

MISSION COLLEGE INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

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

	STUDENT	SPOUSE / DOMESTIC PARTNER	EACH CHILD
Fall 08/01/2022 to 01/31/2023	\$ 702.00	\$ 2,166.00	\$ 1,536.00
Spring / Summer 02/01/2023 to 07/31/2023	\$ 702.00	\$ 2,166.00	\$ 1,536.00

What's Covered (Treatment must be Medically Necessary)

- \$500,000 benefit maximum per injury or sickness
- Physician visits
- Specific emergency benefit expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Physical therapy, chiropractic care, and acupuncture
- Maternity and prenatal care
- Prescription drugs

Limitations and exclusions apply. This is a brief summary of benefits. This plan includes both insurance and non-insurance benefits. The terms and conditions of insurance coverage as underwritten by Crum & Forster, SPC are set forth in the Policy. For a detailed plan description, exclusions, and limitations, please view the plan on file with your school or view the Plan Summary at www.4studenthealth.com/mission.

Coinsurance is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Preferred Allowance (PA) when you use **Aetna Passport to Healthcare® Primary PPO** providers, and 100% of Usual, Reasonable, and Customary (URC) Charges when you use out-of-network providers.

Benefits

	AETNA PASSPORT PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: ¹
Deductible (Certain benefit deductibles may be in excess of the Plan Term Deductible.)	\$100 per Person, per Policy Term	
Office Visit	\$0	Expenses in Excess of URC
Urgent Care	\$0	Expenses in Excess of URC
Hospital Room & Board	\$0	Expenses in Excess of URC
Emergency Room Benefit	\$250 copay per visit (copay waived if admitted to hospital)	\$250 deductible per visit (deductible waived if admitted to hospital)

	EXPRESS SCRIPTS PHARMACY YOU WILL PAY:	OUT-OF-NETWORK PHARMACY YOU WILL PAY AT LEAST: ²
Prescription Drugs	\$0	Expenses in Excess of URC

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Usual, Reasonable, and Customary (URC) Charges, 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 URC and you will be responsible for these excess amounts over the listed coinsurance.
2. At out-of-network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

Questions

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

Benefits
Administrative Concepts, Inc. (ACI)
(800) 483-6192

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

Insurance ID Card

You will receive an email notifying you that your ID card is available to download. Visit www.4studenthealth.com/mission to log in or create an account. 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.aetna.com/docfind/custom/passport to find a provider in the **Aetna Passport to Healthcare® Primary PPO** Network.

Prescription Drugs

Always use an **Express Scripts** pharmacy. To locate a pharmacy, visit www.express-scripts.com or call (800) 400-0136.

Insurance underwritten by Crum & Forster, SPC. If there are any discrepancies between this document and the Policy, the Policy will govern.

NOTICE: This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain U.S. citizens or U.S. residents to obtain PPACA compliant health insurance, or "minimum essential coverage."

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