

# Your 2021-2022 plan overview

If you have questions, call 1-833-332-0798.



## University of Missouri Columbia 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 who are maintaining F or J status, Optional Practical Training/Academic Training participants and scholars holding F or J documents are eligible for this coverage.
- › Enrollment in this Plan is mandatory for non-immigrant international students in F1 or J1 student status.
- › Distance learning students taking home study, correspondence or television courses are not eligible to enroll in the Plan.
- › 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 Student Health Center, or;
- › Access an Anthem in-network provider at [anthem.com/find-care/](https://www.anthem.com/find-care/), or;
- › For life-threatening or emergency situation, call 911 or go to your local hospital emergency center.



### 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://www.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)
Fall 8/1/2021 - 12/31/2021	9/6/2021	\$958	\$1,896	\$1,896	\$2,834
Spring/Summer 1/1/2022 - 7/31/2022	2/7/2022	\$1,319	\$2,618	\$2,618	\$3,917

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> <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. <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). <b>Tier 2:</b> \$40 copay per prescription (retail only). \$80 copay per prescription (home delivery only). <b>Tier 3:</b> \$65 copay per prescription (retail only). \$130 copay per prescription (home delivery only). <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). \$30 copay per prescription (home delivery only). <b>Tier 2:</b> \$40 copay per prescription (retail only). \$80 copay per prescription (home delivery only). <b>Tier 3:</b> \$65 copay per prescription (retail only). \$130 copay per prescription (home delivery only). <b>Tier 4:</b> \$100 copay per prescription (retail only). \$100 copay per prescription (home delivery only).



### Important contacts

Customer Service .....1-833-332-0798  
 Find a doctor.....[anthem.com/find-care/](https://www.anthem.com/find-care/)  
 Emergency travel services..... 1-833-511-4763

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