

Fuller Theological Seminary | International 2021-2022

Student Health Insurance Plan



Eligibility

All international students, visiting faculty, and scholars maintaining a current passport and a valid F-1, J-1 or M-1 Visa Status, engaged in educational activities at Fuller Theological College who are temporarily located outside their home country and have not been granted permanent residency status.

Those enrolled in Optional Practical Training program are eligible to enroll on a voluntary basis.

PLAN BASICS

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 expenses are subject to plan maximums, limitations, and exclusions as described in the Policy.

BENEFIT MAXIMUMS & DEDUCTIBLES			2021-2022 PREMIUM COSTS* AND COVERAGE PERIODS				
	IN-NETWORK COVERAGE	OUT-OF-NETWORK COVERAGE	COVERAGE PERIODS	FALL 09/20/2021 - 12/19/2021	WINTER 12/20/2021 - 03/19/2022	SPRING 03/20/2022 - 06/19/2022	SUMMER 06/20/2022 - 09/19/2022
Benefit Maximum	Unlimited		Student	\$ 662.50	\$ 662.50	\$ 662.50	\$ 662.50
Deductible per Insured Person, per Policy Year	\$ 50	\$ 300	Spouse	\$ 662.50	\$ 662.50	\$ 662.50	\$ 662.50
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year	\$ 5,000	\$ 7,000	Child ¹	\$ 662.50	\$ 662.50	\$ 662.50	\$ 662.50
Family Out-of-Pocket Maximum per Family, per Policy Year	\$ 10,000	\$ 14,000					

¹Coverage for two or more children is calculated at the child rate times two
*Admin fee of \$20.00 to be applied to fee

BENEFIT CATEGORY Deductible applies unless otherwise stated below.	In-Network Provider	Out-of-Network Provider
	Payments are based on the Negotiated Charge	Payments are based on the Recognized Charge
Hospital and Other Facility Care	90% per visit	70% per visit
Inpatient/Outpatient Surgery	90% per visit	70% per visit
Physician, specialist including Consultants Office Visits	100% after a \$20 copayment per visit	70% per visit
Walk-In Clinic Visits	100% after a \$20 copayment per visit	70% per visit
Outpatient physical, occupational, speech, and cognitive therapies (including Cardiac and Pulmonary Therapy)	90% per visit	70% per visit
Hospital Emergency Room	100% after a \$150 copayment per visit	100% after a \$150 copayment per visit
Urgent Care	90% per visit	70% per visit
Diagnostic Testing	90% per visit	70% per visit
Prescription Drugs, including specialty drugs (deductible waived)	100% after a Generic: \$ 15 copayment Preferred Brand-Name: \$ 30 copayment Non-Preferred Brand-Name: \$ 50 copayment	Not Covered
Preventive Services For more information, please visit healthcare.gov/preventive-care-benefits/	100% (deductible waived)	Not Covered

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval.