Your 2022-2023 plan overview

Missouri University of Science & Technology
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 Student Health Services, or;
› Access an Anthem in-network provider at 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 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)

<table>
<thead>
<tr>
<th>Session</th>
<th>Enrollment Deadline</th>
<th>Student</th>
<th>Student &amp; Spouse</th>
<th>Student &amp; Child(ren)</th>
<th>Student, Spouse &amp; Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8/1/2022 - 7/31/2023</td>
<td>9/6/2022</td>
<td>$2,508</td>
<td>$5,016</td>
<td>$5,016</td>
<td>$7,524</td>
</tr>
<tr>
<td>Fall</td>
<td></td>
<td>$1,051</td>
<td>$2,102</td>
<td>$2,102</td>
<td>$3,153</td>
</tr>
<tr>
<td>8/1/2022 - 12/31/2022</td>
<td>9/6/2022</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Spring/Summer</td>
<td>1/1/2023 - 7/31/2023</td>
<td>2/7/2023</td>
<td>$1,457</td>
<td>$2,914</td>
<td>$2,914</td>
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<tr>
<td></td>
<td>Rates and Benefits are pending Missouri Department of Insurance approval.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

## What's covered

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Cost if you use an In-Network Provider</th>
<th>Cost if you use an Out-of-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$400 per person</td>
<td>$800 per person</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$7,500 student / $15,000 family</td>
<td>Unlimited student / Unlimited family</td>
</tr>
<tr>
<td>Primary care doctor visits</td>
<td>$20 copay per visit; 20% coinsurance after deductible is met</td>
<td>50% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Preventive care screenings &amp; immunizations</td>
<td>No charge</td>
<td>30% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Specialist care visits</td>
<td>$40 copay per visit; 20% coinsurance after deductible is met</td>
<td>50% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Urgent care</td>
<td>20% coinsurance after deductible is met</td>
<td>50% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Emergency room facility services</td>
<td>$200 copay per visit; 20% coinsurance after deductible is met</td>
<td>Covered as In-Network</td>
</tr>
<tr>
<td>Emergency room doctor and other services</td>
<td></td>
<td>Covered as In-Network</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1: $15 copay per prescription (retail only). $30 copay per prescription (home delivery only).</td>
<td>Tier 1: $15 copay per prescription (retail only).</td>
<td></td>
</tr>
<tr>
<td>Tier 2: $40 copay per prescription (retail only). $80 copay per prescription (home delivery only).</td>
<td>Tier 2: $40 copay per prescription (retail only).</td>
<td></td>
</tr>
<tr>
<td>Tier 3: $65 copay per prescription (retail only). $130 copay per prescription (home delivery only).</td>
<td>Tier 3: $65 copay per prescription (retail only).</td>
<td></td>
</tr>
<tr>
<td>Tier 4: $100 copay per prescription (retail only). $100 copay per prescription (home delivery only).</td>
<td>Tier 4: $100 copay per prescription (retail only).</td>
<td></td>
</tr>
</tbody>
</table>

## Important contacts

- **Customer Service**: 1-833-332-0798
- **Find a doctor**: [anthem.com/find-care/](http://anthem.com/find-care/)
- **Emergency travel services**: 1-833-511-4763
- **Anthem Student Advantage Website**: [student.anthem.com/welcome](http://student.anthem.com/welcome)