SNAPSHOT

COLLEGE OF SAN MATEO
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN (ISHIP)

Rates & Important Dates
Rates are effective 08/01/2022 to 07/31/2023. Rates include insurance premium and administrative fees.

<table>
<thead>
<tr>
<th></th>
<th>FALL 08/01/2022 to 12/31/2022</th>
<th>SPRING / SUMMER 01/01/2023 to 07/31/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>$ 917.50</td>
<td>$ 1,284.50</td>
</tr>
<tr>
<td>SPOUSE / DOMESTIC PARTNER</td>
<td>$ 917.50</td>
<td>$ 1,284.50</td>
</tr>
<tr>
<td>ONE CHILD</td>
<td>$ 917.50</td>
<td>$ 1,284.50</td>
</tr>
<tr>
<td>TWO OR MORE CHILDREN</td>
<td>$ 1,835.00</td>
<td>$ 2,569.00</td>
</tr>
</tbody>
</table>

What's Covered
- Doctor visits
- Emergency and urgent care
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy (30 visits per year)
- Chiropractic care and acupuncture (20 visits per year)
- Maternity and prenatal care
- Prescription drugs
- Facility Services
- Prescription Drugs
- Out-of-Pocket Limit

Benefits

<table>
<thead>
<tr>
<th>ANTHEM PPO PROVIDER</th>
<th>OUT-OF-NETWORK PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOU WILL PAY:</td>
<td>YOU WILL PAY AT LEAST:</td>
</tr>
<tr>
<td>Deductible</td>
<td>$200 per Person, per Policy Year</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>20%, after $20 copay per visit</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>20%, after $20 copay per visit</td>
</tr>
<tr>
<td>Hospital Stay</td>
<td>20%, after $100 copay per visit</td>
</tr>
<tr>
<td>Emergency Room Facility Services</td>
<td>20%, after $250 copay per visit (copay waived if admitted)</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>50%, up to $250 per prescription (deductible waived)</td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$5,000 per Person / $10,000 per Family</td>
</tr>
</tbody>
</table>

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

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.

Questions
Eligibility & Enrollment
Relation Insurance Services
(800) 537-1777
Benefits
Anthem Student Advantage
(800) 888-2108
Plan Materials & Information
www.4studenthealth.com/csm

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