

University of Hawai'i at Kapi'olani Community College

International Student Insurance Plan - Institutional Partnership 2024-2025



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?

- 24-hour Medical and Mental Health Telemedicine Services
- Access to Academic Student Assistance Program (ASAP)
- 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 kapiolani-hawaii.myahpcare.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: 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 [click here](#).

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 **Blue Cross Blue Shield PPO**. Visit geobluestudents.com or call 1 (844) 268-2686 to find a provider in the Blue Cross Blue Shield PPO Network.

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Benefits

	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: \$10 Copayment Brand Name: \$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

Rates & Coverage Periods

	FALL 08/01/2024 - 12/31/2024	SPRING 01/01/2025 - 05/31/2025	SPRING/SUMMER 01/01/2025 - 07/31/2025	SUMMER 05/01/2025 - 07/31/2025
Student	\$734.20	\$734.20	\$1,027.88	\$440.52
Spouse/Domestic Partner	\$2,076.25	\$2,076.25	\$2,906.75	\$1,245.75
One Child	\$1,050.90	\$1,050.90	\$1,471.26	\$630.54
Two or More Children	\$2,101.80	\$2,101.80	\$2,942.52	\$1,261.08

To view all enrollment and coverage periods available, please visit kapiolani-hawaii.myahpcare.com