

California State University, Los Angeles – Study in L.A.

International Student Health Insurance Plan (ISHIP)

Insurance underwritten by: National Guardian Life Insurance Company*, Madison, WI, as Policy Form NBH-280 (2019) CA PPO et al.

Welcome to the 2019–2020 International Student Health Insurance Plan (ISHIP)! Below are brief highlights of plan benefits, as well as important dates and costs of coverage.

For more information, please consult the Plan Certificate and other plan materials at www.4studenthealth.com/csula-studyla. For questions about medical benefits or claims, contact Relation Insurance Administrators at **(800) 468-4343**. For questions about enrollment, please call Relation Insurance Services at **(800) 537-1777**.

If You Need to See a Doctor

You should go to the campus health center for treatment first or to receive a referral. A referral is not required; however, the deductible is waived with a referral. **The campus health center is located on the main walkway between the Career Development Center and the Wallis Annenberg Integrated Sciences Complex.**

PPO Network

This plan utilizes the Cigna PPO and Choice Fund PPO Network as the Preferred Provider Organization (PPO). To locate PPO providers, visit www.cigna.com. While you are allowed to visit any provider, using an in-network provider will save you money.

Insurance ID Card

Once you are enrolled in the plan, register online and download your insurance ID card at www.4studenthealth.com/csula-studyla. No other ID card will be mailed to you.

Carry your ID card with you at all times! If you go to the doctor's office, urgent care center, hospital, or pharmacy, you will be asked for your ID card.

Rates and Important Dates

The cost of coverage includes the cost of managing the plan.

Coverage starts and ends at 12:01 a.m. (local time) at the address of the Policyholder.

	Student	Spouse / Domestic Partner	Each Child**
Fall 08/16/2019 to 01/01/2020	\$ 602.50	\$ 602.50	\$ 602.50
Spring 01/01/2020 to 05/21/2020	\$ 482.00	\$ 482.00	\$ 482.00

** Premium is charged per child, up to three (3) times the premium fee, after which no further premium is charged for additional children.

For more information, including enrollment deadlines, please visit:

www.4studenthealth.com/csula-studyla.

Prescription Drugs

The Pharmacy Benefits Manager for this plan is Express Scripts. To fill a prescription, visit any Express Scripts network pharmacy and pay the copay. If you visit a non-network provider, you will need to pay for the prescription in full and then submit a claim for reimbursement.

To locate an Express Scripts pharmacy, call **(800) 447-9638** or visit www.express-scripts.com.

Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	In-Network	Non-Network
Deductible	\$250 per Policy Year†	\$500 per Policy Year
Coinsurance	80% of PPO Allowance, after deductible	60% of Usual & Reasonable Charge, after deductible
Office Visit Copay	None (coinsurance applies)	None (coinsurance applies)
Urgent Care Copay	\$10 per visit	\$20 per visit
Emergency Services Expenses	80% PA, \$300 Copay per visit (waived if admitted)	80% PA, \$300 Copay per visit (waived if admitted)
Prescription Drug Copays	\$30 Generic/ \$60 Preferred Brand/ \$80 Non-Preferred Brand (deductible waived)	\$30 Generic/ \$60 Preferred Brand/ \$80 Non-Preferred Brand (deductible waived)
Out-of-Pocket Maximum	\$7,350 per person/ \$14,700 per family per Policy Year	No Maximum

† Waived at in-network provider with campus health center referral

This is a brief description of the benefits provided by the plan. Please see the certificate or Policy on file at your school for a description of benefits, limitations and provisions of the plan. Subject to Insurance Department Approval.

* National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America aka The Guardian or Guardian Life.



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

(Arabic)

إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1+ (800) 468-4343.

(Chinese-S)

如果您说中文，您可以免费获得语言援助服务。请致电 +1 (800) 468-4343.

(Chinese-T)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 +1 (800) 468-4343.

(French)

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le +1 (800) 468-4343.

(French Creole-Haitian)

Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele +1 (800) 468-4343.

(German)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer +1 (800) 468-4343.

(Italian)

In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero +1 (800) 468-4343.

(Japanese)

日本語を話される場合、無料の言語支援をご利用いただけます。+1 (800) 468-4343 まで、お電話にてご連絡ください。

(Korean)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. +1 (800) 468-4343 번으로 전화해 주십시오.

(Persian-Farsi)

اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با +1 (800) 468-4343 تماس بگیرید.

(Polish)

Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer +1 (800) 468-4343.

(Portuguese)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para +1 (800) 468-4343.

(Russian)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните +1 (800) 468-4343.

(Spanish)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al +1 (800) 468-4343.

(Tagalog)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa +1 (800) 468-4343.

(Vietnamese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số +1 (800) 468-4343.