Room and Board Expense	100% after a \$250 Copay per Hospital Confinement	80% after a \$250 Copay per Hospital Confinement
Medical Emergency Expenses (Copay waived if admitted)	100% after a \$150 Copay per visit	80% after a \$150 Copay per visit
Inpatient/Outpatient Surgery	100%	80%
Prescription Drugs Up to 30-day supply	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$10 Copay Tier 2: \$20 Copay Tier 3: \$40 Copay (Deductible waived)	No Benefits
Preventive Care Services For more information please visit healthcare.gov/coverage/preventive-care-benefits/	100% (Deductible waived)	No Benefits

Rates & Coverage Periods

	ANNUAL 08/15/24 - 08/14/25	FALL 08/15/24 - 01/14/25	SPRING/SUMMER 01/15/25 - 08/14/25	SUMMER 06/02/25 - 08/14/25
Enrollment Periods	06/26/24 - 10/07/24	06/26/24 - 10/07/24	10/07/24 - 03/04/25	03/17/25 - 06/19/25
Student	\$1,908.00	\$799.81	\$1,108.19	\$386.83
Spouse/Domestic Partner	\$5,872.00	\$2,461.43	\$3,410.57	\$1,190.49
Each Child	\$2,190.00	\$918.01	\$1,271.99	\$444.00

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