

2022-2023



University of the Pacific Student Health Insurance Plan

www.anthem.com/studentadvantageca

Anthem Student Advantage

Keeping you at your personal best



Important notice

This is a brief description of your student health plan underwritten by Anthem Blue Cross (Anthem). If you would like more details about your coverage and costs, you can find the complete terms in the policy or plan document online at www.anthem.com/ca.

Table of contents

Welcome.....	4
Coverage periods and rates.....	7
Important contacts.....	9
Easy access to care	10
Summary of benefits.....	12
Benefits that go with you	20
Gallagher Student Health & Special Risk Complements	22
Access help in your language.....	25



**Welcome
to Anthem
Student
Advantage**



As your new school year begins, it's important to understand your health care benefits and how they work. Your Anthem Student Advantage plan will help guide you through that process with information about who is eligible, what is covered, how much it costs, and the best ways to access care.

What you need to know about Anthem Student Advantage

Law School Students (Sacramento):

All degree seeking Law School students on the Sacramento campus enrolled in 6 or more units are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

Undergraduate & Pharmacy D Students (Sacramento, San Francisco, Stockton):

Undergraduate & Pharmacy D students on all campuses enrolled in 9 or more units are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

Continues

What you need to know... *continued*

Graduate/Professional Students (Sacramento, San Francisco, Stockton):

All Graduate/Professional Students on all campuses enrolled in 1 unit or more are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

Dental Students (not including Dental Hygiene):

All Dental School students on the San Francisco campus enrolled in 1 unit or more are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

Advanced Education in General Dentistry (AEGD) Residents:

All AEGD Residents based out of the San Francisco campus and/or practicing in Union City are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

International Students:

All International students taking 1 or more units, regardless of class level and program on all campuses are required to have health insurance. You will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline.

Students in fully online and external partnership programs are not eligible in the Student Health Insurance Plan.

All Campuses:

Students must actively attend classes for at least the first 45 days after the effective date of the period for which coverage is purchased. Students on an approved Leave of Absence (LOA) who were enrolled in at least one semester immediately preceding their LOA can enroll in a max of one semester at the regular semester rate (non-continuation term). Students may NOT purchase coverage for the following semester unless they meet University of the Pacific's eligibility requirements.

Only students who graduate, withdraw, or drop out AFTER the first 45 days from the start of the term, can purchase continuation coverage. Students should visit www.gallagherstudent.com/UOP and click on 'Forms & Applications' to enroll.

Coverage for dependents (spouse/children) is not available under this plan.

Coverage periods and rates



Coverage will become effective at 12:01 a.m., and will end at 11:59 p.m. on the dates shown below.

Costs and dates of coverage, Medical and Dental plan

Undergraduate & International Students

	Fall 8/1/2022– 1/31/2023	Spring 2/1/2023– 7/31/2023	3 Month Continuaton Fall 2/1/2023– 4/30/2023	6 Month Continuation Fall 2/1/2023– 7/31/2023	3 Month Continuaton Spring 8/1/2023– 10/31/2023	6 Month Continuation Spring 8/1/2023– 1/31/2024
Enrollment/ Waiver Deadline	9/2/22	1/31/23	3/18/23	3/18/23	9/15/23	9/15/23
Student	\$1,410	\$1,410	\$689.74	\$1,379.48	\$689.74	\$1,379.48

Graduate/Professional/Law Students

	Fall 8/1/2022– 1/31/2023	Spring 2/1/2023– 7/31/2023	3 Month Continuaton Fall 2/1/2023– 4/30/2023	6 Month Continuation Fall 2/1/2023– 7/31/2023	3 Month Continuaton Spring 8/1/2023– 10/31/2023	6 Month Continuation Spring 8/1/2023– 1/31/2024
Enrollment/ Waiver Deadline	9/2/22	1/31/23	3/18/23	3/18/23	9/15/23	9/15/23
Student	\$1,793	\$1,793	\$881.26	\$1,762.52	\$881.26	\$1,762.52

Dental Students (not including Dental Hygiene)

	Summer/Fall 7/1/2022– 12/31/2022	Spring 1/1/2023– 6/30/2023	3 Month Continuaton Fall 1/1/2023– 3/31/2023	6 Month Continuation Fall 1/1/2023– 6/30/2023	3 Month Continuaton Spring 7/1/2023– 9/30/2023	6 Month Continuation Spring 7/1/2023– 12/31/2023
Enrollment/ Waiver Deadline	7/31/22	1/31/23	2/15/23	2/15/23	8/15/23	8/15/23
Student	\$1,793	\$1,793	\$881.26	\$1,762.52	\$881.26	\$1,762.52

*The above rates include premiums for the plan and commissions and administrative fees.
*Rates are pending approval with the state and subject to change.



Keep in touch with your benefits information



Student Health Center

STOCKTON

Location

1041 Brookside Road
(across the footbridge
from the main campus)

Hours*

Monday – Friday
7:00 am – 4:00 pm

* (Hours subject to change. Visit students.pulse.pacific.edu/healthservices for more information)

SACRAMENTO

Location

Halbert Hall
3257 5th Avenue
Sacramento, CA 95817

Hours*

Tuesday 7:00 am - 4:00 pm
Wednesday 10:00 am - 6:00 pm
Closed on Monday, Thursday
and Friday

SAN FRANCISCO

Location

155 Fifth Street, 5th Floor,
Suite 513

Hours*

Monday 7:30 am - 4:30 pm
Tuesday 8:30 am - 5:30 pm
Wednesday 11:30 am - 6:00 pm
Thursday 7:30 am - 4:30 pm
Closed on Fridays



Claims and coverage

1-800-888-2108
Anthem Blue Cross Life and
Health Insurance Company
P.O. Box 60007
Los Angeles, CA 90060-0007



General information on Benefits, Eligibility & Enrollment, ID Cards or Service Issues

Gallagher Student Health
& Special Risk
1-833-233-0764
www.gallagherstudent.com/uop
University of the Pacific

Easy access to care

Access the care you need, when you need it,
and in the way that works best for you.



Sydney Health app

With the Sydney Health¹ app through Anthem Student Advantage, you have instant access to:

- › Your member ID card.
- › The Find a Doctor tool.
- › More information about your plan benefits.
- › Health tips that are tailored to you.
- › LiveHealth Online and 24/7 NurseLine.
- › Student support specialists (through click-to-chat or by phone).

Access the Sydney Health app

Go to the App StoreSM or Google PlayTM and search for the Sydney Health app to download it today.



LiveHealth Online

From your mobile device or computer with a webcam, you can use LiveHealth Online to visit with a board-certified doctor, psychiatrist or licensed therapist through live video.² To use, go to your Sydney Health app or www.livehealthonline.com. You can also download the free LiveHealth Online app to sign up.



24/7 NurseLine

Call **1-844-545-1429** to speak to a registered nurse who can help you with health issues like fever, allergy relief, cold and flu symptoms and where to go for care. Nurses can also help you enroll in health management programs if you have specific health conditions, remind you about scheduling important screenings and exams, and more.



Provider finder

Visit www.anthem.com/ca/find-doctor to find the right doctor or facility close to where you are.



Anthem Student Advantage University of the Pacific website

Visit www.anthem.com/studentadvantageca to see your health plan information, including providers, benefits, claims, covered drugs and more.

¹ Sydney Health is a service mark of CareMarket, Inc.

² Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.



Your summary of benefits

Anthem Blue Cross and Blue Shield

Student health insurance plan:
University of the Pacific

Your network:
Prudent Buyer PPO



This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC) will prevail. Plan benefits are pending approval with the state and subject to change.

Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible		
<p><i>When the Deductible applies, you must pay it before benefits begin. See the sections below to find out when the Deductible applies. Copayments and Coinsurance are separate from and do not apply to the Deductible. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i></p>	\$300 per member	\$300 per member
Out-of-Pocket Limit		
<p><i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i></p>	\$5,600 per member	\$5,600 per member
Preventive care/screening/immunization		
<p><i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i></p>	No charge	40% coinsurance
Doctor Home and Office Services		
<p>Primary care visit to treat an injury or illness <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	40% coinsurance
<p>Specialist Care Visit <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	40% coinsurance
<p>Prenatal and Post-natal Care <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	40% coinsurance
Other Practitioner Visits:		
<p>Retail health clinic <i>Deductible does not apply to In-Network providers.</i></p>	\$20 copay per visit	40% coinsurance
<p>On-line Visit <i>Deductible does not apply to In-Network providers</i></p>	\$0 copay per visit	40% coinsurance
<p>Chiropractor services</p>	20% coinsurance	40% coinsurance
<p>Acupuncture</p>	20% coinsurance	40% coinsurance

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Other services in an office:		
Allergy testing	20% coinsurance	40% coinsurance
Chemo/radiation therapy	20% coinsurance	40% coinsurance
Hemodialysis	20% coinsurance	40% coinsurance
Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i>	20% coinsurance	40% coinsurance
Diagnostic Services		
Lab: <i>Precertification is required for some services.</i>		
Office	20% coinsurance	40% coinsurance
Freestanding Lab	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
X-Ray: <i>Precertification is required for some services.</i>		
Office	20% coinsurance	40% coinsurance
Freestanding Radiology Center	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): <i>Precertification is required for some services.</i>		
Office	20% coinsurance	40% coinsurance
Freestanding Radiology Center	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Emergency and Urgent Care		
Emergency room facility services <i>Copay waived if admitted. This is for the hospital/facility charge only. The ER physician charge may be separate.</i>	\$150 copay per admission and then 20% coinsurance	Covered as In-Network
Emergency room doctor and other services	20% coinsurance	Covered as In-Network
Emergency Ambulance Transportation	20% coinsurance	Covered as In-Network
Urgent Care (office setting) <i>Deductible does not apply to In-Network providers. Costs may vary by site of service.</i>	\$20 copay per visit	40% coinsurance

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor office visit <i>Deductible does not apply to In-Network providers.</i>	\$20 copay per visit	40% coinsurance
On-line Visit	\$0 copay per visit	40% coinsurance
Facility visit:		
Facility fees	20% coinsurance	40% coinsurance
Outpatient Surgery		
Facility Fees:		
Hospital	20% coinsurance	40% coinsurance
Freestanding Surgical Center	20% coinsurance	40% coinsurance
Doctor and other services <i>Precertification required.</i>	20% coinsurance	40% coinsurance
Hospital Stay (all inpatient stays including maternity, mental/behavioral health, and substance abuse)		
Facility fees (for example, room & board) <i>Precertification is required for some services.</i>	20% coinsurance	40% coinsurance
Doctor and other services	20% coinsurance	40% coinsurance
Recovery & Rehabilitation		
Home health care <i>Precertification is required.</i> <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100 visit limit per benefit period.</i>	20% coinsurance	40% coinsurance
Rehabilitation and Habilitation services (for example, physical/speech/occupational therapy):		
Office <i>Costs may vary by site of service.</i>	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Cardiac rehabilitation		
Office	20% coinsurance	40% coinsurance
Outpatient Hospital	20% coinsurance	40% coinsurance
Skilled nursing care (in a facility) <i>Precertification is required. Coverage for In-Network Provider and Non-Network Provider combined is limited to 100 day limit per benefit period.</i>	20% coinsurance	40% coinsurance
Hospice <i>Precertification is required.</i>	20% coinsurance	20% coinsurance
Durable Medical Equipment <i>Hearing aids benefit is available for one hearing aid per ear every three years.</i>	20% coinsurance	40% coinsurance
Prosthetic Devices	20% coinsurance	40% coinsurance



Pharmacy

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	\$0	\$0
Pharmacy Out of Pocket	Combined with medical out of pocket	Combined with medical out of pocket
Prescription Drug Coverage <i>This plan uses a traditional Drug List. Drugs not on the list are not covered. You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.</i>		
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Member pays the retail pharmacy copay plus 50% for out of network. Deductible does not apply.</i>	Tier 1 - \$15 copay per prescription (retail only) and \$30 copay per prescription (home delivery only)	Tier 1 - \$15 copay per prescription plus 50% coinsurance up to \$250 per prescription (retail only)
Tier 2 – Typically Preferred / Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Member pays the retail pharmacy copay plus 50% for out of network. Deductible does not apply.</i>	Tier 2 – \$30 copay per prescription (retail only) and \$60 copay per prescription (home delivery only)	Tier 2 – \$30 copay per prescription plus 50% coinsurance up to \$250 per prescription (retail only)
Tier 3 - Typically Non-Preferred / Specialty Drugs <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Member pays the retail pharmacy copay plus 50% for out of network. Deductible does not apply.</i>	Tier 3 - \$50 copay per prescription (retail only) and \$100 copay per prescription (home delivery only)	Tier 3 - \$50 copay per prescription plus 50% coinsurance up to \$250 per prescription (retail only)
Tier 4 - Typically Specialty Drugs <i>Covers up to a 30 day supply (retail pharmacy and home delivery program).</i>	Tier 4 - 20% coinsurance up to \$250 maximum / prescription (retail only) and 20% coinsurance up to \$750 maximum/ prescription (home delivery only)	Tier 4 - Not Covered



Dental Plan

Covered Dental Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Annual Benefit Maximum		
Plan Year		
Per insured person	\$1,000	\$1,000
Annual Deductible		
Plan Year		
Per insured	\$25	\$50
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Diagnostic and Preventive Services		
Periodic oral exam 2 per 12 months	0% Coinsurance	0% Coinsurance
Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance	0% Coinsurance	0% Coinsurance
Bitewing X-rays: 1 set per 12 months	0% Coinsurance	0% Coinsurance
Intraoral X-rays	0% Coinsurance	0% Coinsurance

Covered Dental Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Basic Services		
Amalgam (silver-colored) Filling	20% Coinsurance	20% Coinsurance
Front Composite (tooth-colored) Filling	20% Coinsurance	20% Coinsurance
Back Composite Filling	20% Coinsurance	20% Coinsurance
Simple Extractions	20% Coinsurance	20% Coinsurance
Endodontics		
Root Canal	20% Coinsurance	20% Coinsurance
Periodontics		
Scaling and root planing	20% Coinsurance	20% Coinsurance
Oral Surgery		
Simple Extractions 1 per tooth per lifetime	20% Coinsurance	20% Coinsurance
Oral Surgery (Complex)		
Surgical Extractions	20% Coinsurance	20% Coinsurance
Major (Restorative) Services		
Crowns	50% Coinsurance	50% Coinsurance
Prosthodontics		
Dentures and bridges	50% Coinsurance	50% Coinsurance
Dental Implants	50% Coinsurance	50% Coinsurance
Prosthodontic Repairs/Adjustments		
Crown, denture, bridge repairs	50% Coinsurance	50% Coinsurance
Denture and bridge adjustments	50% Coinsurance	50% Coinsurance
Orthodontic Services		
None	Not Covered	Not Covered

Additional Limitations & Exclusions. Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.



Pediatric Dental *Limited to covered persons under the age of 19.*

Covered Dental Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p>This is a brief outline of your dental coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail. Only children's dental services count towards your out of pocket limit.</p>		
<p>Children's Dental Essential Health Benefits (up to age 19) <i>Limited to covered persons under the age of 19.</i></p>		
<p>Diagnostic and preventive <i>Includes cleanings, exams, x-rays, sealants, fluoride</i></p>	No charge	No charge
Basic services	20% coinsurance	20% coinsurance
Major services	50% coinsurance	50% coinsurance
Endodontic, Periodontics, Oral Surgery	50% coinsurance	50% coinsurance
Medically Necessary Orthodontia	50% coinsurance	50% coinsurance
Deductible	Not applicable	Not applicable
Adult Dental	Not covered	Not covered

Pediatric Vision *Limited to covered persons under the age of 19.*

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Children's Vision Essential Health Benefits <i>Limited to covered persons under the age of 19.</i>		
Vision exam <i>Includes one exam/fitting per year</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Frames <i>Includes one per year</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Lenses <i>Includes one per year</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Elective contact lenses <i>Includes one per year</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount



Benefits that go with you



You can count on medical coverage anywhere worldwide with GeoBlue.¹ Easily access international doctors by phone or video and use our 24/7 help center for emergency health questions. Anthem Student Advantage and GeoBlue provides the right support and services when you need them the most.



Visit <https://www.geobluestudents.com> to learn more.

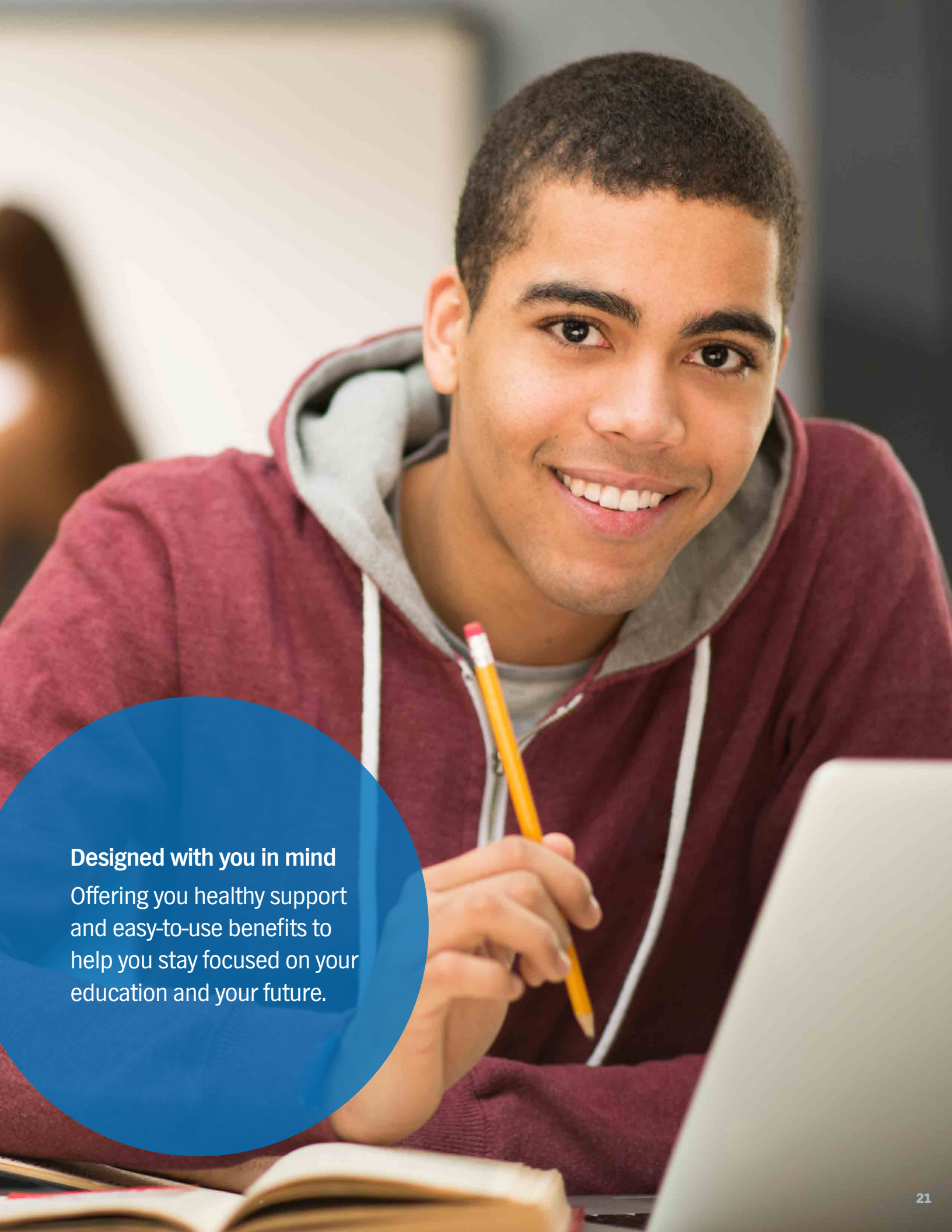
GeoBlue benefits for the 2022-2023 school year

Use of benefits must be coordinated and approved by GeoBlue.

International telemedicine services ²	
Global TeleMD™	Confidential access to international doctors by telephone or video call.
Coverage outside the U.S., excluding student’s home country.	
Medical Expenses	Maximum benefit up to \$250,000 per coverage year, no deductibles or copays. Consult coverage certificate for benefit limitations and exclusions. ³
Coverage worldwide except within 100 miles of primary residence for U.S. students. Coverage worldwide, excluding home country for international students.	
Emergency medical evacuation	Unlimited
Repatriation of remains	Unlimited
Emergency family travel arrangements	Maximum benefit up to \$5,000 per coverage year
Political emergency and natural disaster evacuation (Available only when traveling outside the United States) ⁴	Covered 100% up to \$100,000 per person. Subject to a combined \$5,000,000 limit per any one covered event for all people covered under the plan.
Accidental death and dismemberment	Maximum benefit up to \$10,000 per coverage year



1 GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association. Coverage is not available in all states. Some restrictions apply.
 2 Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member’s health plan.
 3 These medical expenses are limited and are subject to limitations and exclusions. See full certificate of insurance for a full description of services and coverage of what is and isn’t covered.
 4 The Political, Military and Natural Disaster Evacuation Services (PEND) are provided through Crisis24, an independent third party, non-affiliated service provider. Crisis24 does not supply Blue Cross or Blue Shield products or other benefits, and is therefore solely responsible for PEND and other collateral services it provides. GeoBlue makes no warranty, express or implied, and accepts no responsibility resulting from the provision or use of Crisis24 PEND or other Crisis24 services.



Designed with you in mind

Offering you healthy support and easy-to-use benefits to help you stay focused on your education and your future.

Gallagher Student Health & Special Risk Complements

Exclusively from Gallagher Student Health & Special Risk, the following menu of products is provided to all students currently enrolled in this Plan. For more information on all of the products & services listed below, visit your school's page at www.gallagherstudent.com/UOP and click on "Program Enhancements" under the "Plan Details" section.

EyeMed Vision Care

The discount vision plan is available through EyeMed Vision Care. EyeMed's provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts off laser correction surgery at some of the nation's most highly-qualified laser correction surgeons. You can take advantage of the savings immediately using your EyeMed ID card, which can be printed from the "Program Enhancements" under the "Plan Details" section on your school's page at www.gallagherstudent.com/UOP.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services at reduced costs for students enrolled in a Gallagher Student Health & Special Risk Insurance Plan. It is important to understand the Dental Savings Program is not dental insurance. Basix contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health & Special Risk plan.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:

Find a contracted dentist from the Basix website.

Make an appointment with a contracted dentist- be sure to tell the dental office that you have access to the Basix Dental Savings program. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility.

Payment must be made at the time of service in order to receive the negotiated rate. Full details of the program including lists of contracted dentists and fee schedules can found at <http://www.basixstudent.com>.

SilverCloud

Gallagher Student Health now gives you access to SilverCloud, an online behavioral health platform that provides behavioral health care and support for enrolled students. The platform delivers clinically proven, evidenced-based content, programs, and support for depression, anxiety, and stress. To learn more about your plan enhancements, visit www.gallagherstudent.com. Select your school's page and then click on the "Program Enhancements" under the "Plan Details" section.

Notes

- › This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).
- › In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.
- › All medical services subject to a coinsurance are also subject to the annual medical deductible.
- › Annual Out-of-Pocket Maximums includes deductible, copays, coinsurance and prescription drug.
- › In network and out of network deductible and out of pocket maximum are exclusive of each other.
- › For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.
- › Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.
- › For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.
- › If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- › If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- › Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- › Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense.
- › Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.
- › If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- › Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.
- › Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.
- › Skilled Nursing Facility day limit does not apply to mental health and substance abuse.
- › Respite Care limited to 5 consecutive days per admission.
- › Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.
- › Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense.
- › When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug

maximum allowed amount. Members will pay upfront and submit a claim form.

- › Supply limits for certain drugs may be different, go to Anthem website or call customer service.
- › Certain drugs require pre-authorization approval to obtain coverage.
- › This plan includes custom benefits that may supersede some of the information included in the Limitations and Exclusions list provided here. Please see your EOC for full details on your covered benefits.
- › For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_SH_PPO



If you have
questions, call
1-800-888-2108
or visit us at
[www.anthem.com/
studentadvantage.](http://www.anthem.com/studentadvantage)

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