

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO INTERNATIONAL STUDENT HEALTH INSURANCE PLAN (ISHIP)

Rates & Important Dates

Rates are effective 08/19/2021 to 08/18/2022. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER	EACH CHILD*
Annual: 08/19/2021 to 08/18/2022	\$ 1,260.00	\$ 1,260.00	\$ 1,260.00
Fall: 08/19/2021 to 01/19/2022	\$ 525.00	\$ 525.00	\$ 525.00
Spring: 01/20/2022 to 05/31/2022	\$ 420.00	\$ 420.00	\$ 420.00
Spring / Summer: 01/20/2022 to 08/18/2022	\$ 735.00	\$ 735.00	\$ 735.00
Summer: 06/01/2022 to 08/18/2022	\$ 315.00	\$ 315.00	\$ 315.00

* Premium is charged per child, up to three (3) times the premium fee, after which no further premium is charged for additional children.

What's Covered (Treatment must be Medically Necessary)

- Doctor visits
- Specific emergency benefit expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy, chiropractic care and acupuncture
- Maternity and prenatal care
- Prescription drugs

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

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Maximum Allowed Amount when you use **Anthem Blue Cross PPO (Prudent Buyer)** providers, and 80% of the Maximum Allowed Amount when you use out-of-network providers.

Benefits

	ANTHEM PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: ¹
Deductible	\$100 Single / \$300 Family per policy year	
Office Visit or Urgent Care Visit	\$10	20%
Lab	\$10	20%
Hospital Room & Board	\$0	20%
Emergency Room Benefit	\$50 copay per visit (copay waived if admitted)	Covered as In-Network
Prescription Drugs	\$10 copay Tier 1 / \$20 copay Tier 2 \$50 copay Tier 3 \$50 or \$75 copay Tier 4 (deductible waived)	20%, up to \$250 per prescription ²
Out-of-Pocket Maximum	\$2,000 Student / \$4,000 Family	\$6,000 Student / \$12,000 Family

1. When you use an out-of-network provider, you may have to pay the difference between the out-of-network provider's billed charge and the maximum allowed amount in addition to any coinsurance, copays, deductibles and non-covered charges. This amount can be substantial.
2. You must pay for prescriptions in full, then submit a claim for reimbursement.

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



Questions

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

Benefits
Anthem Student Advantage
(800) 888-2108

Plan Materials & Information
www.4studenthealth.com/csusb

Insurance ID Card

You will receive an email from Anthem Student Advantage once your ID card is ready to download. To download your permanent insurance ID card, visit the Anthem Website or use the Sydney Mobile app. For help, call Relation at (800) 537-1777.

Carry your ID card with you at all times!

Getting Care

Go to the campus health center. If you need to access care away from campus, visit www.anthem.com/ca to locate a provider in the **Anthem Blue Cross PPO (Prudent Buyer)** Network.

Prescription Drugs

Always use an **Anthem** pharmacy. To locate a pharmacy, visit www.anthem.com/ca or call (800) 888-2108.

Revised June 22, 2021 7:21 AM



Relation Insurance Services
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