

Pepperdine University 2021-2022 Student Health Insurance Plan



Health Insurance Requirement and Eligibility

IMPORTANT: Proof of Health Insurance is Required on the Malibu campus. All Pepperdine students are required to carry a health insurance plan. Those registered through the Malibu campus are eligible for the Student Health Insurance Plan to meet this requirement. All registered Malibu students will be automatically enrolled in the Pepperdine-sponsored Student Health Insurance Plan (SHIP) unless they choose to submit an online insurance waiver of comparable coverage. Home study, correspondence, internet and television (TV) courses do not fulfill the eligibility requirement of actively attending classes on campus. Part time Straus Dispute Resolution students (less than 8 units) are also ineligible for SHIP.

Waivers must be submitted each academic year to avoid being charged the SHIP fee.

Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the SHIP within **30 days** of loss of coverage. These students must provide proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of the date the student enrolls and pays the premium or the day after prior coverage ends. To be eligible for the SHIP, students must actively attend classes for at least the first **31 days** after the date for which coverage is purchased.

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 services from physicians who are part of the **Anthem Blue Access** network.

Student Health Center: Malibu Campus students must use the resources of the Student Health Center (SHC) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the SHC for which no prior approval or referral is obtained is excluded from coverage.

The following is a list of benefits that are covered at the SHC only. If you receive these services out of the SHC, they will NOT be covered by your student insurance plan:

- Travel Physical - paid at 100% of Reasonable Charge up to 2 visits maximum per Policy Year
- Allergy Injections (Antigen not provided) - paid at 100% of Reasonable Charge

BENEFIT MAXIMUMS & DEDUCTIBLES

Lifetime Maximum	Unlimited	
Benefit year deductible for all providers	\$150 per Insured Person (waived if services are rendered at the Student Health Center)	
Annual Out-of-Pocket Maximum	In-Network Provider: \$ 5,350 per Insured Person, Per Year Out-of-Network Provider: \$20,000 per Insured Person, Per Year	
BENEFIT CATEGORY	In-Network Provider	Out-of-Network Provider
	Payments are based on the Allowed Amount	Payments are based on the Allowed Amount
Hospital Stay <i>Precertification is required</i>	80%	60% after a \$500 Copay (Copay waived for emergency admissions)
Outpatient Surgery	80%	60%
Doctor Office Visit and Online Visit	\$30 Copay per visit (deductible waived)	60%
Emergency Room Facility Services (copay waived if admitted)	80% after a \$100 Copay	80% after a \$100 Copay
Diagnostic Services	80%	60%
Rehabilitation and Habilitation Services, including Physical, Speech & Occupational Therapy	80%	60%
Outpatient Mental/Behavioral Health and Substance Abuse (Facility Visit)	80%	60%
Prescription Drugs (deductible waived)	Pharmacies contracted with Anthem RX: 100% after a Tier 1 - Generic Drug: \$25 Copay Tier 2 - Preferred/Brand-Name Drug: \$50 Copay Tier 3 - Non-Preferred/Specialty Drugs: \$50 Copay Tier 4 - Specialty Drugs: \$50 Copay	50% after a Tier 1 - Generic Drug: \$25 Copay Tier 2 - Preferred/Brand-Name Drug: \$50 Copay Tier 3 - Non-Preferred/Specialty Drugs: \$50 Copay Tier 4 - Specialty Drugs: \$50 Copay
Preventive Care Services <i>For more information, please visit healthcare.gov/preventive-care-benefits/</i>	100% (deductible waived)	60%

DEDUCTIBLE DOES NOT APPLY TO services received from the Pepperdine Student Health Center OR PRESCRIPTION DRUGS. All copays are due at the time of visit and are in addition to the plan deductible.

PREMIUM COSTS AND COVERAGE PERIODS

Undergraduate Students*	Fall 08/15/2021 through 12/31/2021	Spring/Summer 01/01/2022 through 08/14/2022	Graduate & Law Students*	Fall 08/15/2021 through 12/31/2021	Spring/Summer 01/01/2022 through 08/14/2022
	Open Enrollment 05/15/2021 through 09/05/2021	Open Enrollment 11/15/2021 through 02/01/2022		Open Enrollment 05/15/2021 through 09/05/2021	Open Enrollment 11/15/2021 through 02/01/2022
Waiver Deadline	08/15/2021	01/03/2022	Waiver Deadline	08/15/2021	01/03/2022
Student	\$ 1,373	\$ 1,373	Student	\$ 2,077	\$ 2,077
Spouse	\$ 1,373	\$ 1,373	Spouse	\$ 2,077	\$ 2,077
Child	\$ 1,373	\$ 1,373	Child	\$ 2,077	\$ 2,077

For more information about enrollment and coverage, please visit pepperdine.myahpcare.com.

*For early arriving athletes, there is a separate price that provides coverage for early start date of 07/01/2021 and 08/01/2021.

Exclusions & Limitations

This list is only a partial list. Please refer to the school's Certificate of Coverage for a complete list of exclusions.

Not medically necessary. Services or supplies that are not medically necessary, as defined.

Experimental or Investigative. Any experimental or investigative procedure or medication. But, if insured person is denied benefits because it is determined that the requested treatment is experimental or investigative, the insured person may request an independent medical review, as described in the Certificate.

Crime or Nuclear Energy. Conditions that result from (1) the insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness arising from the release of nuclear energy.

Not Covered. Services received before the insured person's effective date. Services received after the insured person's coverage ends, except as specified as covered in the Certificate.

Excess Amounts. Any amounts in excess of covered expense or the benefit maximum.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the insured person claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the Certificate.

Not Specifically Listed. Services not specifically listed in the plan as covered services.

Inpatient Diagnostic Tests. Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

Orthodontia. Braces, other orthodontic appliances or orthodontic services.

Dental Services or Supplies. Dental plates, bridges, crowns, caps or other dental prostheses, dental services, extraction of teeth, treatment to the teeth or gums, or treatment to or for any disorders for the temporomandibular (jaw) joint, except as specified as covered in the Certificate. Cosmetic dental surgery or other dental services for beautification.

Hearing Aids or Tests. Hearing aids and routine hearing tests, except as specified as covered in the Certificate.

Optometric Services or Supplies. Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, eyeglasses or contact lenses, except as specified as covered in the Certificate, for ages 19 and older.

Outpatient Occupational Therapy. Outpatient occupational therapy, except by a home health agency, hospice, or infusion therapy provider, except as specified as covered in the Certificate.

Outpatient Speech Therapy. Outpatient speech therapy, except as specified as covered in the Certificate.

Cosmetic Surgery. Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

Scalp hair prostheses. Scalp hair prostheses, including wigs or any form of hair replacement.

Clinical Trials. Services and supplies in connection with clinical trials, except as specified as covered in the Certificate.

Commercial Weight Loss Programs. Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.

Sterilization Reversal.

Infertility Treatment. Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.

Gene Therapy. Gene therapy as well as any drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

Surrogate Mother Services. For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

Air Conditioners. Air purifiers, air conditioners or humidifiers.

Chronic Pain. Treatment of chronic pain, except as specified as covered in the Certificate.

Health Club Memberships. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

Food or Dietary Supplements. Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Telephone and Facsimile Machine Consultations. Consultations provided by telephone or facsimile machine.

Routine Exams or Tests. Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the Certificate.

Acupuncture. Acupuncture treatment, except as specified as covered in the Certificate. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

Eye Surgery for Refractive Defects. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Physical Therapy or Physical Medicine. Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement or as specified as covered in the Certificate.

Contraceptive Devices. Contraceptive devices prescribed for birth control except as specified as covered in the Certificate.

Diabetic Supplies. Prescription and non-prescription diabetic supplies except as specified as covered in the Certificate.

Third Party Liability – Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Full brochure available

For a full version of the health insurance brochure please visit pepperdine.myahpcare.com. The full health insurance brochure will provide you with detailed information on: How to Enroll in the SHIP, Student Health Center Services and Referral Requirement, How to File a Claim, and more.

Important Contacts

Claims and Coverage Questions:	Anthem Blue Cross Life and Health Insurance Company P.O. Box 60007, Los Angeles, CA 90060 (855) 296-0864 (Toll-Free) anthem.com/ca	Student Health Center:	Hours: Monday-Friday, 8:00 AM - 5:00 PM CST (310) 506-4316, Option 3 For after hours medical call: PEP-RN On Call (800) 413-0848 For after hours emergencies on campus, call 911 and then call Department of Public Safety (310) 506-4441 community.pepperdine.edu/healthcenter/ For after hours emergencies off campus, call 911
Emergency Travel Assistance: (Provide this information to your Emergency Contact)	Academic Emergency Services (855) 873-3555 (Toll-Free) (610) 263-4660 (Outside the U.S.) assistance@ahpcare.com	24-Hour Nurse Advice:	PEP-RN On Call (800) 413-0848
Find a Doctor or PPO Provider:	(855) 296-0864 (Toll-Free) anthem.com/ca	Eligibility, Enrollment, and General Questions:	Academic HealthPlans (855) 825-3983 (Toll-Free) pepperdine.myahpcare.com

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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 at pepperdine.myahpcare.com

