

2022-2023



California State University, Fresno 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 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/ca.

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A close-up photograph of a young Black woman with voluminous, curly dark hair. She is smiling warmly at the camera, showing her teeth. She is wearing a teal-colored short-sleeved shirt. The background is blurred, showing other people in a similar setting, possibly a classroom or a group activity. A large teal circle is overlaid on the bottom left of the image, containing white text.

**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?

Insurance will be automatically billed to the Fresno State student accounts for all International and American English Institute Students. Fresno State Scholars and OPT students may purchase coverage online at www.jcbins.com.

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 31 consecutive days after the effective date, except for school-authorized breaks.

Remote courses such as home study, correspondence, and online courses do not fulfill this requirement.

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



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

Coverage Dates and Cost for International Students and Scholars*

Session	Student
Fall 8/9/2022 - 1/8/2023	\$676.20
Spring/Summer 1/9/2023 - 8/8/2023	\$925.80

Coverage Dates and Cost for OPT Students*

Session	Student
Fall 8/9/2022 - 1/8/2023	\$681.20
Spring 1/9/2023 - 5/31/2023	\$638.20
Summer 6/1/2023 - 8/8/2023	\$317.60

*Cost of coverage includes insurance premiums and fees payable to JCB Insurance Solutions.

*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

<https://jcbins.com/>

1-559-490-3661



Student Health and Counseling Center

California State University, Fresno

5044 N. Barton Avenue M/S HC81

Fresno, CA 93740

1-559-278-2734

<http://www.fresnostate.edu/studentaffairs/health/about-us/index.html>



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 CSU Fresno website

Use www.anthem.com/studentadvantageca 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 www.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

Anthem Blue Cross

Student health insurance plan:
California State University, Fresno

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.

This benefit summary is not to be distributed without also providing access to the applicable Anthem enrollment brochure.

The deductible and copays will be waived and benefits will be paid at 100% for covered medical expenses incurred when treatment is rendered at the Student Health Center.

Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-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.	None	\$250 student
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.	\$2,500 student	No maximum
Preventive Care / Screening / Immunization		
In-Network preventive care is not subject to deductible, if your plan has a deductible.	No charge	50% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit	\$20 copay per visit	\$40 copay per visit, 50% coinsurance after deductible is met
Specialist Care Visit	\$20 copay per visit	\$40 copay per visit, 50% coinsurance after deductible is met
Prenatal and Post-natal Care.	No charge	50% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	\$20 copay per visit	\$40 copay per visit, 50% coinsurance after deductible is met
Preferred On-line Visit Includes Mental/Behavioral Health and Substance Abuse	\$20 copay per visit	\$40 copay per visit, 50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Manipulation Therapy <i>Unlimited visits. Initial coverage is limited to 50 visits per benefit period. Thereafter medical Necessity is required.</i>	No charge	50% coinsurance after deductible is met
Acupuncture	\$20 copay per visit	50% coinsurance after deductible is met
Other Services in an Office:		
Allergy testing	No charge	50% coinsurance after deductible is met
Chemo/Radiation Therapy - PCP	No charge	50% coinsurance after deductible is met
Dialysis/Hemodialysis	\$20 copay per visit	50% coinsurance after deductible is met
Prescription Drugs - <i>Dispensed in the office</i>	No charge	50% coinsurance after deductible is met
Diagnostic Services		
Lab:		
Office	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No charge	50% coinsurance after deductible is met
X-Ray:		
Office	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met
Advanced Diagnostic Imaging		
Office	No charge	50% coinsurance after deductible is met
Freestanding Radiology Center	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	\$20 copay per visit	\$40 copay per visit, 50% coinsurance after deductible is met
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$150 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Emergency Ambulance)	10% coinsurance	Covered as In-Network

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	No charge	50% coinsurance after deductible is met
Facility visit:		
Facility Fees	No charge	50% coinsurance after deductible is met
Doctor Services	No charge	50% coinsurance after deductible is met
Outpatient Surgery		
Facility fees:		
Hospital	No charge	50% coinsurance after deductible is met
Freestanding Surgical Center	No charge	50% coinsurance after deductible is met
Doctor and Other Services		
Hospital	No charge	50% coinsurance after deductible is met
Freestanding Surgical Center	No charge	50% coinsurance after deductible is met
Hospital Stay (Including Maternity, Mental/Behavioral Health, and Substance Abuse)		
Facility fees	No charge	50% coinsurance after deductible is met
Human Organ and Tissue Transplants	No charge	50% coinsurance after deductible is met
Doctor and other services	No charge	50% coinsurance after deductible is met
Recovery & Rehabilitation		
Home Health Care <i>Coverage is limited to 100 visits per year combined with home health services.</i>	No charge	50% coinsurance after deductible is met
Rehabilitation services		
Office	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met
Habilitation services		
Office	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Cardiac rehabilitation		
Office	No charge	50% coinsurance after deductible is met
Outpatient Hospital	No charge	50% coinsurance after deductible is met
Skilled Nursing Care (in a facility) <i>Coverage is limited to 150 days combined per benefit period.</i>	No charge	50% coinsurance after deductible is met
Hospice	No charge	50% coinsurance after deductible is met
Durable Medical Equipment	No charge	50% coinsurance after deductible is met
Prosthetic Devices	No charge	50% coinsurance after deductible is met





Pharmacy

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out of Pocket	Combined with medical	Not covered
Prescription Drug Coverage <i>Pharmacy Network Name</i> <i>Traditional Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available.</i> <i>No coverage for non-formulary drugs. Home delivery is not covered out of network.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy 90 day supply (home delivery)).</i>	50% coinsurance but will be no more than \$250 per supply	Covered as In-Network
Tier 2 - Typically Preferred Brand <i>30 day supply (retail pharmacy 90 day supply (home delivery)).</i>	50% coinsurance but will be no more than \$250 per supply	Covered as In-Network
Tier 3 - Typically Non-Preferred Brand / Specialty Drugs <i>30 day supply (retail pharmacy 90 day supply (home delivery)).</i>	50% coinsurance but will be no more than \$250 per supply	Covered as In-Network
Tier 4 - Typically Specialty (brand and generic) <i>30 day supply (retail pharmacy 90 day supply (home delivery)).</i>	50% coinsurance but will be no more than \$250 per supply	Covered as In-Network

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
<p>This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. Benefits include coverage for student's choice of eyeglass lenses or contact lenses, but not both. 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.</p> <p>Only children's vision services count towards your out of pocket limit.</p>		
Children's Vision Essential Health Benefits (up to age 19)		
Child Vision Deductible	\$0	\$0
Vision exam <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 exam per benefit period.</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Frames <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Elective Contact Lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Non-Elective Contact Lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	No charge	\$0 copay plus all charges in excess of the maximum allowed amount
Adult Vision (age 19 and older)		
Adult Vision Coverage <i>Limited to certain vision screenings required by Federal law and covered under the "Preventive Care" benefit.</i>	See "Preventive Care" benefit	See "Preventive Care" benefit





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>		
Children's Dental Essential Health Benefits (up to age 19)		
Diagnostic and preventive <i>Includes cleanings, exams, x-rays, sealants, fluoride</i>	No charge	No charge
Basic services <i>Includes filling and simple extractions</i>	20% coinsurance	20% coinsurance
Major services/Prosthodontic	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

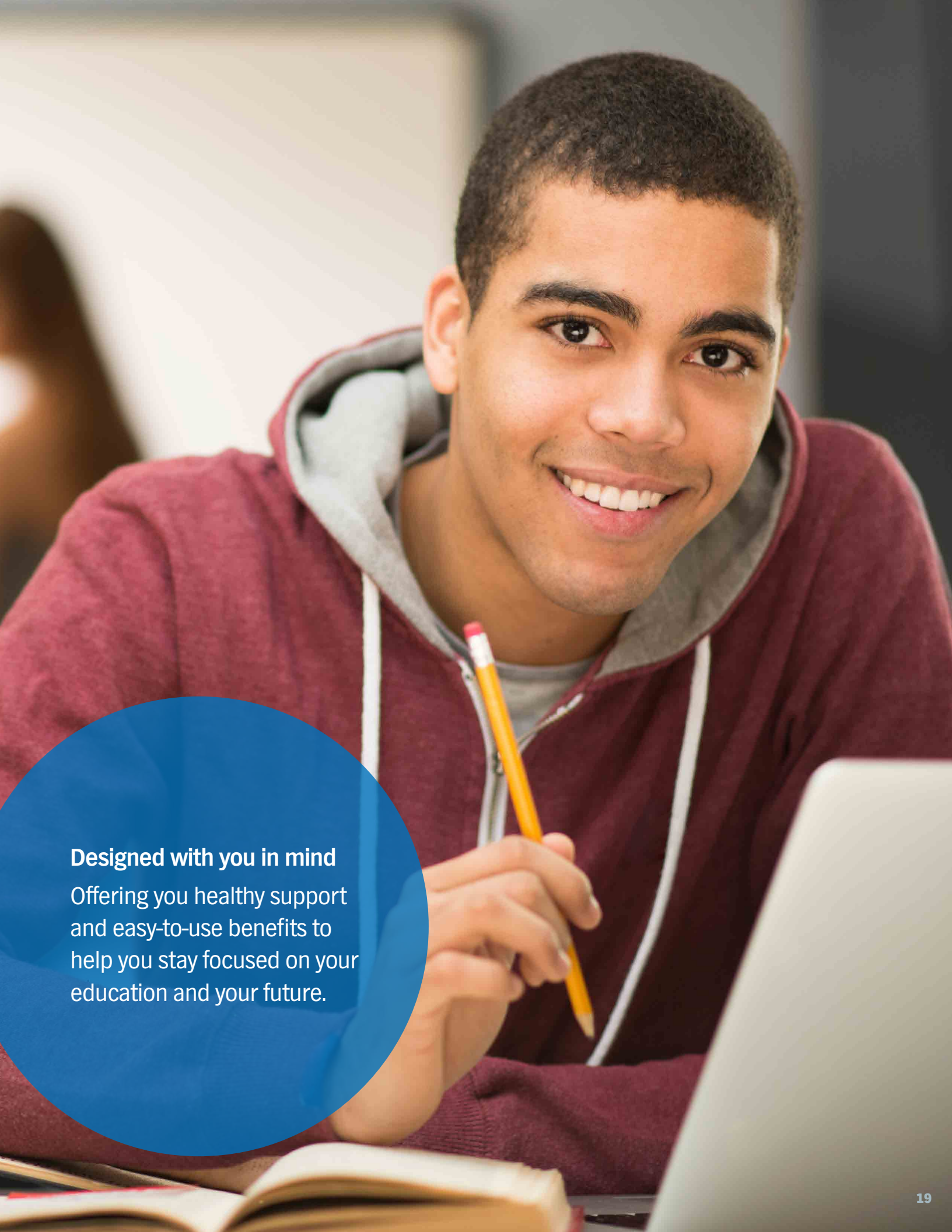


¹ GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life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

- › Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- › 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).
- › Network Deductibles Preferred and In-Network commingle towards each other.
- › All network covered services cost share for both Preferred and In-Network apply to the In-Network OOP.
- › No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- › If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other.
- › Your copays, coinsurance and deductible count toward your out of pocket amount.

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.

- › 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/
studentadvantageca](http://www.anthem.com/studentadvantageca).

Anthem  | STUDENT ADVANTAGE

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