



University of Hawai'i at Kapi'olani
Community College
International Students

Student Coverage With Care 2025-2026

What's Included?



Academic
Student
Assistance
Program (ASAP)



24-hour Medical
and Mental Health
Telemedicine
Services



Academic
Emergency
Services
(AES)*



Access to
Blue Cross Blue
Shield PPO
Network



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).

For more information, visit
kapiolani-hawaii.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
kapiolani-hawaii.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 GeoBlue.

Benefits

(Deductible applies unless otherwise stated below)

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PPO PROVIDER YOU WILL PAY AT LEAST:
Maximum Benefit Per Individual, Per Coverage Year	\$250,000	
Coverage Year Deductible Per Individual, Per Coverage Year	\$0	
Coverage Year Out-of-Pocket Limit Per Individual, Per Coverage Year	\$5,000	
Physician Office Visits	\$20 Copayment per visit	20%
Treatment at an Urgent Care Facility	\$35 Copayment per visit	20%
Hospital and Physician Outpatient Services	\$50 Copayment per visit	20%
Inpatient Hospital Services	\$50 Copayment per visit	20%
Emergency Hospital Services	\$100 Copayment per visit (Copayment waived if admitted)	20%
Outpatient Prescription Drugs Limited to a 31-day supply for initial fill or refill Including oral contraceptives and devices	Generic Drugs: \$10 Copayment Brand Name Drugs: \$50 Copayment Injectables: \$50 Copayment	
Routine Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits	Up to a Coverage Year Maximum of \$500	

Coverage Periods & Rates

	FALL 08/01/2025 - 12/31/2025	SPRING/SUMMER 01/01/2026 - 07/31/2026	SUMMER (NEW STUDENTS) 05/01/2026 - 07/31/2026
Student	\$778.25	\$1,089.55	\$466.95
Spouse or Domestic Partner	\$2,200.85	\$3,081.19	\$1,320.51
One Child	\$1,113.95	\$1,559.53	\$668.37
Two or More Children	\$2,227.90	\$3,119.06	\$1,336.74

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 kapiolani-hawaii.myahpcare.com upon approval by federal and state authorities.