



# University Of California

International Programs – UC Extension

# 2025 Plan Benefits Summary



**Anthem Blue Cross Life and Health Insurance  
Company Policy Number: L09894**

This Plan Benefits Summary is a condensed listing of the benefits, highlighting benefit terms and conditions, copay amounts, and any applicable benefit maximum amounts.

After you have enrolled in the plan, a Summary of Benefits (SB) is available to you through Anthem Blue Cross Life and Health Insurance Company. The Summary of Benefits explains the details of your health care benefits, policies, and procedures; any exclusions and limitations to your coverage; and what costs you will have to pay. Please refer to your SB for full details about your particular plan, including more details for any references in this document to “What Is Covered” and “What Is Not Covered.”

Subject to Insurance Department approval. The information contained in this summary is accurate at the time of publication, but may change in accordance with state and federal insurance regulations during the course of the policy year. The most current version of this document will be posted online at the website listed. In the case of a discrepancy between two versions of the summary, the most recent will apply.

## ELIGIBILITY & ENROLLMENT

For questions about enrollment or to update contact information, such as a change of address, please contact your UC Extension International Student Office (ISO), not Anthem or Gallagher Student Health & Special Risk.

To be eligible for enrollment in the Policy, you must be one of the following:

- A student, visiting faculty, scholar, or other person with a current passport and non-immigrant visa temporarily located outside your home country or country of residence who has not been granted permanent residency status in the United States while engaged in educational activities through UC Extension English Language and International Education Programs.
- A student, visiting faculty, scholar, or other person who is a U.S. citizen by birth but resides permanently abroad who is engaged in educational activities through UC Extension English Language and International Education Programs.

You are required to be insured under the policy, but the university may grant a waiver to people already insured under other government- or embassy-sponsored plans.

Coverage is available up to 30 days prior to the start of your program. Continuation coverage is available between programs and up to eight (8) weeks after your program ends provided that you are lawfully allowed to remain in the U.S. program.

If you withdraw from school within the first 31 days of a coverage period, or the entire coverage period, whichever is the lesser, you will not be covered under the Policy. There are no premium refunds. Please contact your UC Extension ISO with any questions. Exception: A Covered Person entering the armed forces of any country will not be covered under the Policy as of the date of such entry.

Students engaged in Optional Practical Training (OPT) or Curricular Practical Training (CPT) can also be covered by the policy, provided:

- the student's OPT/CPT immediately follows a course of study; and
- the student's OPT/CPT is no longer than 12 months in duration. Contact your UC Extension ISO.

Covered students may also enroll their lawful spouse, domestic partner, and their dependent children under age of 26. Eligible dependents must be enrolled on the date the student enrolls or within 31 days of birth, adoption, marriage, arrival in the U.S., or termination of other coverage (proof of date may be requested). Students who wish to enroll their eligible dependents must contact your school. Enrollment and full premium payment for all newly acquired dependents (spouse and/or children) must be submitted within 31 days of the attainment of such dependents. Otherwise, enrollment cannot be accepted after the Enrollment Deadline.

## WEBPAGES

For more information, you may visit your school's webpage at [www.jcbins.com](http://www.jcbins.com) (search with appropriate name).

### SCHOOL

UC Berkeley Extension

UCD Continuing & Professional Education Extension

UC Irvine Division of Continuing Education Extension

UC Los Angeles Extension

UC Riverside Extension

UC San Diego Extended Studies

UC Santa Barbara Extension



UC Santa Cruz Extension

## ANTHEM WEBSITE

To create a member account and access your Insurance ID card, visit the Anthem Website at [www.anthem.com/ca/register](http://www.anthem.com/ca/register).

To register, enter your first name, last name, school-issued student ID and date of birth. Please note that the first name is limited to 16 characters and last name to 12 characters.

## SYDNEY HEALTH MOBILE APP

The Sydney Health app through Anthem gives you instant access to your benefits, a digital ID card, and much more. To access your benefits, download the app from the  or  and create your account.

## ID CARD

To download your permanent insurance ID card, visit the Anthem Website or download the Sydney Health Mobile App. If you need to seek treatment before your member ID card is available, call Anthem Blue Cross at **(800) 888-2108**. If you are not in Anthem's system, call Gallagher Student Health & Special Risk at **(866)-978-7578** to confirm enrollment.

**Carry your ID card with you at all times!** You will need your card when you visit the Student Health Center (SHC), if applicable, doctor's office, urgent care, or hospital.

## SEEKING MEDICAL CARE & FILING A CLAIM

If you experience an Injury or Sickness:

- You should go to the Student Health Center (SHC) first, if available (see chart at right), where the staff will either treat you or refer you to an off-campus provider.
- If you need to seek medical treatment off-campus, using PPO providers that are part of the **Anthem Blue Cross Prudent Buyer PPO** network could decrease your costs. For a complete listing of PPO physicians, hospitals, and other facilities, visit [www.anthem.com/ca/find-care/](http://www.anthem.com/ca/find-care/) or call **(800) 888-2108**.
- In case of an Emergency, go to the nearest hospital or call **911**.
- If it is not an Emergency but you need to seek medical treatment right away, using an Urgent Care Center instead of a Hospital ER may decrease your out-of-pocket expenses.
- After you receive treatment at a PPO provider, your provider will usually submit a claim to the insurance company. You will receive an Explanation of Benefits from Anthem, detailing what the insurance paid and what is your responsibility to pay. If you have questions about your Explanation of Benefits or what is your responsibility to pay, please call **(800) 888-2108**. **Do not ignore any medical bills you receive.**
- If the Provider does not file the claim directly with Anthem Student Advantage, then you can file the claim by submitting an Anthem Claim Form along with itemized bill and proof of payment, if you paid for the services after treatment. Prior to submitting your member claim form and itemized bill, you should make copies of the documents for your own records and attach the original bills to the completed member claim form. The member claim form and claim submission instructions can be found online at [www.anthem.com/ca](http://www.anthem.com/ca).

## STUDENT HEALTH CENTERS (SHC)

Student Health Centers (SHC) offer a wide range of medical treatment at a reduced cost to students. The Deductible is waived if you first utilize and/or are referred by the approved student health center. Please note that the Deductible will not be waived for students who do not have access to a student health center or for dependents, as dependents do not have access to the student health centers.

If you have access to your student health center (see chart below), seek medical care at the SHC before seeking medical care off campus whenever possible. You may be charged a visit fee, which must be paid at the time of service, or you may need to pay up front for services and then submit a claim for reimbursement. In this case, you will need to request an itemized billing statement and submit it with your claim.

If you don't have access to your campus health center, seek treatment from Anthem preferred providers off campus whenever possible.

SCHOOL	AVAILABLE TO STUDENT
UC Berkeley Extension	No
UCD Continuing & Professional Education Extension	See Below*
UC Irvine Division of Continuing Education Extension	No
UC Los Angeles Extension	See Below**
UC Riverside Extension	Yes
UC San Diego Extended Studies	Yes
UC Santa Barbara Extension	Yes
UC Santa Cruz Extension	No

\* Global Study Program students may visit the SHC for treatment; students from all other International Extension programs must seek care off-campus.

\*\*UCLA Extension students may seek treatment at the Ronald Reagan UCLA Medical Center only, not the UCLA student health center.

## PRECERTIFICATION

Your Plan requires precertification for select services (see the Schedule of Benefits). Precertification requires you to call Anthem before services are rendered prior to treatment to get approval for a medical procedure or service or after an emergency admission. Precertification may be done by you, your doctor, the hospital, or one of your relatives. Requests for certification must be obtained by contacting Anthem Student Advantage at **(800) 888-2108**.

## GLOBAL EMERGENCY SERVICES

The following services are not part of the Plan underwritten by Anthem Blue Cross Life and Health Insurance Company. These value-added options are provided by Gallagher Student Health & Special Risk, in partnership with GeoBlue®.

You are covered for emergency health situations when travelling abroad. With our 24/7 help center and international network of doctor advisors, you have the right support and services when you need them through GeoBlue®. Services include but are not limited to emergency medical evacuation, repatriation of remains, emergency trauma counseling, interpreters and a full range of services to help students through any difficulty away from home. All services must be arranged and provided by GeoBlue®.

If you require medical assistance and are more than 100 miles from your permanent residence or campus or are in another country, call the GeoBlue Global Health & Safety Team at **+1 (833) 511-4763**. You may find more detailed information at [www.jcbins.com](http://www.jcbins.com) by clicking the Travel Assistance icon in the USE YOUR INSURANCE section on your school's web page.

## SCHEDULE OF BENEFITS

The following is a condensed description of the benefits available under the Plan. Please see the Summary of Benefits for a more complete explanation of benefits and limitations.

**Referral Requirement:** A referral is not required before being able to seek treatment from an off-campus provider. However, the Policy Year Deductible will be waived when treatment is rendered at the student health center, if applicable, first and when referred to an off-campus provider by the student health center. All non-students (i.e. dependents, visiting scholars) are not eligible to utilize the services of the student health center and are therefore not eligible to waive the Deductible.

The Company will pay for the Covered Expenses listed below. Benefits listed below are subject to Coinsurance, Out-of-Pocket Limit, and the listed PPO Plan type limits. Benefits are subject to Deductible unless otherwise noted in the Schedule of Benefits.

COVERED MEDICAL BENEFITS	ANTHEM BLUE CROSS PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Maximum Benefit</b>	Unlimited, except as noted	
<b>Deductible (per person, per policy year)</b>	\$100	\$200
<b>Out-of-Pocket Maximum</b>	\$6,350 per person/ \$12,700 per family, per policy year	
<b>Preventive Care Benefit</b> Includes routine screenings/ immunizations.	100% of the Maximum Allowed Amount (deductible does not apply)	50% of the Maximum Allowed Amount

## PREFERRED PROVIDER ORGANIZATION

This International Student Health Insurance Plan includes access to the Anthem Blue Cross Prudent Buyer Plan (PPO) network of Hospitals and Physicians. Insured Persons will lower their out-of-pocket expenses by utilizing the Anthem Blue Cross Prudent Buyer PPO network. Network access provides benefits nationwide for Covered Medical Expenses incurred at 100% of the Maximum Allowed Amount when treated by Participating Providers. Worldwide coverage is limited to emergency, emergency ambulance, and urgent care services only. Benefits are provided worldwide for Covered Medical Expenses incurred at 50% of the Maximum Allowed Amount when treated by Non-Participating Providers, except as specified in the Summary of Benefits. For a complete listing of the PPO Hospitals, Physicians or facilities, visit [www.anthem.com/ca/find-care/](http://www.anthem.com/ca/find-care/) or call **(800) 888-2108**.

Please see the Seeking Medical Care & Filing a Claim section for additional information for submitting claims. Non-Participating Providers may render services at In-Network Hospitals and facilities.

If a service or supply that a covered person needs is covered under the Plan but not available from a Preferred Care Provider, covered persons should contact Anthem for assistance at the toll-free number on the back of the ID card. In this situation, Anthem may issue a pre-approval for a covered person to obtain the service or supply from a Non-Preferred Care Provider. When a pre-approval is issued by Anthem, covered medical expenses are reimbursed at the Preferred Care network level of benefits.

COVERED MEDICAL BENEFITS	ANTHEM BLUE CROSS PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Hospital Stay</b> Includes maternity, mental/ behavioral health, and substance abuse.	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Skilled Nursing Care (in a facility)</b> Precertification is required.	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Prenatal and Postnatal Care</b>	100% of the Maximum Allowed Amount (deductible does not apply)	50% of the Maximum Allowed Amount
<b>Doctor Home and Office Services</b> Includes primary and specialist care visits.	100% of the Maximum Allowed Amount (deductible does not apply)	50% of the Maximum Allowed Amount
<b>Diagnostic Services</b> Includes lab, X-ray and advanced diagnostic imaging (i.e., MRI/PET/CAT scans).	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Emergency Room Facility Services</b> The ER Physician charge may be separate.	\$75 copay per visit medical deductible does not apply	Covered same as In-Network
<b>Urgent Care (office setting)</b>	100% of the Maximum Allowed Amount (deductible does not apply)	50% of the Maximum Allowed Amount
<b>Emergency Ambulance (air and ground)</b>	100% of the Maximum Allowed Amount	Covered same as In-Network
<b>Outpatient Mental / Behavioral Health &amp; Substance Abuse</b>	100% of the Maximum Allowed Amount (deductible does not apply for office visits)	Covered same as In-Network
<b>Outpatient Surgery</b>	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Other Practitioner Visits</b> Includes retail health clinic, on-line visits, chiropractic services (limits apply) and acupuncture.	100% of the Maximum Allowed Amount (deductible does not apply)	50% of the Maximum Allowed Amount
<b>Other Services in an Office</b> Includes allergy testing, chemo/ radiation therapy, hemodialysis and prescription drugs dispensed in the office thru infusion/injection.	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Recovery &amp; Rehabilitation – Home Health Care</b>	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Rehabilitation &amp; Habilitation Services</b> Includes physical / speech/ occupational therapy in an office or outpatient hospital.	100% of the Maximum Allowed Amount (deductible does not apply for office visits)	50% of the Maximum Allowed Amount
<b>Durable Medical Equipment</b>	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount
<b>Prosthetic Devices</b>	100% of the Maximum Allowed Amount	50% of the Maximum Allowed Amount

COVERED VISION & DENTAL BENEFITS	ANTHEM BLUE CROSS PPO PROVIDER	OUT-OF-NETWORK PROVIDER
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**Children’s Vision Essential Health Benefits**  
Limited to covered persons under the age of 19. Includes one exam/fitting, frames, single vision lenses and contact lenses per year.

See Summary of Benefits for details

COVERED VISION & DENTAL BENEFITS	ANTHEM BLUE CROSS PPO PROVIDER	OUT-OF-NETWORK PROVIDER
<b>Children's Dental Essential Health Benefits</b> Limited to covered persons under the age of 1		See Summary of Benefits for details

COVERED PRESCRIPTION DRUG BENEFIT	ANTHEM BLUE CROSS PPO PROVIDER	OUT-OF-NETWORK PROVIDER
This plan uses a Traditional Drug List. Drugs not on the list are not covered. Covers up to a 30 day supply at a retail pharmacy (In-Network and Out-of-Network) Covers up to 90 day supply using the home delivery program (In-Network only)	Generic: \$10 copay Preferred/Brand: \$35 copay Non-Preferred & Specialty: \$50 copay (deductible does not apply)	50% of the Maximum Allowed Amount up to \$250 per prescription (retail only)

Anthem Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

- (Arabic)**  
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