

# University of Hawai'i at Hilo

## International Student Insurance Plan 2024-2025



The new insurance carrier for 2024-2025 is **UnitedHealthcare Insurance Company**.

### Eligibility

The Classes eligible for coverage available under this plan are shown below.

**Class I:** An international student, scholar, visiting faculty, or other person with a current passport or non-immigrant visa, temporarily located outside his or her Home Country as a non-resident alien and is engaged in educational activities of the Member, has not obtained permanent residency status in the United States, and is not a U.S. Citizen.

**Class II.** Eligible Dependents of any of the above classes. The Insurer maintains its right to investigate eligibility or student status and attendance records to verify that the eligibility requirements have been met. If the Insurer discovers that the eligibility requirements have not been met, its only obligation is to refund the premium. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan. Enrollment cannot exceed 12 months. All benefits and limits are stated per Individual Insured or Eligible Dependent (Covered Person).

### What's Included?

- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Vision coverage with AcademicVisionCare (AVC)
- Coverage while traveling with 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.

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 [hilo-hawaii.myahpcare.com](https://hilo-hawaii.myahpcare.com).

### More Information

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

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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 Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **UnitedHealthcare Options PPO**.

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## Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments based on the Allowed Amount
Maximum Benefit Per Insured Person, Per Policy Year		\$250,000
Deductible Per Insured Person, Per Policy Year		\$100
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year		\$5,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year		\$10,000
Inpatient Physician's Visits	80%	60%
Urgent Care Center (Deductible waived)	80% after a \$35 Copay per visit	60% after a \$35 Copay per visit
Room and Board Expense	80% after a \$100 Copay per Hospital Confinement	60% after a \$100 Copay per Hospital Confinement
Inpatient/Outpatient Surgery	80%	60%
Diagnostic X-ray Services	80% after a \$20 Copay per visit	60% after a \$20 Copay per visit
Medical Emergency Expenses Copay waived if admitted	80% after a \$100 Copay per visit	60% after a \$100 Copay per visit
Prescription Drugs Up to 31-day supply \$5,000 Maximum per Policy Year	At pharmacies contracting with UnitedHealthcare Pharmacy 80% after a Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: \$60 Copay (Deductible waived)	No Benefits
Preventive Care Services \$500 Maximum per Policy Year For more information, please visit: <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	80% (Deductible waived)	No Benefits

## Rates & Coverage Periods

	FALL 08/01/24 - 12/31/24	SPRING 01/01/25 - 05/31/25	SPRING/SUMMER 01/01/25 - 07/31/25	SUMMER 06/01/25 - 07/31/25
Enrollment Periods	07/10/24 - 09/30/24	11/15/24 - 02/15/25	11/15/24 - 02/15/25	05/01/25 - 07/01/25
Student	\$568.42	\$560.98	\$787.58	\$226.62
Spouse/Domestic Partner	\$1,656.19	\$1,634.53	\$2,294.81	\$660.31
Each Child <sup>1</sup>	\$840.05	\$829.06	\$1,163.95	\$334.92

<sup>1</sup> Coverage for two (2) or more children is calculated at the child rate times two (2)

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