

Santa Monica College

Student Health Insurance Plan 2024-2025



Eligibility

All international students at Santa Monica College who are engaged in full-time educational activities outside their home country or country of regular domicile as non-resident aliens are eligible to be enrolled in the International Student Insurance Plan on a mandatory basis. Any international student who is registered and attending classes at the College is eligible and is automatically insured under this plan. No waiver is permitted.

What's Included?

- Online Access to 24-hour Medical and Mental Health Telemedicine Services through AcademicLiveCare (ALC) at no additional cost
- Coverage when traveling
- Academic Vision Care (AVC)
- Academic Emergency Services*

More Information

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

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com. For questions, please call 1 (855) 588-8432.

Insurance ID Card

To access your ID card, please [click here](#) or go to smc.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 **Blue Cross Blue Shield PPO**. If you need to access care away from campus, visit geobluestudents.com or call 1 (844) 268-2686 to find a provider in the Blue Cross Blue Shield PPO Network.

*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, dba Academic Health Insurance Services.

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 smc.myahpcare.com.

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Benefits

(Deductible applies unless otherwise stated below)

	PARTICIPATING PROVIDER Payments based on the Allowed Amount	NON-PARTICIPATING PROVIDER Payments based on the Allowed Amount
Maximum Benefit Per Person, Per Coverage Year	\$500,000	
Deductible Per Person, Per Coverage Year	\$200	
Out-of-Pocket Limit Per Person, Per Coverage Year	\$5,000	
Physician Office Visits	100% after a \$25 Copayment per visit (Copayment waived at campus health center)	70%
Treatment at an Urgent Care Facility	100% after a \$50 Copayment per visit	70%
Hospital and Physician Outpatient Services	100% after a \$75 Copayment per visit	70%
Inpatient Hospital Services	100% after a \$75 Copayment per visit	70%
Emergency Hospital Services	100% after a \$100 Copayment per visit (Copayment waived if admitted)	70%
Treatment of specified therapies Including acupuncture and Physiotherapy Up to 20 visits	100%	70%
Annual cervical cytology screening For women 18 and older	100%	70%
Prescription Drugs 31-day supply \$3,000 Maximum	100% after a Generic: \$10 Copayment Brand Name: \$25 Copayment Injectables: \$50 Copayment (If you visit an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.)	

Please Note: All immunizations are covered only at the Student Health Center. This is an Accident and Sickness Plan - routine well exams (routine annual physicals) are generally not covered under this plan. Some exceptions apply, so please consult the plan Certificate for further details.

Rates & Coverage Periods

	FALL 08/25/2024 - 02/11/2025	WINTER 01/02/2025 - 02/11/2025	SPRING 02/12/2025 - 08/24/2025	SUMMER 06/16/2025 - 08/24/2025
Student	\$1,096.50	\$274.14	\$1,096.50	\$365.50
Spouse/Domestic Partner	\$1,096.50	\$274.14	\$1,096.50	\$365.50
Each Child*	\$1,096.50	\$274.14	\$1,096.50	\$365.50

*Premium is charged per child, up to three (3) times the premium fee, after which no further premium is charged for additional children.

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