# California State University, East Bay (The Policyholder)

## International Student Health Insurance Plan (ISHIP) 2023-2024

## Eligibility

All California State University, East Bay students, scholars, visiting faculty or other persons with a current passport or non-immigrant F-1 or J-1 visa are eligible for and required to enroll in this coverage provided that they are temporarily located outside their home country or country of residence and have not been granted permanent residency status in the U.S., and they are engaged in educational activities through the University.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and television (TV) courses do not fulfill the Eligibility requirements that the student actively attend classes.

The Company maintains its right to investigate student status and attendance records to verify that the Policy Eligibility requirements have been met. If and whenever the Company discovers that the Policy Eligibility requirements have not been met, its only obligation is refund of premium.

## **Effective Dates & Plan Costs**

The Plan costs and coverage terms are listed below. Coverage terms are effective at 12:00 a.m. and terminate at 11:59 p.m. Plan costs include the medical insurance premium and administrative fees.

	STUDENT	SPOUSE/DOMESTIC PARTNER	EACH CHILD*
Annual 06/01/2023 to 05/31/2024	\$2,550	\$2,550	\$2,550
Summer/Fall 06/01/2023 to 12/31/2023	\$1,491	\$1,491	\$1,491
Summer 06/01/2023 to 08/09/2023	\$487	\$487	\$487
Fall 08/10/2023 to 12/31/2023	\$1,004	\$1,004	\$1,004
Spring 01/01/2024 to 05/31/2024	\$1,059	\$1,059	\$1,059

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

## Benefits

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER <sup>1</sup>
Medical Deductible	\$100 Individual/ \$300 Family per Policy year	\$100 Individual/ \$300 Family per Policy Year
Physician's Office Visits includng Specialists/Consultants	100% of NC (Deductible waived)	80% of U&C
Urgent Care Centers for Non-Life-Threatening Conditions	100% of NC	80% of U&C
Emergency Services in an Emergency Department for Emergency Medical Conditions	\$250 Copay per visit (Copay waived if admitted), then the plan pays 100% of NC	Paid the same as In-Network Provider subject to U&C
Hospital Care includes Hospital Room & Board Expenses and Miscellaneous Services & Supplies. Subject to Semi-Private room rate unless intensive care unit is required. Room and Board includes intensive care. <sup>2</sup>	100% of NC	80% of U&C
Prescription Drugs <sup>3</sup>	\$10 Copay Generic \$25 Copay Preferred Brand \$50 Copay Non-Preferred Brand \$75 Copay Specialty (Deductible waived)	80% of U&C
Out-of-Pocket Maximum	\$7,900 Individual/ \$15,800 Family per Policy Year	\$7,900 Individual/ \$15,800 Family per Policy Year

<sup>1</sup>Using out-of-network providers may cost you more money! Coinsurance is payable for Usual and Customary (U&C) Charge, 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 U&C and you will be responsible for these excess amounts over the listed Coinsurance.

<sup>2</sup> Pre-Certification required for Inpatient Services Care, selected Outpatient Services, and Outpatient Surgery. For a complete list of these services, see the Plan Certificate.

<sup>3</sup>You must pay for prescriptions in full and then submit a claim for reimbursement.



## Questions

Eligibility & Enrollment Academic Health Insurance Services (800) 537-1777

Benefits Wellfleet Group, LLC dba Wellfleet Administrators, LLC (877) 657-5030, TTY 711

### **Insurance ID Card**

Download your ID card from wellfleetstudent.com.

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 wellfleetstudent.com or call (877) 657-5030, TTY 711 to locate a provider in the Cigna OAP Network.

## **Prescription Drugs**

Always use a Wellfleet Rx/ESI pharmacy. To locate a pharmacy, visit wellfleetstudent.com or call (877) 640-7940.

## **More Information**

For more information, please visit csueb.mycare26.com

> WI2324CASHIP207 Group Number: ST2204SH

Limitations, Deductibles, Coinsurance, and Copays may apply. Please see the Plan Certificate for full benefit details. If there are any conflicts between this document and the Plan Certificate, the Plan Certificate shall govern.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% of the Negotiated Charge (NC) when you use Cigna Open Access Plus (OAP) providers, and 80% of Usual and Customary (U&C) Charge when you use out-of-network providers.

## What's Included?

- Access to 24-hour Medical and Mental Health Telemedicine Services
- Coverage when traveling
- Academic Emergency Services\*

Wellfleet Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

#### (Arabic)

إذا كُنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. تصل برقم +1 711 7130-657 (877).

#### (Chinese-S)

如果您说中文,您可以免费获得语言援助服务。

请致电 +1 (877) 657-5030, TTY 711.。

#### (Chinese-T)

如果您使用繁體中文,您可以免費獲得語言援助服務。 請致電 +1 (877) 657-5030, TTY 711.。

#### (French)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le +1 (877) 657-5030, TTY 711.

#### (French Creole-Haitian)

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele +1 (877) 657-5030, TTY 711.

#### (German)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer +1 (877) 657-5030, TTY 711.

#### (Italian)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero +1 (877) 657-5030, TTY 711.

#### (Japanese)

日本語を話される場合、無料の言語支援をご利用いた だけます。+1 (877) 657-5030, TTY 711 まで、お電話 にてご連絡ください。

#### (Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. +1 (877) 657-5030, TTY 711 번으로 전화해 주십시오.

#### (Persian-Farsi)

اَگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 711 5030, 503 (657 11+بگیرید.

#### (Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer +1 (877) 657-5030, TTY 711.

#### (Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para +1 (877) 657-5030, TTY 711.

#### (Russian)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните +1 (877) 657-5030, TTY 711.

#### (Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al +1 (877) 657-5030, TTY 711.

#### (Tagalog)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa +1 (877) 657-5030, TTY 711.

#### (Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số +1 (877) 657-5030, TTY 711.

\*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services.

This document contains a summary of your school's International Student Health Insurance Plan benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved Plan Certificate. The final Plan Certificate may be pending approval by applicable federal and state regulatory authorities. The final approved Plan Certificate is accessible upon approval at csueb.mycare26.com.

Academic HealthPlans, Inc. (AHP), dba Academic Health Insurance Services is an independent company that provides program management and administrative services for the International Student Health Insurance Plan. CA License #0H64806