

Soka University of America

Student Health Insurance Plan

2024-2025



What's Included?

- Access to Telehealth
- Coverage when traveling
- Academic Emergency Services*
- Optional Dental Coverage
- Access to Academic Student Assistance Program (ASAP)

More Information

For full details of participation in the plan, please view the complete brochure online at: soka.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 visit soka.myahpcare.com/additionalresources

Eligibility

All international students are required and automatically enrolled in this insurance plan at registration, and the premium for coverage is added to their tuition billing.

All students from the United States are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 45 days after the date for which coverage is purchased.

Coverage is also available for students engaged in "Practical Training." Enrollment must be accompanied by confirmation of Practical Training from the insured in the form of a copy of your EAD. Contact Academic HealthPlans for more details.

Waiver

All Soka students **must have** health insurance. All **international students** are **required to purchase** the school's health insurance plan. Domestic students may waive the health insurance fee by submitting a waiver by the deadline.

You must annually complete an online [Health Insurance Waiver form](#) to indicate whether you will be enrolling or waiving the Soka health insurance plan. If you are waiving, you must submit a copy of your health insurance card. Otherwise, you will **automatically be enrolled** in Soka's Student Health Insurance.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP), a Risk Strategies Company.

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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 Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. **The PPO network is Cigna.**

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 soka.myahpcare.com.

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company is an independent company that provides program management and administrative services for the student health plans of Wellfleet.

Benefits

(Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Member payment based on the Negotiated Charge	OUT-OF-NETWORK PROVIDER Member payment based on the Usual & Customary Charge
Overall Deductible Per Insured Person, per Policy Year	\$200	\$400
Out-of-Pocket Maximum Per Insured Person, per Policy Year		\$4,000
Hospital Stay, Precertification Required (all inpatient stays including maternity, mental / behavioral health, and substance abuse)	No charge	30% Coinsurance
Outpatient Surgery	No charge	30% Coinsurance
Physician's Office Visits including Specialists/Consultants	No charge	30% Coinsurance
Diagnostic Services: X-ray & Lab	No charge	30% Coinsurance
Emergency Room Facility Services Copay waived if admitted	\$100 Copayment per visit	\$100 Copayment per visit
Home Health Care, Precertification Required (Coverage for In-Network Provider and Non-Network Provider combined is limited to 100-visit limit per benefit period.)	No charge	30%
Prescription Drugs Covers up to a 30-day supply (Retail only) Tier 1: Generic Tier 2: Preferred / Brand Tier 3: Non-Preferred / Specialty Drugs Tier 4: Specialty Drugs (Deductible waived)	Tier 1: \$15 Copayment Tier 2: \$30 Copayment Tier 3: \$45 Copayment Specialty: 20%	50% after Tier 1: \$15 Copayment Tier 2: \$30 Copayment Tier 3: \$45 Copayment
Preventive Care Services/ Screening/ Immunization For more information, please visit healthcare.gov/preventive-care-benefits/	No charge	30%

Premium Costs and Coverage Periods

Coverage Periods	FALL 08/01/24 - 01/31/25	Spring/Summer 02/01/25 - 07/31/25
Student	\$1,572	\$1,572

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