

BELLEVUE UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/21/2021 to 8/20/2022. Rates include insurance premium and administrative fees.

	STUDENT
Fall 08/21/2021 to 11/28/2021	\$ 324.00
Winter 11/29/2021 to 03/13/2022	\$ 376.50
Spring 03/14/2022 to 06/05/2022	\$ 271.50
Summer 06/06/2022 to 08/20/2022	\$ 324.00

What's Covered (Treatment must be Medically Necessary)

- \$500,000 per covered accident or sickness
- Physician visits
- Specific emergency benefit expenses
- Surgery, in- and out-patient
- Tests, procedures, and lab services, such as X-rays
- Routine Physicals, Immunizations and TB Testing (\$250 maximum)
- Physical therapy
- Chiropractic care and acupuncture (each 20 visits max, up to \$50 per visit)
- Maternity and prenatal care (Conception must occur while coverage is in force)
- Prescription drugs

Limitations and exclusions may apply. Please see the Plan Summary for more details.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Rate (NR) when you use **First Health PPO** providers, and 80% of Usual and Customary Charges (U&C) when you use out-of-network providers.

Pre-Existing Conditions in excess of \$10,000 are not covered under this plan of insurance. However, a Pre-Existing Condition will be covered after the covered person has been continuously insured for six (6) months under the Participating Member's plan.

Benefits

	FIRST HEALTH PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: ¹
Deductible per Accident or Sickness	None	
Out-Patient Office Visits	\$20 Copay per visit	20%, after \$35 Copay per visit
Urgent Care Facility	\$20 Copay per visit	20%, after \$35 Copay per visit
Emergency Room	\$100 Copay per visit	20%, after \$200 Copay per visit
Prescription Drugs²	50% of Actual Charges (up to \$5,000)	Not covered
Out-of-Pocket Maximum	\$6,000	\$12,000

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Usual and Customary Charge (U&C) the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than U&C and you will be responsible for these excess amounts over the listed coinsurance.

2. You must pay for prescriptions in full, then submit a claim for reimbursement.

Insurance underwritten by Pan-American International Insurance Corporation.
If there are any discrepancies between this document and the Policy, the Policy will govern.



Questions

Enrollment & Eligibility
Relation Insurance Services
(800) 955-1991

Benefits
Administrative Concepts, Inc. (ACI)
(800) 476-4802

Plan Materials & Information
www.4studenthealth.com/bellevue-univ

Insurance ID Card

You will receive an email from Relation with your Member ID Number. Use this number to download your ID card from www.4studenthealth.com/bellevue-univ.
For help, contact Relation at (800) 955-1991.

Carry your ID card with you at all times!

Getting Care

To locate a **First Health PPO** network provider, visit www.myfirsthealth.com or contact (800) 226-5116.

Prescription Drugs

Always use an **Express Scripts** pharmacy. To locate a pharmacy, visit www.express-scripts.com or call (800) 400-0136.

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Relation Insurance Services