

## UNIVERSITY OF HAWAI'I AT KAPI'OLANI COMMUNITY COLLEGE 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
<b>Fall</b> 08/16/2022 to 12/31/2022	\$ 613.13	\$1,695.83	\$ 944.10	\$1,888.20
<b>Spring</b> 01/01/2023 to 08/15/2023	\$ 1,021.88	\$2,826.38	\$ 1,573.50	\$ 3,147.00

### 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:*
<b>Office Visit</b>	\$20 copay per visit	20%
<b>Urgent Care</b>	\$35 copay per visit	20%
<b>Hospital Visit</b>	\$50 copay per visit	20%
<b>Emergency Room</b>	\$100 copay per visit (copay waived if admitted)	20%
<b>Prescription Drugs</b>	\$10 copay Generic / \$50 copay Brand Name \$50 copay Injectables	
<b>Out-of-Pocket Maximum</b>	\$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](http://www.4studenthealth.com/kapiolani)

### Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card. Visit [www.geobluestudents.com](http://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](http://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