

**UNIVERSITY OF CALIFORNIA, LOS ANGELES EXTENSION**  
INTERNATIONAL STUDENT INSURANCE PLAN

**Rates & Important Dates**

Rates are effective 09/16/2022 to 09/15/2023. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER*	EACH CHILD*
<b>Annual</b> 09/16/2022 – 09/15/2023	\$ 2,220.00	\$ 3,468.00	\$ 3,468.00
<b>Fall</b> 09/16/2022 – 01/02/2023	\$ 662.72	\$ 1,035.50	\$ 1,035.50
<b>Winter</b> 01/03/2023 – 03/23/2023	\$ 486.40	\$ 760.60	\$ 760.00
<b>Spring</b> 03/24/2023 – 06/16/2023	\$ 516.80	\$ 807.50	\$ 807.50
<b>Summer</b> 06/17/2023 – 09/15/2023	\$ 553.28	\$ 864.50	\$ 864.50

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

**Note:** A legal dependent is a spouse, domestic partner, or unmarried child under age 26.

**What's Covered (Treatment must be medically necessary)**

- Doctor visits
- Emergency and urgent care
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physical therapy
- Chiropractic care (20 visits maximum) and acupuncture (\$1,000 maximum)
- Maternity and prenatal care
- Prescription drugs
- Preventive Care (\$700 maximum)

**Limitations and exclusions apply.** Please see the Certificate for more details.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 80% of the Negotiated Rate when you use **Cigna Open Access Plus (OAP)** providers, 60% of the Reimbursement Amount when you use out-of-network providers, and 80% of the Reimbursement Amount after deductible outside of the U.S.

**Questions**

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

**Benefits & Claims**  
Cigna Global Health Benefits®  
**(800) 441-2668**

**Plan Materials & Information**  
[www.4studenthealth.com/ucla-ext](http://www.4studenthealth.com/ucla-ext)

**Insurance ID Card**

Once you receive a welcome email from Cigna, you can download your insurance ID card. Visit [www.cignaenvoy.com](http://www.cignaenvoy.com) to set up an account. For help, call Relation at **(800) 537-1777**.

**Carry your ID card with you at all times!**

**Getting Care**

If you need to access care, visit [www.cigna.com/providerdirectory](http://www.cigna.com/providerdirectory) or call **(800) 441-2668** to locate a provider in the **Cigna OAP** Network.

**Prescription Drugs**

Always use an **Express Scripts** pharmacy. To locate a pharmacy, visit [www.express-scripts.com](http://www.express-scripts.com) or call **(800) 835-3784**.

*Rev: Aug 30, 2022*

Insurance is underwritten by Cigna Global Insurance Company.  
If there are any discrepancies between this document and the Certificate, the Certificate will govern.

Relation Insurance Services  
CA License No. 0G55426

**Benefits**

	<b>CIGNA OAP PROVIDER YOU WILL PAY:</b>	<b>OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST*</b>
<b>Deductible</b>	\$300 per Individual / \$600 per Family per Policy Year	\$500 per Individual / \$1,000 per Family per Policy Year
<b>Physician’s Office Visit</b>	20%, after \$35 copay per visit	40%
<b>Urgent Care Services</b>	20%	40%
<b>Inpatient Hospital Facility Services</b>	20%	40%
<b>Emergency Room</b>	20%, after \$150 copay per visit (copay waived if admitted)	20%, after \$150 copay per visit (copay waived if admitted)
<b>Prescription Drugs</b>	\$20 Generic; \$40 Preferred Brand \$60 Non-Preferred Brand	Not covered
<b>Out-of-Pocket Limit</b>	\$7,900 per Individual / \$15,800 per Family per Policy Year	\$15,800 per Individual / \$31,600 per Family per Policy Year

\* Using out-of-network providers will cost you more money! Coinsurance is payable for the Reimbursement Amount, 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 the Reimbursement Amount and you will be responsible for these excess amounts over the listed coinsurance.