

Santa Monica College

Student Coverage With Care

2025-2026



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.

The new insurance carrier for 2025-2026 is Cigna Global.

For more information, visit smc.myahpcare.com.

Coverage Periods & Rates

	FALL 08/25/2025 - 02/11/2026	WINTER 01/02/2026 - 02/11/2026	SPRING 02/12/2026 - 08/24/2026	SUMMER 06/16/2026 - 08/24/2026
Student	\$1,023.18	\$245.32	\$1,160.82	\$418.84
Dependent	\$1,695.00	\$406.40	\$1,923.00	\$693.86

* Rate caps at the maximum of 3 dependents

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

WHAT'S INCLUDED?

Academic Emergency Services (AES)*

24-hour Telemedicine Services through AcademicLiveCare (ALC)

Access to Academic Vision Care (AVC)

Cigna Open Access Plus Network



Questions

To view Frequently Asked Questions or submit a request, please visit help.ahpcare.com



ID Cards

Please watch for Cigna welcome email or create your [Cigna account](#)

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Benefits

(Deductible applies unless otherwise stated below)

	CIGNA OPEN ACCESS NETWORK Payments based on the Preferred Allowance	U.S. OUT-OF-NETWORK Payments based on the Usual, Customary & Reasonable Rate
Annual Maximum Per Individual, per Policy Year	\$500,000	
Individual Deductible Per Individual, per Policy Year	\$200	
Family Deductible Per Family, per Policy Year	\$600	
Individual Out-of-Pocket Maximum Per Individual, per Policy Year	\$5,000	
Family Out-of-Pocket Maximum Per Family, per Policy Year	\$15,000	
Physician's Office Visit	100% after a \$25 Copay per visit (Copay waived at campus health center) (Deductible waived)	70%
Urgent Care Services	100% after a \$50 Copay per visit (Deductible waived)	70%
Inpatient Hospital Facility Services	100% after a \$75 Copay per visit (Deductible waived)	70%
Emergency Room (Deductible waived)	100% after a \$100 Copay per visit (Copay waived if admitted)	100% after a \$100 Copay per visit (Copay waived if admitted)
Outpatient Therapy Services (Policy Year Maximum: 20 Days)	100% after a \$25 Copay (Deductible waived)	70%
Laboratory Services	100%	70%
Prescription Drugs 30-day supply Retail pharmacy Combined Maximum: \$3,000	100% after a Generic: \$10 Copay Preferred Brand Name: \$25 Copay Non-Preferred Brand Name: \$50 Copay	50% (If you visit an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.)
Preventive Care & Immunizations	100% (Deductible waived)	70%

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