Plan Snapshot

University of California – Extension
English Language and International Education Program Health Insurance Plan

Welcome to the 2020 UC Extension Health Insurance Plan! Below are brief highlights of plan benefits, as well as important dates of coverage. You can find all plan materials, including the Plan Summary, on your school’s individual webpage at www.4studenthealth.com (see chart below). For questions about enrollment or to update contact information, such as a change of address, please contact your UC Extension program office. For questions about benefits or claims, please call Anthem Blue Cross at (800) 888-2108.

**Insurance ID Card**
To download your permanent insurance ID card, visit the [Anthem Mobile Health Consumer Website](https://www.mobilehealthconsumer.com/studenthealth) or the [StudentHealth Mobile App](https://www.4studenthealth.com) Follow the simple instructions below. If you need to seek treatment before your member ID card is available, call Anthem Blue Cross at (800) 888-2108. If you are not in Anthem’s system, call Relation at (800) 537-1777 to confirm enrollment.

**Carry your ID card with you at all times!** You will need your card when you visit the Student Health Center (SHC), doctor’s office, urgent care, hospital, or pharmacy.

**Anthem Mobile Health Consumer (MHC) Website**
To create a member account and access your Insurance ID card from your computer, visit the MHC website at: [www.mobilehealthconsumer.com/studenthealth](https://www.mobilehealthconsumer.com/studenthealth)
To register, enter your first name, last name, school-issued student ID and date of birth. Please note that the first name is limited to 16 characters and last name to 12 characters.

**StudentHealth Mobile App**
The StudentHealth Mobile App through Anthem Blue Cross gives you instant access to your benefits, ID card, and much more. To access your benefits, download the app from the App Store® or Google Play® and create your account.

**If You Need to See a Doctor**
You should go to the SHC for treatment first (if applicable).
If the SHC is closed, not available at your school, or you are away from campus, visit a Preferred Provider Organization (PPO) doctor or urgent care center for treatment. In order for your medical bills to be paid at 100% (after applicable copay and deductible) when you seek treatment off-campus, visit a PPO provider or facility. Your plan utilizes Anthem Blue Cross Prudent Buyer PPO. To locate a PPO provider, visit [www.anthem.com/ca](https://www.anthem.com/ca) or call (800) 888-2108.

**Filing a Claim**
If the Provider does not file the claim directly with Anthem Student Advantage, then you can file the claim by submitting an Anthem Claim Form along with itemized bill and proof of payment, if you paid for the services after treatment. The member claim form can be found online at [www.anthem.com/ca](https://www.anthem.com/ca) or at [www.4studenthealth.com](https://www.4studenthealth.com) (followed by your school’s shortcut) and clicking the Claims icon in the USE YOUR INSURANCE section.

**Policy Information**
Eligible dates of coverage for the 2020 Health Insurance Plan are from 01/01/2020 to 12/31/2020. Actual dates of coverage may vary based on program enrollment dates.

**Webpages**
For more information, you may visit your school’s webpage at [www.4studenthealth.com](https://www.4studenthealth.com) (append URL with appropriate shortcut).

<table>
<thead>
<tr>
<th>School</th>
<th>Shortcut</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Berkeley – Extension</td>
<td>/ext-ucb</td>
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<tr>
<td>UC Davis – Extension</td>
<td>/ext-ucd</td>
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<td>UC Irvine – Extension</td>
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<td>UC Santa Barbara – Extension</td>
<td>/ext-ucsb</td>
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<tr>
<td>UC Santa Cruz – Extension</td>
<td>/ext-ucsc</td>
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</tbody>
</table>

**Global Emergency Services**
The following services are not part of the Plan underwritten by Anthem Blue Cross Life and Health Insurance Company. These value-added options are provided by Relation Insurance Services, in partnership with Scholastic Emergency Services (SES).
Services include but are not limited to emergency medical evacuation, repatriation of remains, emergency trauma counseling, interpreters and a full range of services to help students through any difficulty away from home. All services must be arranged and provided by SES. No claims for reimbursements will be accepted.
If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call SES Operations Center at (877) 488-9833 (inside the USA), +1 (609) 452-8570 (outside USA), or e-mail medservices@assistamerica.com. You may find more detailed information at [www.4studenthealth.com](https://www.4studenthealth.com) by clicking the Travel Assistance icon in the USE YOUR INSURANCE section on your school’s web page.

For questions about benefits or claims, please call Anthem Blue Cross at (800) 888-2108.
### Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

<table>
<thead>
<tr>
<th>Maximum Benefit</th>
<th>Anthem Blue Cross PPO Network</th>
<th>Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100 per policy year*</td>
<td>$200 per policy year</td>
</tr>
<tr>
<td>Covered Percentage Unless otherwise noted</td>
<td>100% of Negotiated Rate</td>
<td>50% of Reasonable and Customary</td>
</tr>
<tr>
<td>Office Visit</td>
<td>100% of Negotiated Rate</td>
<td>50% of Reasonable and Customary</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>100% of Negotiated Rate</td>
<td>50% of Reasonable and Customary</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>100% of Negotiated Rate</td>
<td>50% of Reasonable and Customary</td>
</tr>
<tr>
<td>Hospital</td>
<td>100% of Negotiated Rate</td>
<td>50% of Reasonable and Customary</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>100% of Negotiated Rate $75 copay per visit (copay waived if admitted)</td>
<td>Covered same as In-Network</td>
</tr>
<tr>
<td>Prescription Drugs**</td>
<td>Generic: $10 copay/ Preferred &amp; Brand: $35 copay/ Non-Preferred &amp; Specialty: $50 copay (deductible waived)</td>
<td>50% of Reasonable and Customary Covered up to $250 Retail Only for Generic; Preferred &amp; Brand; Non-Preferred &amp; Specialty (deductible waived)</td>
</tr>
</tbody>
</table>

* Deductible waived at the Student Health Center, where available  
** Contraceptives are covered at 100% of the Allowed Amount

Anthem Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

(Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. +1 (800) 888-2108 번으로 전화해 주십시오.

(Persian-Farsi)

اگر به زبان فارسی فکر کنید، تماس دسترسی جامع برابر این تماس بگیرید. +1 (800) 888-2108

(Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer +1 (800) 888-2108.

(Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, gratuitos. Ligue para +1 (800) 888-2108.

(Russian)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните +1 (800) 888-2108.

(Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al +1 (800) 888-2108.

(Tagalog)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa +1 (800) 888-2108.

(Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số +1 (800) 888-2108.