

## SANTA ROSA JUNIOR COLLEGE INTERNATIONAL STUDENT INSURANCE PLAN

### Rates & Important Dates

Rates are effective 08/01/2022 to 07/31/2023. Rates include insurance premium and administrative fees.

	STUDENT	SPOUSE / DOMESTIC PARTNER	ONE CHILD	TWO OR MORE CHILDREN
<b>Fall</b> 08/01/2022 to 12/31/2022	\$ 749.25	\$ 2,833.25	\$ 1,064.00	\$ 2,128.00
<b>Spring / Summer</b> 01/01/2023 to 07/31/2023	\$ 1,048.95	\$ 3,966.55	\$ 1,489.60	\$ 2,979.20
<b>Summer</b> 06/01/2023 to 07/31/2023	\$ 299.70	\$ 1,133.30	\$ 425.60	\$ 851.20

### What's Covered (Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible expenses
- Doctor visits
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Annual women's cervical cancer screening and a breast exam
- Physical therapy, chiropractic care, and acupuncture (20 visits maximum)
- Pregnancy and maternity
- Prescription drugs

**Limitations, coinsurance, and copays may apply.** Please see the Plan Certificate for full benefit details.

**Coinurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 100% when you use **Blue Card PPO** providers, part of **Blue Cross Blue Shield**, and 80% when you use out-of-network providers.

### Benefits

	BLUE CROSS BLUE SHIELD PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: <sup>1</sup>
<b>Office Visit</b>	\$20 copay per visit (waived with campus health center referral)	20%
<b>Urgent Care</b>	\$20 copay per visit	20%
<b>Hospital Visit</b>	\$50 copay per visit	20%
<b>Emergency Room</b>	\$250 copay per visit (copay waived if admitted)	20%
<b>Prescription Drugs</b>	50% of charges <sup>2</sup> (contraceptives covered at 100% of charges)	
<b>Out-of-Pocket Maximum</b>	\$2,500 per person, per Policy Year	

1. Using out-of-network providers will cost you more money! Coinsurance is payable for Reasonable Expenses, the normal cost the provider would charge for services in the absence of insurance. Some out-of-network providers charge more than Reasonable Expenses and you will be responsible for these excess amounts over the listed coinsurance.
2. You must pay for prescriptions in full, then submit a claim for reimbursement.

### Questions

**Eligibility & Enrollment**  
Relation Insurance Services  
**(800) 537-1777**

**Benefits**  
GeoBlue  
**(844) 268-2686**

**Plan Materials & Information**  
[www.4studenthealth.com/srjc](http://www.4studenthealth.com/srjc)

### Insurance ID Card

Once you receive a Welcome Email from GeoBlue you can download your ID card. Visit [www.geobluestudents.com](http://www.geobluestudents.com) to set up an account. For help, call Relation at **(800) 537-1777**.

**Carry your ID card with you at all times!**

### Getting Care

Go to one of the two campus health centers. If you need to access care away from campus, visit [www.geobluestudents.com](http://www.geobluestudents.com) or call **(844) 268-2686** to find a provider in the **Blue Cross Blue Shield PPO** Network.

*Rev: May 19, 2022*

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

Relation Insurance Services  
CA License No. 0G55426