

# Your 2021-22 plan overview

If you have questions, call 1-844-412-0752 or visit us at <https://student.anthem.com/welcome>.



## Wright State University Student Health Insurance Plan

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

- › Wright State University student health insurance is a voluntary health insurance program. Enrollment in the program is completed at the time of class registration. Commuter students and Wright State residential students have the option to participate in the plan if enrolled in six credit hours or more. Commuter or residential students may decline coverage and continue with the registration process.
- › International students (F1/J1 visa status) do not have the option to decline the Wright State health insurance program during the registration process. Following registration, international students who have financial guarantees through their country are required to obtain a waiver through the Wright State University Center for International Education (UCIE), who is authorized to remove the insurance charge.



### Want to sign up?

Find answers to most of your eligibility questions by visiting our website: [www.wright.edu/student-health-services/health-insurance](http://www.wright.edu/student-health-services/health-insurance).



### How to use your plan

- › You can first seek services at Student Health Services; or
- › Access an Anthem in-network provider at [anthem.com](http://anthem.com); 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](http://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: Domestic/International - New Students

Session	Student
Annual (8/15/2021-8/14/2022)	\$2,064
Fall (8/15/2021-1/9/2022)	\$837
Spring/Summer (1/10/2022-8/14/2022)	\$1,227
Summer (5/9/2022-8/14/2022)	\$554

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

## What's covered

Covered Services	Cost if you use Student Health Services
The services provided at Student Health Services are comparable to those offered at a family practice setting.	The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at Student Health Services.

Covered Services	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Deductible	\$500 person / \$1,000 family	\$1,000 person / \$2,000 family
Coinsurance	20%	40%
Out-of-pocket maximum	\$5,500 person / \$11,000 family	\$10,000 person / \$22,000 family
Primary care doctor visits	\$25 copay per visit plus 20% coinsurance	40% coinsurance after deductible is met
Preventive care screenings & immunizations	No charge	40% coinsurance after deductible is met
Specialist care visits	\$25 copay per visit plus 20% coinsurance	40% coinsurance after deductible is met
Urgent care	\$35 copay per visit plus 20% coinsurance	40% coinsurance after deductible is met
Emergency services: Facility, doctor, and other services	\$125 copay per visit plus 20% coinsurance	Covered as In-Network
Prescription drugs	<p><b>Tier 1:</b> \$15 copay per prescription, deductible does not apply (retail) and \$37.50 copay per prescription, deductible does not apply (home delivery)</p> <p><b>Tier 2:</b> \$30 copay per prescription, deductible does not apply (retail) and \$75 copay per prescription, deductible does not apply (home delivery)</p> <p><b>Tier 3:</b> \$45 copay per prescription, deductible does not apply (retail) and \$112.50 copay per prescription, deductible does not apply (home delivery)</p>	<p><b>Tier 1:</b> \$15 copay per prescription plus 40% coinsurance generic drug (retail only)</p> <p><b>Tier 2:</b> \$30 copay per prescription plus 40% coinsurance brand-name drug (retail only)</p> <p><b>Tier 3:</b> \$30 copay per prescription plus 40% coinsurance brand-name drug (retail only)</p>



### Important contacts

Benefit and claim questions.....	1-844-412-0752
Find a doctor.....	<a href="http://www.anthem.com">www.anthem.com</a>
Emergency travel services.....	1-833-511-4763
Enrollment and eligibility questions.....	1-844-412-0752

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