

CITY COLLEGE OF SAN FRANCISCO INTERNATIONAL STUDENT HEALTH INSURANCE PLAN (ISHIP)

Rates & Important Dates

Rates are effective 07/01/2022 to 06/30/2023. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER	EACH CHILD*
Fall 07/01/2022 to 12/31/2022	\$ 1,332.00	\$ 1,296.00	\$ 1,296.00
Fall IEP to Late Fall 08/01/2022 to 12/31/2022	\$ 1,110.00	\$ 1,080.00	\$ 1,080.00
Spring / Summer 01/01/2023 to 06/30/2023	\$ 1,332.00	\$ 1,296.00	\$ 1,296.00

* 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

- Doctor visits
- Emergency and urgent care
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy and acupuncture
- Chiropractic care (20 visits per year)
- Maternity and prenatal care
- Prescription drugs

Limitations and exclusions 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 80% of the Maximum Allowed Amount when you use **Anthem Blue Cross PPO (Prudent Buyer)** providers, and 60% 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	\$200 per Person, per Policy Year	
Primary Care Visit or Urgent Care	20%, after \$40 copay per visit (copay waived at campus health center)	40%
Hospital Stay	20%, after \$250 copay per visit	40%
Emergency Room Facility Services	20%, after \$250 copay per visit (copay waived if admitted)	20%, after \$250 copay per visit (copay waived if admitted)
Prescription Drugs	50%, up to \$250 per prescription (deductible waived) ²	

1. Benefits for Covered Services are based on the Maximum Allowed Amount, which is the most the Plan will allow for a Covered Service. Except for Surprise Billing Claims, 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. Please refer to the Claims Payment section within your Summary of Benefits and Coverage for more details.
2. If you use an out-of-network pharmacy, you must pay for prescriptions in full, then submit a claim for reimbursement.

Questions

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

Benefits
Anthem Student Advantage
(800) 888-2108

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

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.

Rev: May 19, 2022

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

Relation Insurance Services
CA License No. 0G55426