

UNIVERSITY OF HAWAI'I AT KAPI'OLANI COMMUNITY COLLEGE INSTITUTIONAL PARTNERSHIP INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 8/16/2022 to 08/15/2023. The cost of coverage includes insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER	ONE CHILD	TWO OR MORE CHILDREN
Fall 08/16/2022 to 12/31/2022	\$ 613.13	\$ 1,695.83	\$ 944.10	\$ 1,888.20
Spring 01/01/2023 to 05/31/2023	\$ 681.25	\$ 1,884.25	\$ 1,049.00	\$ 2,098.00
Spring / Summer 01/01/2023 to 08/15/2023	\$ 1,021.88	\$ 2,826.38	\$ 1,573.50	\$ 3,147.00
Summer 05/01/2023 to 08/15/2023	\$ 476.88	\$ 1,318.98	\$ 734.30	\$ 1,468.60

What's Covered (Treatment must be Medically Necessary)

- \$250,000 per injury or sickness maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Physiotherapy, including acupuncture (20 visits maximum)
- \$500 maximum for routine preventive care, including immunizations
- Annual women's cervical cancer screening and a breast exam
- Pregnancy and maternity
- Prescription drugs

Limitations, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% when you use **Blue Card PPO** providers, part of **Blue Cross Blue Shield**, and 80% when you use out-of-network providers.

Benefits

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST:*
Office Visit	\$20 copay per visit	20%
Urgent Care	\$35 copay per visit	20%
Hospital Visit	\$50 copay per visit	20%
Emergency Room	\$100 copay per visit (copay waived if admitted)	20%
Prescription Drugs	\$10 copay Generic / \$50 copay Brand Name \$50 copay Injectables	
Out-of-Pocket Maximum	\$5,000 per person, per Policy Year	

* Using out-of-network providers will cost you more money! Coinsurance is payable for the Allowed Amount, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than the Allowed Amount and you will be responsible for these excess amounts over the listed coinsurance.

Questions

Enrollment & Eligibility
Relation Insurance Services
(800) 537-1777

Benefits
GeoBlue
(844) 268-2686

Plan Materials & Information
www.4studenthealth.com/kapiolani-ip

Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card. Visit www.geobluestudents.com to set up an account. For help, call Relation at **(800) 537-1777**.

Carry your ID card with you at all times!

Getting Care

Visit www.geobluestudents.com or call **(844) 268-2686** to find a provider in the **Blue Cross Blue Shield PPO** Network.

Rev: Apr 28, 2022

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

Relation Insurance Services