

SNAPSHOT

2021–2022

SANTIAGO CANYON COLLEGE INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/01/2021 to 07/31/2022. Rates include insurance premium and administrative fees.

	DATE	STUDENT RATE
Fall	08/01/2021 to 01/31/2022	\$ 835.50
Fall Late Start	10/15/2021 to 12/15/2021	\$ 278.50
Spring / Summer	02/01/2022 to 07/31/2022	\$ 835.50
Spring Late Start	04/10/2022 to 06/10/2022	\$ 278.50
Summer	06/01/2022 to 07/31/2022	\$ 278.50

What's Covered (Treatment must be Medically Necessary)

- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Physical therapy, chiropractic care, acupuncture
- Preventive care
- Tests, procedures, and lab services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, deductibles, 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 70% 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: ¹
Deductible ²	\$50 per policy year (waived at campus health center)	\$50 per policy year
Office Visit	\$10 copay per visit (waived at campus health center; deductible waived)	30%
Urgent Care	\$0	30% ³
Emergency Room	\$100 copay per visit (waived if admitted)	30%, after \$100 copay per visit (waived if admitted) ³
Prescription Drugs	50% of charges ⁴ (contraceptives covered at 100% of charges)	
Out-of-Pocket Maximum ²	\$5,000 per policy year	\$5,000 per policy year

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Reimbursable Charge, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than Reimbursable Charge and you will be responsible for these excess amounts over the listed coinsurance.
2. Deductibles and Out-of-Pocket Maximums will cross-accumulate between In-Network and Out-of-Network.
3. If true emergency, the benefit will be paid at the In-Network Rate.
4. You must pay for prescriptions in full, then submit a claim for reimbursement.

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



Questions

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

Benefits
GeoBlue
(844) 268-2686

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

Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card. Visit www.geobluestudents.com to set up an account! For help, contact 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.geobluestudents.com, or call (844) 268-2686 to find a **Blue Cross Blue Shield PPO** doctor, urgent care center or hospital.

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