

2022-2023



California State University, Long Beach Student Health Insurance Plan

www.studentsatanthem.com

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. If you would like more details about your coverage and costs, you can get the complete terms in the policy or plan document online at www.anthem.com/ca.

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**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



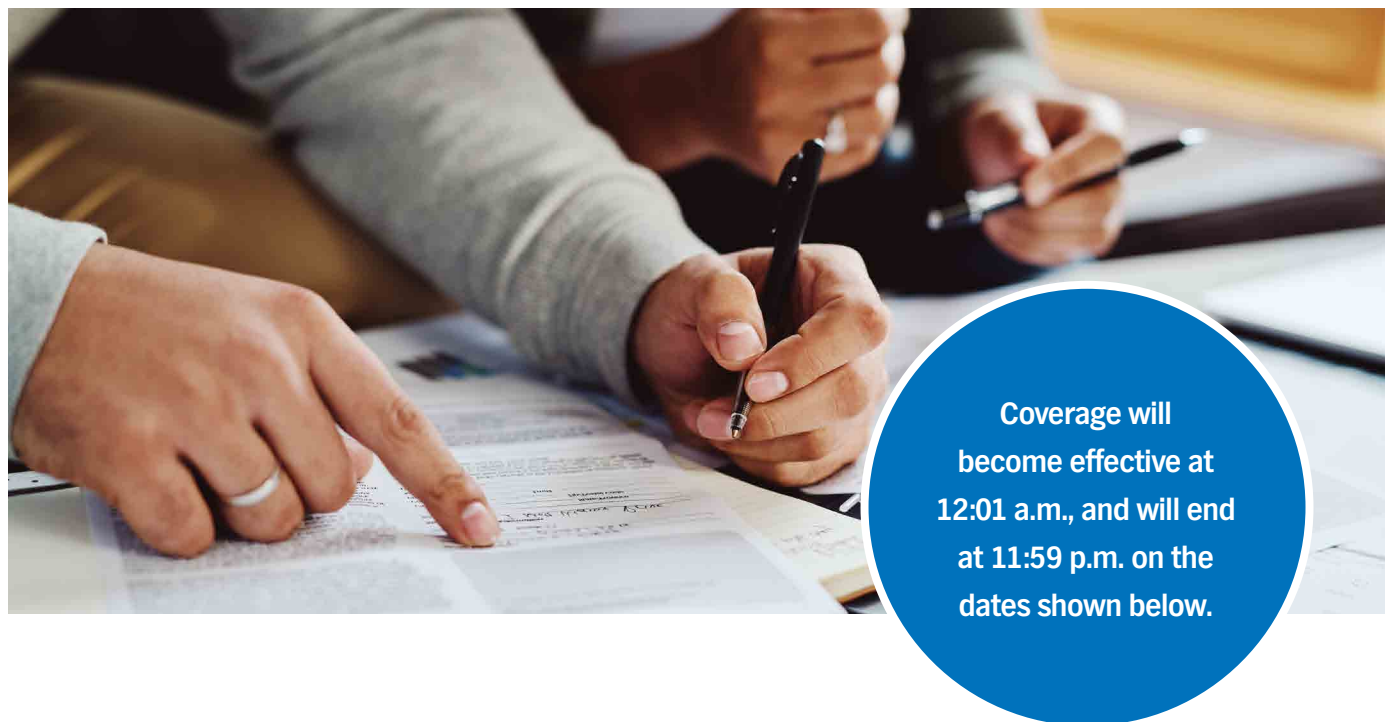
Who is eligible?

- › All registered International students or scholars enrolled on the main campus are required to purchase this insurance plan.
- › A person who is an immigrant, permanent resident alien or U.S. Citizen is not eligible for coverage.
- › Students must actively attend classes on campus for the first 45 consecutive days after the effective date, except for school-authorized breaks.
- › A once per lifetime medical withdrawal exception may be granted to students on school-approved medical leave during the first 31 days of coverage.
- › All refund requests must be sent to the University who will confirm non-student status with JCB, and submit the refund request on behalf of the student. Only refunds submitted by the University before

the refund deadline will be considered. Credit card refunds must be requested and processed within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will be processed back to the original form of payment only, no exceptions. All refunds will be assessed a \$35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. Pro-rated/partial refunds are not allowed. NOTE: You can check to see if your refund has been processed by logging in to your JCB account.

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

Coverage periods and rates



International

Sessions	Annual	Fall	Spring/Summer
Session Start Date	8/10/2022	8/10/2022	1/10/2023
Session End Date	8/9/2023	1/9/2023	8/9/2023
Total Student Rate	\$1,327	\$572	\$781

Exchange

Sessions	Annual	Fall	Spring/Summer	Spring (Exchange)
Session Start Date	8/10/2022	8/10/2022	1/10/2023	1/10/2023
Session End Date	8/9/2023	1/9/2023	8/9/2023	6/9/2023
Total Student Rate	\$1,327	\$572	\$781	\$564

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

OPT

Sessions	OPT 1	OPT 2	OPT 3	OPT 3 Fall Grad	OPT 4
Session Start Date	8/10/2022	11/8/2022	2/10/2023	1/10/2023	5/10/2023
Session End Date	11/07/2022	2/9/2023	5/9/2023	5/9/2023	8/9/2023
Total Student Rate	\$422	\$436	\$418	\$529	\$429

American Language Institute ALI

Sessions	Fall MBA Prep	Fall IEP	Fall Prep	Short Term Winter Language & Culture 2023	Spring MBA Prep	Short Term Spring
Session Start Date	8/18/2022	8/18/2022	10/23/2022	1/4/2023	1/19/2023	2/18/2023
Session End Date	1/18/2023	1/18/2023	1/18/2023	1/18/2023	5/17/2023	3/5/2023
Total Student Rate	\$576	\$576	\$338	\$77	\$450	\$80.24

ALI continued

Sessions	Spring IEP	Spring IEP (SAF Abroad)	Spring Prep	Summer IEP	Short Term: Summer 1	Short Term: Summer 2
Session Start Date	1/19/2023	1/19/2023	3/27/2023	5/18/2023	7/3/2023	7/24/2023
Session End Date	5/17/2023	5/17/2023	5/17/2023	8/17/2023	7/23/2023	8/17/2023
Total Student Rate	\$450	\$450	\$208	\$353	\$76	\$90

SA@B

Sessions	Fall	Spring	Summer I	Summer II	Summer III
Session Start Date	8/14/2022	1/1/2023	5/20/2023	5/20/2023	7/2/2023
Session End Date	12/31/2022	5/19/2023	7/1/2023	8/13/2023	8/13/2023
Total Student Rate	\$524.44	\$519.56	\$176.02	\$330.79	\$176.77

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

*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



Eligibility and enrollment questions

www.jcbins.com

1-562-263-5180



Student Health Center

California State University, Long Beach

Student Health Services

1250 Bellflower Blvd. Long Beach, CA 90840

1-562-985-4771

web.csulb.edu/divisions/students/shs/



Claims and coverage

1-800-888-2108

Anthem Blue Cross Life and Health Insurance Company

P.O. Box 60007

Los Angeles, CA 90060-0007

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 Care 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.



Anthem Student Advantage CSULB website

Use www.studentsatanthem.com to see your health plan information, including providers, benefits, claims, covered drugs and more.



ID Cards

To download your ID card, please access the Sydney app. You can also log onto anthem.com/ca to register and view your ID card.



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, and remind you about scheduling important screenings and exams, and more.



Provider finder

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



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 livehealthonline.com. You can also download the free LiveHealth Online app to sign up.

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



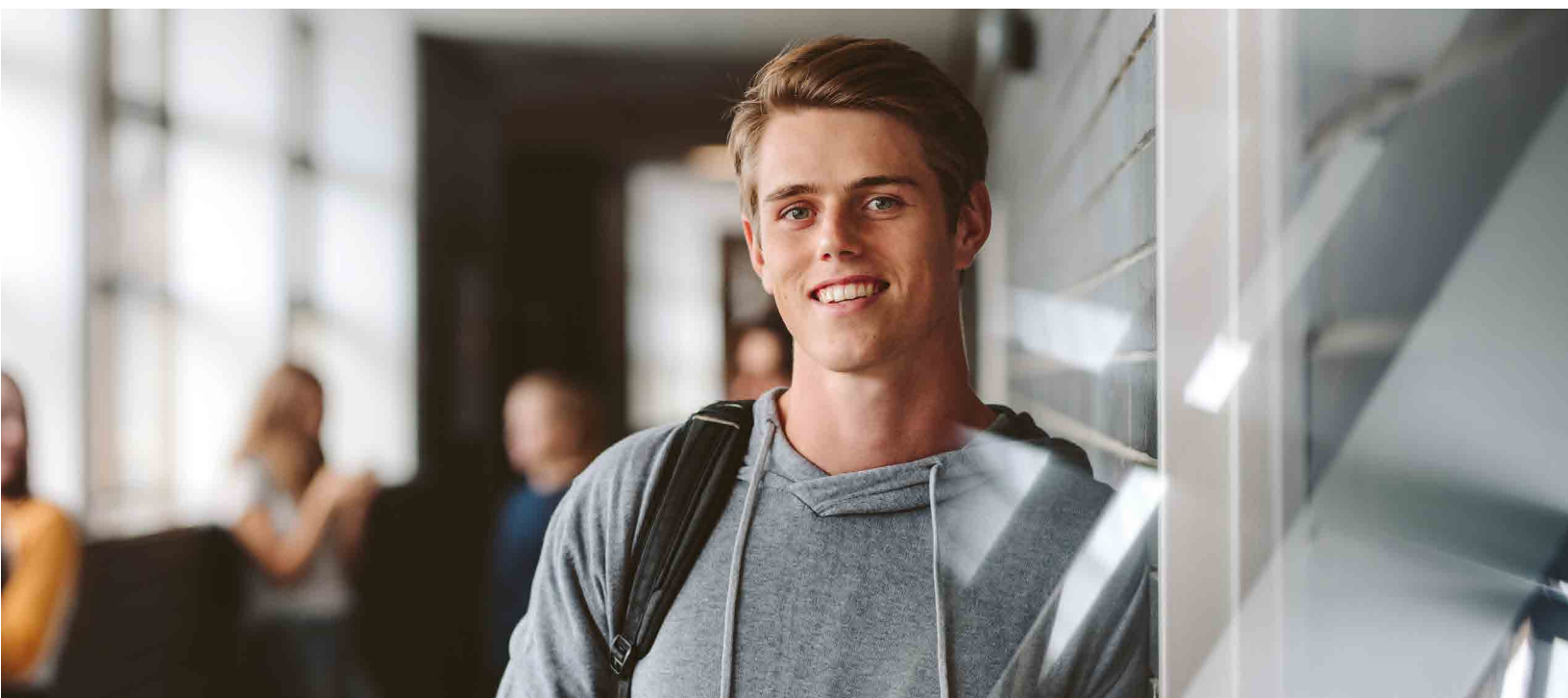
This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence 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 a Non-Network Provider
Overall Deductible		
See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.	\$150 per member	\$150 per member
Out-of-Pocket Limit		
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.	\$6,150 per member	\$6,150 per member
Preventive care/screening/immunization		
In-network preventive care is not subject to deductible, if your plan has a deductible.	No charge	25% coinsurance
Doctor Home and Office Services		
Primary care visit to treat an injury or illness Deductible does not apply to In-Network providers.	\$20 copay per visit	25% coinsurance
Specialist care visit Deductible does not apply to In-Network providers.	\$20 copay per visit	25% coinsurance
Other practitioner visits:		
Retail health clinic Deductible does not apply to In-Network providers.	\$20 copay per visit	25% coinsurance
LiveHealth Online Deductible does not apply to In-Network providers.	No charge	Not covered
Chiropractor services Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period. Deductible does not apply to In-Network providers.	\$20 copay per visit	25% coinsurance
Acupuncture Deductible does not apply to In-Network providers.	\$20 copay per visit	25% coinsurance

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other services in an office:		
Allergy testing	10% coinsurance	25% coinsurance
Chemo/radiation therapy	10% coinsurance	25% coinsurance
Hemodialysis	10% coinsurance	25% coinsurance
Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection</i>	10% coinsurance	25% coinsurance
Diagnostic Services		
Lab:		
Office	10% coinsurance	25% coinsurance
Freestanding Lab	10% coinsurance	25% coinsurance
Outpatient Hospital	10% coinsurance	25% coinsurance
X-ray:		
Office	10% coinsurance	25% coinsurance
Freestanding Radiology Center	10% coinsurance	25% coinsurance
Outpatient Hospital	10% coinsurance	25% coinsurance
Advanced diagnostic imaging (for example, MRI/PET/CAT scans):		
Office	10% coinsurance	25% coinsurance
Freestanding Radiology Center	10% coinsurance	25% coinsurance
Outpatient Hospital	10% coinsurance	25% 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. Copay waived if admitted.</i>	\$150 copay per admission and then 10% coinsurance	Covered as In-Network
Emergency room doctor and other services	10% coinsurance	Covered as In-Network
Emergency Ambulance Transportation	10% coinsurance	Covered as In-Network
Urgent Care (office setting) <i>Deductible does not apply to In-Network providers.</i>	\$20 copay per visit	25% coinsurance

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-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	25% coinsurance
Facility visit: Facility fees	10% coinsurance	25% coinsurance
Outpatient Surgery		
Facility fees: Hospital	10% coinsurance	25% coinsurance
Freestanding Surgical Center	10% coinsurance	25% coinsurance
Doctor and other services <i>Precertification is required for some services.</i>	10% coinsurance	25% coinsurance
Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)		
Facility fees (for example, room & board) <i>Precertification is required.</i>	10% coinsurance	25% coinsurance
Doctor and other services	10% coinsurance	25% coinsurance
Recovery & Rehabilitation		
Home health care <i>Precertification is required. Coverage for In-Network Provider and Non-Network Provider combined is limited to 100 visits per benefit period.</i>	10% coinsurance	25% coinsurance
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office	10% coinsurance	25% coinsurance
Outpatient hospital	10% coinsurance	25% coinsurance
Habilitation services	10% coinsurance	25% coinsurance
Cardiac rehabilitation		
Office	10% coinsurance	25% coinsurance
Outpatient hospital	10% coinsurance	25% 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>	10% coinsurance	25% coinsurance
Hospice <i>Precertification is required. Deductible does not apply to In-Network providers.</i>	No charge	25% coinsurance
Durable Medical Equipment	10% coinsurance	25% coinsurance
Prosthetic Devices	10% coinsurance	25% coinsurance



Pharmacy

Covered Prescription Drug Benefits	Cost if you use Student Health Center	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	\$0	\$0	\$0
Pharmacy Out of Pocket	Combined with medical out of pocket	Combined with medical out of pocket	Combined with medical out of pocket
Prescription Drug Coverage <i>This plan uses the traditional formulary List. Drugs not on the list are not covered.</i>			
Tier1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days.</i>	Tier 1 - 10% coinsurance up to \$100 per prescription (retail)	Tier 1 - 50% coinsurance up to \$100 per prescription (retail and home delivery)	Tier 1 - 50% coinsurance up to \$250 per prescription (retail)
Tier2 - Typically Preferred / Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	Tier 2 - 10% coinsurance up to \$250 per prescription (retail)	Tier 2 - 50% coinsurance up to \$250 per prescription (retail and home delivery)	Tier 2 - 50% coinsurance up to \$250 per prescription (retail only)
Tier3 - Typically Non-Preferred / Specialty Drugs <i>Certain drugs require preauthorization approval to obtain coverage. Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	Tier 3 - 10% coinsurance up to \$250 per prescription (retail)	Tier 3 - 50% coinsurance up to \$250 per prescription (retail and home delivery)	Tier 3 - 50% coinsurance up to \$250 per prescription (retail only)
Tier4 - Typically Specialty Drugs <i>Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program. Covers up to a 30 day supply (retail pharmacy and home delivery program)</i>	Tier 4 - 10% coinsurance up to \$250 per prescription (retail)	Tier 4 - 50% coinsurance up to \$250 per prescription (retail and home delivery)	Tier 4 - 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 a Non-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





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 a Non-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>		
Children's Dental Essential Health Benefits <i>Limited to covered persons under the age of 19.</i>		
Diagnostic and preventive <i>Includes cleanings, exams, x-rays, sealants, fluoride.</i>	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

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 services²

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

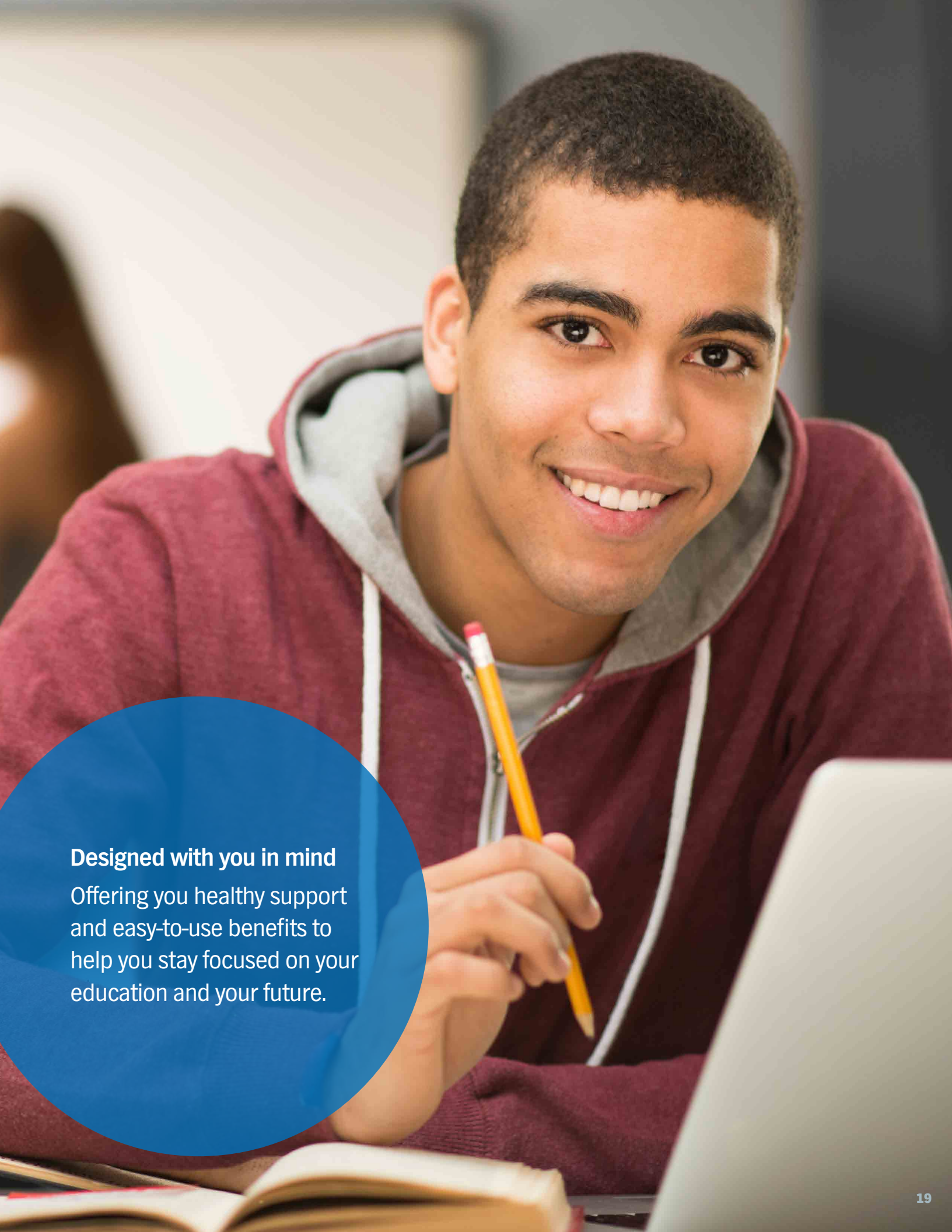


¹ GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life 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.

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.
- › The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- › 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.
- › If Medically Necessary Prescription Drugs cannot be obtained from the Student Health Center, they may be obtained from an In Network retail Pharmacy. You will pay no more than the same cost sharing that you would pay for those same Drugs obtained from the Student Health Center.
- › 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
studentsatanthem.com.

Anthem  | STUDENT ADVANTAGE

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