

Idaho State University

International Student Insurance Plan 2024-2025



The new insurance carrier for 2024-2025 is **UnitedHealthcare Student Resources International**.

Eligibility

All international students with a current passport and a visa, who are temporarily residing outside their Home Country while actively engaged in education or educational activities. International students enrolled in and attending classes on a full-time basis, or actively participating in supervised and sponsored intercollegiate and interscholastic sports are eligible to enroll.

What's Included?

- UnitedHealthcare Options is the Preferred Provider and will provide maximum benefits at lowest cost
- Vision coverage through Academic Vision Care (AVC)
- Telehealth solutions through AcademicLiveCare (ALC)
- Access to Academic Student Assistance Program (ASAP)
- Coverage when traveling with Academic Emergency Services*
- Access to Optional Dental Plan

*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 isu.myahpcare.com

More Information

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

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**.

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Benefits

(Deductible applies unless otherwise stated below)

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Maximum Benefit Per Injury or Sickness		\$250,000
Deductible Per Insured Person, Per Policy Year	\$100	\$100
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$5,000	\$5,000
Room & Board Expense	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Inpatient/Outpatient Surgery	100%	80%
Physician's Visits (Deductible waived)	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Diagnostic X-Ray Services & Laboratory Procedures	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Medical Emergency Services Copay waived if admitted	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
At pharmacies contracting with UnitedHealthcare Pharmacy		
Prescription Drugs Up to a 31-day supply \$5,000 maximum per Policy Year	100% after a Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: \$60 Copay (Deductible waived)	No Benefits
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits \$500 maximum per Policy Year	100% (Deductible waived)	No Benefits

Coverage Periods & Cost

	FALL 08/01/2024 - 12/31/2024	SPRING/SUMMER 01/01/2025 - 07/31/2025	SUMMER I 05/01/2025 - 07/31/2025	SUMMER II 06/01/2025 - 07/31/2025	SUMMER III 07/01/2025 - 07/31/2025
Student	\$647.65	\$897.35	\$389.43	\$258.20	\$131.21

To view all enrollment and coverage periods available, please visit isu.myahpcare.com