



Palomar College

Student Coverage With Care 2025-2026



What's Included?



Academic
Student
Assistance
Program (ASAP)



Access to
Academic
Vision Care
(AVC)



Academic
Emergency
Services
(AES)*



Telehealth
solutions through
AcademicLiveCare
(ALC)



Coverage
when
traveling



Blue Cross
Blue Shield
is the PPO
Network

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 palomar.myahpcare.com/additionalresources

Eligibility

The Classes eligible for coverage 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 training follows a course of study, is no longer than 12 months, and the Participant maintains their 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 U.S., and 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.

For more information, visit palomar.myahpcare.com.



Academic HealthPlans, Inc. (AHP), a Risk Strategies Company dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the student health plans of GeoBlue. CA License #0H64806

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	

Coverage Periods & Rates

	ANNUAL 08/01/2025 - 07/31/2026	FALL 08/01/2025 - 12/31/2025	SPRING 01/01/2026 - 05/31/2026	SUMMER 06/01/2026 - 07/31/2026
Student	\$2,142.00	\$892.50	\$892.50	\$357.00
Spouse/ Domestic Partner	\$6,390.00	\$2,662.50	\$2,662.50	\$1,065.00
One Child	\$3,237.00	\$1,348.75	\$1,348.75	\$539.00
Two or More Children	\$6,474.00	\$2,697.50	\$2,697.50	\$1,079.00

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

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 palomar.myahpcare.com upon approval by federal and state authorities.