

College of Charleston J1 Students

International Student Medical Insurance Plan 2023-2024



What's Included?

- Cigna PPO is the Preferred Provider and may provide maximum benefits at lowest cost.
- Access to Academic Student Assistance Program (ASAP)
- Coverage when traveling
- Academic Emergency Services*

More Information

For full details of participation in the plan, please view the complete brochure online at:
cofc-j1students.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
cofc-j1students.myahpcare.com/additionalresources

Eligibility

All International students are required to enroll in the plan provided by the school. Students with current insurance coverage may request a waiver if their plans meet our acceptable waiver criteria.

You are eligible to enroll if you are a non-U.S. Citizen, have a passport or visa and are temporarily residing outside your home country/country of permanent residence, while actively engaged in educational activity and enrolled in classes at College of Charleston within 30 days of the plan's effective date.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP) and not affiliated with Crum & Forster, SPC.

International Student Medical Insurance is underwritten by Crum & Forster, SPC.

AHP (23) WF-COFC-J1STUDENT

2023-2024

College of Charleston - J1 Students

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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

The PPO network is Cigna PPO.

Academic HealthPlans, Inc. (AHP), is an independent company that provides program management and administrative services for the student medical plans of Wellfleet.

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Negotiated Charge for Covered Medical Expenses	OUT-OF-NETWORK PROVIDER Payments are based on the Usual & Customary Charge for Covered Medical Expenses
Benefit Maximum Per Insured Person, per Policy Year	Unlimited	
Deductible Per Insured Person, per Policy Year	\$250	\$400
Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$6,350	\$6,350
Hospital Room and Board Expense	80%	70%
Inpatient/Outpatient Surgery	80%	70%
Physician Office Visits, including Specialists and Consultants	80% after a \$30 Copayment	70%
X-Rays & Laboratory	80%	70%
Emergency Care Services Copay waived if admitted	80% after a \$250 Copayment	70% after a \$250 Copayment
Urgent Care	80% after a \$50 Copayment	70% after a \$50 Copayment
Preventive Care Services For more information, please visit healthcare.gov/coverage/preventive-care-benefits	Covered up to \$500 per policy period	No Benefits
Prescription Drugs Expense	At pharmacies contracting with Wellfleet Rx/ESI No more than \$30 per fill	No Benefits

Rates & Coverage Periods

	Academic Year 08/10/23 - 05/15/24	Fall 08/10/23 - 12/31/23	Spring 01/01/24 - 05/15/24
Enrollment Deadline	09/01/23	09/01/23	02/01/24
Student	\$ 1,136.00	\$ 584.00	\$ 552.00
Spouse	\$ 2,491.00	\$ 1,281.00	\$ 1,210.00
Each Child	\$ 2,491.00	\$ 1,281.00	\$ 1,210.00

Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at PO Box 15369 Springfield, Massachusetts 01115.

Limited benefit product: THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

Membership: By purchasing this insurance provided by Crum & Forster, SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.

PPACA: Note: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

Standard: Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this flyer. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this flyer and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster, SPC.

Privacy: We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling Crum & Forster, SPC, 3320 West Market Street, Fairlawn, OH 443333, or by visiting us at <https://www.healthsmart.com/>.