

SAN FRANCISCO STATE UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/01/2022 to 08/15/2023. The cost of coverage includes insurance premium and administrative fees.

	STUDENT	SPOUSE/ DOMESTIC PARTNER	EACH CHILD*
Annual (Academic Year) 08/16/2022 to 05/31/2023	\$ 1,950.00	\$ 1,950.00	\$ 1,950.00
Fall (Early Start) 08/01/2022 to 12/31/2022	\$ 975.00	\$ 975.00	\$ 975.00
Fall 08/16/2022 to 12/31/2022	\$ 975.00	\$ 975.00	\$ 975.00
Spring 01/01/2023 to 05/31/2023	\$ 975.00	\$ 975.00	\$ 975.00
Summer 06/01/2023 to 08/15/2023	\$ 390.00	\$ 390.00	\$ 390.00

* 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 (Treatment must be Medically Necessary)

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

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.

Coinurance 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 50% 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
Deductible²	\$100 per person, per Policy Year	\$100 per person, per Policy Year
Office Visit	\$10 copay per visit (deductible waived)	50% (deductible applies)
Urgent Care	\$0 copay per visit (deductible applies)	50% (deductible applies)
Emergency Room	\$150 copay per visit (waived if admitted; deductible applies)	50% (deductible applies) (if true emergency, benefit will be paid at in-network rate)
Prescription Drugs	\$20 copay Generic / \$50 copay Brand Name / \$50 copay Non-Formulary (deductible waived) (contraceptives covered at 100% of charges)	
Out-of-Pocket Maximum²	\$5,000 per person, per Policy Year	\$5,000 per person, 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.

Questions

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

Benefits
GeoBlue
(844) 268-2686

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

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, 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.geobluestudents.com or call (844) 268-2686 to find a provider in the Blue Cross Blue Shield PPO Network.

HELPFUL TIP

When speaking with your doctor's office / provider and you are asked "What is your insurance?" say "I have the Blue Card PPO" and present your insurance ID card.

Rev: Apr 28, 2022

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

Relation Insurance Services
CA License No. 0G55426