

# Your 2021-2022 plan overview

If you have questions call 1-833-332-0798 or visit us at [student.anthem.com/student/schools/umkc](https://student.anthem.com/student/schools/umkc).



## University of Missouri Kansas City Student Health Insurance Plan - International

Here are highlights of your Anthem Student Advantage plan benefits, plus important dates and costs of coverage. For more information, please review the plan certificate.

### Who's eligible

- › All non-immigrant international students, scholars and Optional Practical Training/Academic Training (OPT) participants holding F or J visas are eligible for this coverage.
- › Enrollment in this Plan is mandatory and automatic for non-immigrant international students in F1 or J1 student status.
- › Covered students may also enroll their lawful spouse and/or dependent children up to the age of 26.



### How to use your plan

- › You can first seek services at [UMKC Student Health and Wellness](#), or;
- › Access an Anthem in-network provider at [anthem.com/find-care/](https://anthem.com/find-care/), or;
- › For life-threatening or emergency situation, call 911 or go to your local hospital emergency center.
- › UMKC utilizes the Anthem MO PREFERRED-CARE BLUE (KC) Select Network.



### ID Cards

Keep your health care information within arm's reach with a digital ID card. Your digital ID card is available on [anthem.com](https://anthem.com) or the Sydney Health mobile app when you register with your student ID on your plan effective date. Print a copy of your card anytime or show it to your doctor from your smartphone. Your digital ID card is always available when you need it.

## Coverage dates and cost (International Rates)

| Session                               | Enrollment Deadline | Student | Student & Spouse | Student & Child(ren) | Student, Spouse & Child(ren) |
|---------------------------------------|---------------------|---------|------------------|----------------------|------------------------------|
| Annual<br>8/1/2021 - 7/31/2022        | 9/6/2021            | \$2,309 | \$4,546          | \$4,546              | \$6,783                      |
| Fall<br>8/1/2021 - 12/31/2021         | 9/6/2021            | \$968   | \$1,906          | \$1,906              | \$2,844                      |
| Spring/Summer<br>1/1/2022 - 7/31/2022 | 2/7/2022            | \$1,341 | \$2,640          | \$2,640              | \$3,939                      |

Rates and Benefits are pending Missouri Department of Insurance approval.

## What's covered

| Covered Services   | Cost if you use an In-Network Provider  | Cost if you use an Out-of-Network Provider  |
|--|---|---|
| <b>Deductible</b>  | \$400 per person  | \$800 per person  |
| <b>Coinsurance</b>   | 20%   | 50%   |
| <b>Out-of-pocket maximum</b>   | \$7,500 student / \$15,000 family   | Unlimited student / Unlimited family  |
| <b>Primary care doctor visits</b>  | \$20 copay per visit; 20% coinsurance after deductible is met   | 50% coinsurance after deductible is met   |
| <b>Preventive care screenings &amp; immunizations</b>  | No charge   | 30% coinsurance after deductible is met   |
| <b>Specialist care visits</b>  | \$40 copay per visit; 20% coinsurance after deductible is met   | 50% coinsurance after deductible is met   |
| <b>Urgent care</b>   | 20% coinsurance after deductible is met   | 50% coinsurance after deductible is met   |
| <b>Emergency room facility services</b>  | \$200 copay per visit; 20% coinsurance after deductible is met  | Covered as In-Network   |
| <b>Emergency room doctor and other services</b>  | 20% coinsurance after deductible is met   | Covered as In-Network   |
| <b>Prescription drugs</b><br><b>Tiers 1-3:</b> Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). No coverage for non-formulary drugs.<br><b>Tier 4:</b> Covers up to a 30 day supply (retail pharmacy and home delivery program). No coverage for non-formulary drugs. | <b>Tier 1:</b> \$15 copay per prescription (retail only). \$30 copay per prescription (home delivery only).<br><b>Tier 2:</b> \$40 copay per prescription (retail only). \$80 copay per prescription (home delivery only).<br><b>Tier 3:</b> \$65 copay per prescription (retail only). \$130 copay per prescription (home delivery only).<br><b>Tier 4:</b> \$100 copay per prescription (retail only). \$100 copay per prescription (home delivery only). | <b>Tier 1:</b> \$15 copay per prescription (retail only).<br><b>Tier 2:</b> \$40 copay per prescription (retail only).<br><b>Tier 3:</b> \$65 copay per prescription (retail only).<br><b>Tier 4:</b> \$100 copay per prescription (retail only). |



### Important contacts

|  |   |
|--|---|
| Customer Service .....                 | 1-833-332-0798  |
| Find a doctor.....                     | <a href="https://www.anthem.com/find-care/?alphaprefix=102">https://www.anthem.com/find-care/?alphaprefix=102</a> |
| Emergency travel services.....         | 1-833-511-4763  |
| Anthem Student Advantage Website ..... | <a href="https://student.anthem.com/welcome">student.anthem.com/welcome</a>                                       |

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.