



Florida International University
International Students

Student Coverage With Care 2026-2027



What's Included?



Academic Student Assistance Program (ASAP)



Access to Academic Vision Care (AVC)



Academic Emergency Services (AES)*



Telehealth solutions through AcademicLiveCare (ALC)



Coverage when traveling



UnitedHealthcare Choice Plus is the Preferred Provider

The new insurance carrier for 2026-2027 is UnitedHealthcare.

Eligibility

All degree-seeking international students are required to purchase this plan or show proof of comparable coverage. Credit hour requirement can be met by a combination of online and on-campus credit hours, not to exceed 50% online.

Eligible students may also enroll their dependents.

For more information, visit fiuintl.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 fiuintl.myahpcare.com/additionalresources



*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), Part of the Brown & Brown Team.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

Benefits

(Deductible applies unless otherwise stated below)

Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum	Unlimited	
Individual Deductible Per Insured Person, per Policy Year	\$100	\$500
Individual Out-of-Pocket Maximum Per Insured Person, per Policy Year	\$6,850	\$10,000
Family Out-of-Pocket Maximum For all Insureds in a Family, per Policy Year	\$13,700	\$20,000
Room and Board Expense	100% after a \$250 Copay	80% after a \$250 Copay
Inpatient/Outpatient Surgery	100%	80%
Outpatient Physician's Visits (Deductible waived)	100% after a \$40 Copay	80%
Medical Emergency Expenses Copay waived if admitted	100% after a \$200 Copay per visit	80% after a \$200 Copay per visit
Urgent Care Center (Deductible waived)	100% after a \$35 Copay	80% after a \$35 Copay
Diagnostic X-ray Services & Laboratory Procedures	100%	80%
Mental Health and Substance Use Disorder Treatment Office Visits	100%	80%
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	100% (Deductible waived)	No Benefits
Prescription Drugs Up to a 30-day supply \$500,000 Maximum per Policy Year (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$20 Copay Tier 2: 70% Coinsurance Tier 3: 55% Coinsurance	No Benefits

Coverage Periods & Rates

	ANNUAL 08/02/2026 - 07/31/2027	FALL 08/02/2026 - 12/31/2026	SPRING (GA/Fellows) 12/21/2026 - 05/01/2027	SPRING 01/01/2027 - 05/01/2027	SPRING/ SUMMER 01/01/2027 - 07/31/2027	SUMMER 05/02/2027 - 07/31/2027
Student	\$2,509	\$1,047	\$1,397	\$835	\$1,462	\$627
Spouse	\$2,509	\$1,047	\$1,397	\$835	\$1,462	\$627
Each Child ¹	\$2,509	\$1,047	\$1,397	\$835	\$1,462	\$627

¹Coverage for two (2) or more children is calculated at the child rate times two (2).

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at fiuintl.myahpcare.com upon approval by federal and state authorities.