

## SANTA MONICA COLLEGE INTERNATIONAL STUDENT HEALTH INSURANCE PLAN (ISHIP)

### Rates & Important Dates

Rates are effective 08/25/2022 – 08/24/2023. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER	EACH CHILD*
<b>Fall</b> 08/25/2022 – 02/11/2023	\$ 1,063.50	\$ 1,063.50	\$ 1,063.50
<b>Winter</b> 01/02/2023 – 02/11/2023	\$ 177.25	\$ 177.25	\$ 177.25
<b>Spring / Summer</b> 02/12/2023 – 08/24/2023	\$ 1,063.50	\$ 1,063.50	\$ 1,063.50
<b>Summer</b> 06/16/2023 – 08/24/2023	\$ 354.50	\$ 354.50	\$ 354.50

\* 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 and blood draws
- Physical therapy, chiropractic care (26 visits per year), and acupuncture
- 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 100% of the Maximum Allowed Amount when you use **Anthem Blue Cross PPO (Prudent Buyer)** providers, and 70% 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: <sup>1</sup>
<b>Deductible<sup>2</sup></b>	<b>Students &amp; their Dependents:</b> <b>OPT Students &amp; their Dependents:</b>	\$50 per Policy Year \$250 per Policy Year
<b>Primary Care Visit</b>	\$25 copay	30%
<b>Urgent Care</b>	\$25 copay	30%, after \$25 copay
<b>Hospital Stay</b>	\$75 copay	30%, after \$75 copay
<b>Emergency Room Facility Services</b>	\$50 copay per visit (copay waived if admitted)	Covered as In-Network
<b>Prescription Drugs<sup>3</sup></b>	50% of Actual Charge (limited to \$250 per 30-day supply) Contraceptives paid at 100% (deductible waived)	
<b>Out-of-Pocket Limit</b>	\$5,000 per Individual \$10,000 per Family per Policy Year	No Maximum

1. 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.
2. Deductible does not apply for In-Network preventive care, screenings, immunizations, primary care visits, specialist care visits, Prenatal, Post-Natal Care and prescriptions.
3. 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/smc](http://www.4studenthealth.com/smc)

### 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](http://www.anthem.com/ca) to locate a provider in the **Anthem Blue Cross PPO (Prudent Buyer)** Network.

### Prescription Drugs

A pharmacy close to campus is **Ocean Park Pharmacy**, located at 2731 Ocean Park Boulevard, Santa Monica, **(310) 452-5705**. You may also use an Anthem pharmacy. To locate a pharmacy, visit [www.anthem.com/ca](http://www.anthem.com/ca) or call **(800) 888-2108**.

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

Relation Insurance Services  
CA License No. 0G55426