

# California State University, San Marcos

## International Student Insurance Plan 2024-2025



### Eligibility

California State University, San Marcos, requires that all registered degree-seeking students carry a specific level of health insurance. Students who have comparable coverage, meeting all CSUSM requirements, may waive coverage during the school's open waiver period at the beginning of the fall semester. All other students will be required to enroll in the plan.

The student must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes.

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

### What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- 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 [csusm.myahpcare.com](https://csusm.myahpcare.com).

### More Information

For full details of participation in the plan, please view the complete brochure online at: [csusm.myahpcare.com](https://csusm.myahpcare.com)

### Questions

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

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## Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST:
Individual Deductible Per Person, Per Policy Year	\$100	\$200
Family Deductible Per Family, Per Policy Year	\$200	\$400
Individual Out-of-Pocket Maximum Per Person, Per Policy Year	\$5,000	\$5,000
Family Out-of-Pocket Maximum Per Family, Per Policy Year	\$10,000	\$10,000
Physician's Office Visit	\$25 Copay per visit (Deductible waived)	30% Coinsurance per visit
Urgent Care Services	\$25 Copay per visit (Deductible waived)	30% Coinsurance per visit
Inpatient Hospital Facility	\$100 Copay (Deductible waived)	30% Coinsurance per visit
Inpatient Surgery	\$100 Copay (Deductible waived)	30% Coinsurance per visit
Outpatient Surgery	100% after Deductible	30% Coinsurance per visit
Emergency Room (Deductible waived)	\$250 Copay per visit	\$250 Copay per visit
Prescription Drugs Up to a 30-day supply	Generic: \$25 Copay Preferred Brand: \$35 Copay Non-Preferred Brand: \$50 Copay (Deductible waived)	50%
Preventive Care For more information, please visit <a href="https://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a>	\$0 Copay (Deductible waived)	30% Coinsurance per visit

## Rates & Coverage Periods

	ANNUAL 08/15/2024 - 08/14/2025	FALL 08/15/2024 - 01/14/2025	SPRING/SUMMER 01/15/2025 - 08/15/2025
Enrollment Deadline	11/30/2024	11/30/2024	06/30/2025
Student	\$2,100.00	\$880.29	\$1,219.71
Dependents*	\$3,427.00	\$1,436.54	\$1,990.46

\* Rate caps at the maximum of 3 dependents

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