

California State University - Chico

Student Health Insurance Plan

2024-2025



What's Included?

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services
- Urgent Care Benefits
- Dental and Vision Options
- Academic Emergency Services*



More Information

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

Eligibility

Effective Fall 2024 all New International Students (F-1 status) who started at CSU Chico ON and AFTER Fall 2024 are required to purchase this plan, unless you have an insurance policy that meets the requirements below:

- Policies for students sponsored by their home government OR
- Students covered with a U.S. policy through their own or a family member's employment.

Once you purchase the insurance policy, IEGE will automatically receive proof of coverage directly from the health insurance provider, and your insurance hold will be removed.

For J-1 exchange students starting Fall 2024, and Continuing Students who started at CSU, Chico BEFORE Fall 2024:

All International Students at the CSU are required to purchase Health Insurance. It is recommended that you purchase the CSU, Chico Health Insurance Plan. This policy meets the Health Insurance Requirements as mandated by the California State University Chancellor's office. Once you purchase the insurance policy, IEGE will automatically receive proof of coverage directly from the health insurance provider, and your insurance hold will be removed.

*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.

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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. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of **UnitedHealthcare Options network**.

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 csuchico.myahpcare.com.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of SMIC.

Benefits

(Deductible applies unless otherwise stated below)

(Copays do not apply to the Deductible or the Out-of-Pocket Maximum)

	IN-NETWORK COVERAGE Payments are based on the Negotiated Rate	OUT-OF-NETWORK COVERAGE Payments are based on Usual, Reasonable and Customary Charges (URC)
Benefit Maximum	\$300,000	
Pre-Existing Condition Limitation \$2,500 Maximum Benefit During the first 6 Months of Continuous Coverage. After the first 6 Months of Continuous Coverage, Plan Maximum Applies	100%	80%
Deductible Per Person, Per Policy Year	\$0	
Coinsurance	100%	80%
Out-of-Pocket Maximum Per Covered Person, Per Policy Year	\$3,000	\$5,000
Out-Patient Office Visits	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Urgent Care Facility	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Emergency Room and Emergency Room Treatment (Copay waived if admitted)	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Room and Board Expenses	100% after a \$50 Copay per admission	80% after a \$50 Copay per admission
Inpatient Surgery	100% after a \$50 Copay	80% after a \$50 Copay
Out-Patient Laboratory Tests	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Behavioral Health Services Expense Benefit In-Patient Expenses	100%	80%
Wellness Expense Benefit (Copay & Deductible waived)	100%	80%
Pregnancy, Maternity and Pre-Natal Expense Benefit Conception must occur while continuously covered under the Participating Member's plan	100%	80%
Prescription Drugs Up to a 30-day supply	100% of a: Generic: \$10 Copay Brand: \$30 Copay Specialty: \$50 Copay	No Benefits

Coverage Period & Cost

Coverage Periods	Fall 08/01/24 - 12/31/24	Spring/Summer 01/01/25 - 07/31/25
Student	\$524.82	\$727.18
Spouse	\$1,830.57	\$2,536.43
Each Child	\$683.69	\$947.31