

# Palomar College

## International Student Insurance Plan 2024-2025



### Eligibility

The Classes eligible for coverage available under the Certificate 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.** Participants engaged In Optional Practical Training (OPT) or Compulsory Practical Training (CPT) if the OPT/CPT training follows a course of study, is no longer than 12 months in duration, and the Participant maintains their valid Visa.

**Class III.** Participants engaged in a sponsored English Language Program or similar program of the Member and maintains a valid F, J or M visa status, and the Participant has not obtained permanent residency status in the United States, and the Subscriber is not a U.S. Citizen.

**Class IV.** 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 premium.

### What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services through AcademicLiveCare at no additional cost
- Coverage when traveling
- 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 [palomar.myahpcare.com](https://palomar.myahpcare.com).

### More Information

For full details of participation in the plan, please view the complete brochure online at: [palomar.myahpcare.com](https://palomar.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 **Blue Cross Blue Shield PPO**. Go to a campus health center. If you need to access care away from campus, visit [geobluestudents.com](https://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

(Deductible applies unless otherwise stated below)

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST:
Coverage Year Limit Per Individual, Per Coverage Year		\$500,000
Deductible Per Individual, Per Coverage Year		\$0
Out-of-Pocket Limit Per Individual, Per Coverage Year		\$2,500
Physician Office Visits	\$25 Copayment per visit (Copayment waived at campus health center)	20%
Treatment at an Urgent Care Facility	\$25 Copayment per visit	20%
Hospital Visit and Physician Outpatient Services	\$100 Copayment per visit	20%
Inpatient Hospital Services	\$100 Copayment per visit	20%
Emergency Hospital Services	\$100 Copayment per visit (Copayment waived if admitted)	20%
Prescription Drugs		50% (Contraceptives covered at 100%)

Note: You must pay for prescriptions in full, then submit a claim for reimbursement

## Rates & Coverage Periods

	ANNUAL 08/01/24 - 07/31/25	FALL 08/01/24 - 12/31/24	SPRING 01/01/25 - 05/31/25	SUMMER 06/01/25 - 07/31/25
Student	\$2,025.00	\$843.75	\$843.75	\$337.50
Spouse/Domestic Partner	\$6,033.00	\$2,513.75	\$2,513.75	\$1,005.50
One Child	\$3,060.00	\$1,275.00	\$1,275.00	\$510.00
Two or More Children	\$6,120.00	\$2,550.00	\$2,550.00	\$1,020.00

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