Indiana University
International Students and Visiting Scholars
Student Health Insurance Plan

www.anthem.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 and Blue Shield (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.
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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?

 › Indiana University requires all International Students, Intensive English Program Students (IEP & PIE), and Visiting Scholars to be enrolled in the International Student Insurance Plan. International students required to enroll in the plan are automatically enrolled in and billed for the premium through their bursar account.

Coverage is available for dependents too

Eligible students automatically enrolled and scholars enrolling online may also insure their dependents. This includes a spouse and children under the age of 26. Dependent eligibility is effective and expires concurrently with that of the insured student or scholar. There are two open enrollment periods to enroll a dependent at the start of the fall semester and also the spring semester. In the case of a life event change, if the enrollment form is submitted within 30 days of the qualifying event, coverage will be backdated and begin on the date of the qualifying event. If the deadline has passed, your dependents may not enroll until the next coverage period, unless there has been a significant life change (i.e., marriage, birth, loss of prior coverage).

Here is how it works:

 › To enroll the dependent(s) of covered International Students/Scholars, please complete the Enrollment Form available online on the University Health Plans website.

For information about costs and dates of coverage, please visit the Human Resources > Benefits page on the Indiana University website.
Keep in touch with your benefits information

Student Health Center
BLOOMINGTON CAMPUS
IUB Student Health Center
600 N. Jordan Avenue
Bloomington, IN 47405

Phone Numbers:
- Information: 1-812-855-4011
- Appointments: 1-812-855-7688
- Business Office: 1-812-855-2575
- Sexual Assault Crisis Service, 24-hour hotline: 1-812-855-8900
- Counseling and Psychological Services: 1-812-855-5711

Please call for current hours.
https://healthcenter.indiana.edu/

INDIANAPOLIS CAMPUS
IUPUI Campus Health
Coleman Hall, Room 100
1140 West Michigan Street
1-317-274-8214
Please call for current hours.

IUPUI CAMPUS CENTER
STUDENT HEALTH
Campus Center, Suite 213
420 University Blvd
1-317-274-2274
Please call for current hours.

In the event of an emergency, call 911 or the Campus Police at 1-317-247-7911.
https://health.iupui.edu/

Claims and coverage
1-844-412-0752
Anthem Blue Cross Life and Health Insurance Company
P.O. Box 105187
Atlanta, GA 30348-5187
1-844-412-0752

Benefits, eligibility and enrollment
University Health Plans
universityhealthplans.com

General information
Student Insurance Specialists
1-812-856-4650
studenhc@iu.edu
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 Blue Cross and Blue Shield, 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 Store℠ or Google Play™ 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
Use www.anthem.com/find-care/ to find the right doctor or facility close to where you are.

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.
³ LifeHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.
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

<table>
<thead>
<tr>
<th>Covered Medical Benefits</th>
<th>Cost if you use an In-Network Provider</th>
<th>Cost if you use a Non-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (Single/Family)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>Single/Family: $500 per person deductible</td>
<td>Single/Family: $750 per person deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limit (Single/Family)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single: $2,000 / Family: $4,000</td>
<td></td>
</tr>
<tr>
<td><strong>Indiana University Health Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$15 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Physician Home and Office Services (PCP/SCP)</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Office Visit to treat an injury or illness</td>
<td>$25 copay after deductible 50%</td>
<td></td>
</tr>
<tr>
<td>Specialist Care Office Visit</td>
<td>$25 copay after deductible 50%</td>
<td></td>
</tr>
<tr>
<td><strong>Other Services in an Office</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Including Office Surgeries and allergy serum:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy injections (PCP and SCP)</td>
<td>$25 copay after deductible 50%</td>
<td></td>
</tr>
<tr>
<td>Allergy testing</td>
<td>$25 copay after deductible 50%</td>
<td></td>
</tr>
<tr>
<td>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products</td>
<td>$20 copay after deductible 50%</td>
<td></td>
</tr>
</tbody>
</table>
## Covered Medical Benefits

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>Cost if you use an In-Network Provider</th>
<th>Cost if you use a Non-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening</td>
<td>No copayment/coinsurance</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Emergency and Urgent Care

| Emergency Room Services facility/other covered services (copayment waived if admitted) | $100 copay after deductible | $100 copay after deductible |
| Urgent Care Center Services | $50 copay after deductible | 50% |
| MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products | $20 copay after deductible |  |
| Allergy injections | $25 copay after deductible | 50% |
| Allergy testing | $20 copay after deductible | 50% |

### Inpatient and Outpatient Professional Services

| Include, but are not limited to: Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams | Inpatient: $25 copay after deductible | Outpatient: $50 copay after deductible |
| Inpatient Facility Services (Network/Non-Network combined) | $200 copay after deductible | 50% |

### Outpatient Surgery Hospital/Alternative Care Facility

| Surgery and administration of general anesthesia | $100 copay after deductible | 50% |

### Other Outpatient Services (including but not limited to):

| Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. | $20 copay after deductible | 50% |
| Home Care Services (Network/Non-Network combined) 100 visits (excludes IV Therapy) | $20 copay after deductible | 50% |
| Durable Medical Equipment, Orthotics and Prosthetics | 20% | 20% |
| Physical Medicine Therapy Day Rehabilitation programs | 20% | 20% |
| Hospice Care | $15 copay after deductible | 50% |
| Ambulance Services | 0% after deductible | 0% after deductible |
## Covered Medical Benefits

### Outpatient Therapy Services
(Combined Network & Non-Network limits apply)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Cost</th>
<th>Non-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Home and Office Visits (PCP/SCP)</td>
<td>$15 copay after deductible</td>
<td>50%</td>
</tr>
<tr>
<td>Other Outpatient Services @ Hospital/Alternative Care Facility</td>
<td>$25 copay after deductible (Cardiac Rehabilitation)</td>
<td>50%</td>
</tr>
</tbody>
</table>

Limits apply to:
- Physical therapy: 60 visits
- Occupational therapy: 60 Visits
- Manipulation therapy: 12 visits
- Speech therapy: 20 visits
- Cardiac Rehabilitation: unlimited
- Pulmonary Rehabilitation: unlimited

### Accidental Dental: $3,000 limit per accident
(Network and Non-Network combined)

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Cost</th>
<th>Non-Network Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility Services</td>
<td>$200 copay after deductible</td>
<td>50%</td>
</tr>
<tr>
<td>Physician Home and Office Visits (PCP/SCP)</td>
<td>$25/$25 copay after deductible</td>
<td>50%</td>
</tr>
<tr>
<td>Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional</td>
<td>$25/$25 copay after deductible</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Human Organ and Tissue Transplants

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition and transplant procedures, harvest and storage</td>
<td>20%</td>
</tr>
</tbody>
</table>

### Behavioral Health Services

#### Mental Illness and Substance Abuse

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Facility Services</td>
<td>$200 copay after deductible</td>
</tr>
<tr>
<td>Physician Home and Office Visits (PCP/SCP)</td>
<td>$25/$25 copay after deductible</td>
</tr>
<tr>
<td>Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional</td>
<td>$25/$25 copay after deductible</td>
</tr>
</tbody>
</table>

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1. We encourage you to review the Schedule of Benefits for limitations.
2. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
3. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
## Pharmacy

### Covered Prescription Drug Benefits

**Prescription Drug Options:** National Formulary  
**Network Tier structure equals 1/2/3**

<table>
<thead>
<tr>
<th>Service</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>Network Retail Pharmacies:</td>
<td>$10/$40/$60</td>
<td>50%(^3)</td>
</tr>
<tr>
<td>(30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes diabetic test strip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Delivery Service:</td>
<td>$20/$80/$120</td>
<td>Not covered</td>
</tr>
<tr>
<td>(90-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes diabetic test strip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days. Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.
› All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)

› Deductible(s) apply to covered medical services listed with a percentage(%) coinsurance, including 0% and to all listed with a copay.

› Dependent age: to end of the month which the child attains age 26

› Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.

› When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a% coinsurance or a copay, deductible and coinsurance apply to allergy injections. If billed separately, Network Allergy injections are subject to the Allergy Injection $25 copayment.

› Ambulance Non-network non-emergency use limited to $50,000 per benefit period.

› NCS (No Cost Share) means no deductible/co-payment/coinsurance up to the maximum allowable amount.

› PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.

› SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.

› Live Health Online (LHO) is covered at the PCP costshare.

› Benefit period = plan year

› Prosthetic limbs are unlimited and do not apply to a Plan Lifetime Maximum.

› Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.

› Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

› Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are no deductible/coinsurance up to the maximum allowable amount.

› Private Duty Nursing - limited to 35 visits per plan year.

› Elective abortions are covered unless otherwise noted in your Certificate of Coverage.
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.
Access help in your language

If you have any questions about this document, you have the right to help and information in your language at no cost. To talk to an interpreter, call 1-855-330-1098.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card. (TTY/TDD: 711)

It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. If you are interested in these services, call the Customer Service number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
If you have questions, visit the University Health Plans website or www.anthem.com.