



A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

Effective Spring 2023 all New International Students (F-1 status) who started at CSU Chico ON and AFTER Spring 2023 are required to purchase this plan, unless you have an insurance policy that meets the requirements below:

- Policies for students sponsored by their home government OR
- Students covered with a U.S. policy through their own or a family member's employment.

Once you purchase the insurance policy, IEGE will automatically receive proof of coverage directly from the health insurance provider, and your insurance hold will be removed.

For J-1 exchange students starting Spring 2023, and Continuing Students who started at CSU, Chico BEFORE Spring 2023:

All International Students at the CSU are required to purchase Health Insurance. It is recommended that you purchase the CSU, Chico Health Insurance Plan. This policy meets the Health Insurance Requirements as mandated by the California State University Chancellor's office. Once you purchase the insurance policy, IEGE will automatically receive proof of coverage directly from the health insurance provider, and your insurance hold will be removed.

COVERAGE PERIOD & COST

| | |
|---------------|---------------------|
| Spring/Summer | 01/01/23 - 07/31/23 |
| Student | \$ 716.00 |
| Spouse | \$ 2,472.00 |
| Each Child | \$ 930.00 |

ADDITIONAL BENEFITS

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services
- Urgent Care Benefits
- Dental and Vision Options
- Academic Emergency Services*



*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. Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of SMIC.

CALIFORNIA STATE UNIVERSITY, CHICO 2022-2023

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of **UnitedHealthcare Options network**.

| BENEFIT MAXIMUMS & DEDUCTIBLES | IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER |
|-----------------------------------|---|--|
| Benefit Maximum | | \$300,000 |
| Pre-Existing Condition Limitation | Student: 6-month Waiting Period - Maximum Benefit \$2,500 coverage during Waiting Period Dependent(s): 24-month Waiting Period - No coverage during Waiting Period | |
| Deductible | | \$0 |
| Coinsurance | 100% of Allowable Charges | 80% of Usual, Reasonable and Customary Charges (URC) |
| Out-of-Pocket Maximum | \$ 3,000 | \$ 5,000 |

| BENEFIT CATEGORY | IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER |
|---|--|---|
| Deductible applies unless otherwise stated below Copayments do not apply to the Deductible or the Out-of-Pocket Maximum | Payments are based on the Allowable Charges | Payments are based on Usual, Reasonable and Customary Charges (URC) |
| Physician Visit or Consultation by Specialist | 100% after \$20 Copayment | 80% after \$20 Copayment |
| Urgent Care Center | 100% after \$20 Copayment | 80% after \$20 Copayment |
| Emergency Room and Medical Services Non-emergency service, Coinsurance will be reduced to 50% | 100% after \$100 Copayment (waived if admitted) | 80% after \$100 Copayment (waived if admitted) |
| Hospitalization (Room & Board) | 100% after \$50 Copayment | 80% after \$50 Copayment |
| Inpatient/Outpatient Surgery | 100% after \$50 Copayment | 80% after \$50 Copayment |
| Diagnostic Testing X-ray and Laboratory | 100% | 80% |
| Therapeutic Services Maximum 20 visits per Injury or Illness | 100% after \$20 Copayment | 80% after \$20 Copayment |
| Mental Health Office Visit | 100% after \$50 Copayment | 80% after \$50 Copayment |
| Maternity Care Subject to notification within 30 days of pregnancy confirmation | 100% | 80% |
| Prescription Drugs | Tier 1: \$10 Copayment Tier 2: \$20 Copayment Tier 3: \$40 Copayment | Not Covered |
| Preventive Care and Annual Exams Student Health Center payable at UCR For more information please visit healthcare.gov/preventive-care-benefits | 100% | Not Covered |