

WEBER STATE UNIVERSITY INTERNATIONAL STUDENT INSURANCE PLAN

Rates & Important Dates

Rates are effective 08/15/2022 to 08/14/2023. Rates include insurance premium and administrative fees.

	FALL 08/15/2022* to 12/31/2022	SPRING 01/01/2023 to 04/30/2023	SUMMER 05/01/2023 to 08/16/2023
WAIVER DEADLINE	09/15/2022	01/31/2023	05/31/2023
STUDENT	\$ 474.00	\$ 474.00	\$ 474.00
SPOUSE / DOMESTIC PARTNER	\$ 1,392.00	\$ 1,392.00	\$ 1,392.00
EACH CHILD	\$ 702.00	\$ 702.00	\$ 702.00
TWO OR MORE CHILDREN	\$ 1,404.00	\$ 1,404.00	\$ 1,404.00

* Continuing Students 08/18/2022

What's Covered (Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Annual women's cervical cancer screening and a breast exam
- Physical therapy chiropractic care, and acupuncture (up to 20 visits)
- Pregnancy and maternity
- Prescription drugs

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

Coinsurance 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 80% 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
Deductible	\$200 per person, per Policy Year	
Office Visit	\$35 copay per visit (waived at campus health center)	20%
Urgent Care	\$45 copay per visit	20%
Hospital Visit	10%, after \$100 copay per visit	30%
Emergency Room	\$100 copay per visit (copay waived if admitted)	20%
Prescription Drugs	Generic: \$10 copay / Brand: \$35 copay ²	
Out-of-Pocket Maximum	\$2,500 per person, per Policy Year	
Intercollegiate Sports Coverage	Up to \$10,000 per Policy Year	

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Reasonable Expenses, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than Reasonable Expenses and you will be responsible for these excess amounts over the listed coinsurance.
2. When you use an out-of-network pharmacy, you must pay for your prescription in full, then submit a claim for reimbursement.

Questions

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

Benefits
GeoBlue
(844) 268-2686

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

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.

Rev: Apr 28, 2022

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

Relation Insurance Services