



Evergreen Valley College

Student Coverage With Care 2026-2027



What's Included?



Access to
Academic
Student Assistance
Program (ASAP)



50% Coverage
for approved
prescription
medications



Academic
Emergency
Services (AES)*



Access to
AcademicLiveCare
(ALC)



Access to
Academic Vision
Care (AVC)



UnitedHealthcare
Options PPO

Eligibility

Eligible students are defined as full-time U.S. Inbound Expatriate students of the school enrolled full-time. Persons for whom coverage is prohibited under applicable law will not be considered eligible under this plan.

For purposes of this plan, a U.S. Inbound Expatriate is a student who attends university outside of his/her country of citizenship and attends in the United States.

Dependent coverage for eligible children will be up to age 26.

For more information, visit evc.myahpcare.com.

New Carrier for 2025-2026 is UnitedHealthcare Insurance Company.

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 evc.myahpcare.com/additionalresources

*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), Part of the Brown & Brown Team, dba Academic Health Insurance Services.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare Insurance Company. CA License #0H64806

Benefits

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider Benefit level when treatment is rendered at the Student Health Center. (Deductible applies unless otherwise stated below)

	IN-NETWORK PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Maximum Benefit Per Injury or Sickness	\$500,000	
Deductible Per Insured Person, Per Policy Year	\$100	\$100
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$10,000	\$10,000
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$20,000	\$20,000
Room & Board Expense	100% after a \$100 Copay per Hospital Confinement	100% after a \$100 Copay per Hospital Confinement
Outpatient Physician's Visit (Deductible waived)	100% after a \$20 Copay per visit	80% after a \$20 Copay per visit
Urgent Care Center (Deductible waived)	100% after a \$35 Copay per visit	80% after a \$35 Copay per visit
Medical Emergency Services Copay waived if admitted	100% after a \$100 Copay per visit	80% after a \$100 Copay per visit
Prescription Drugs Up to a 31-day supply \$5,000 maximum per Policy Year	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$20 Copay Tier 2: \$40 Copay Tier 3: 50% Coinsurance (Deductible waived)	No Benefits
Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits \$500 maximum per Policy Year	100% (Deductible waived)	No Benefits

Coverage Periods & Rates

	FALL (New Students) 08/14/2026 - 01/14/2027	SPRING/SUMMER 01/15/2027 - 08/13/2027
Student Total Rate	\$798.75	\$1,094.25
Student/Domestic Partner Total Rate	\$2,219.00	\$3,040.00
Each Child Total Rate	\$1,153.00	\$1,580.00

*Rate caps at the maximum of three (3) dependents.

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