

California State University, San Bernardino

International Scholars 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*

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**.

*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.

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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% |
| | At pharmacies contracting with UnitedHealthcare Pharmacy | |
| Prescription Drugs Up to 30-day supply | 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 |

Daily Rates & Coverage Period

| | Annual 08/15/2024 - 08/14/2025 |
|-------------------------|-----------------------------------|
| Enrollment Period | 05/27/2024 - 08/14/2025 |
| Scholars | \$5.23 |
| Spouse/Domestic Partner | \$16.09 |
| Each Child | \$6.00 |

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