



2018–2019

# PLAN SNAPSHOT

## Tennessee Board of Regents – Student International Student Insurance Plan

Welcome to the 2018–2019 International Student Insurance Plan! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. For questions about or help with enrollment, contact Relation Insurance Services at **(800) 955-1991**.

For more information, please consult the Plan Document and other plan materials at [www.coverage2u.com](http://www.coverage2u.com). Locate your school name on the dropdown list. If you have questions about medical benefits or claims, please call Relation Insurance Services at **(888) 388-0931**.

### If You Need to See a Doctor

You should go to the campus health center for treatment first. The deductible does not apply. If the campus health center is closed or you are away from campus, visit a Preferred Provider Organization (PPO) doctor or urgent care center for treatment. You pay less if you use providers that belong to the PPO network. Providers include physicians, urgent care centers, hospitals or other specialized practitioners.

### PPO Network

To locate an in-network provider in the Aetna Passport to Healthcare **Primary** PPO Network, visit <https://aet.na/2wx9Enx> or call Relation at **(888) 388-0931**. If you visit a non-PPO provider, you are responsible for additional costs if the medical provider charges over the Usual, Reasonable, and Customary (URC) charges.

### Insurance ID Card

Once you are enrolled in the plan, download your insurance ID card at [www.coverage2u.com](http://www.coverage2u.com). Locate your school name on the dropdown list. No other ID card will be mailed to you. If you go to a physician's office, urgent care center, hospital, or pharmacy, you will be asked for your ID card.

**Carry your insurance identification card with you at all times.**

### 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 or coinsurance amount. **Only prescriptions filled at Express Scripts pharmacies are covered.**

To locate an Express Scripts pharmacy, please visit [www.express-scripts.com](http://www.express-scripts.com) or call **(800) 447-9638**.

### Wellness Medical Benefit

This plan includes coverage for preventive/ wellness benefits at an in-network provider only. The deductible does not apply.

Benefits are covered at 100% of Preferred Allowance up to a maximum of \$1,000 per policy term.

Services such as routine physical exams, immunizations, and generic (not name brand) contraceptives are included.

### Rates and Important Dates

Rates are effective 08/01/2018 to 07/31/2019.

Term	Student	Spouse/ Domestic Partner	Each Child
<b>Annual</b> 08/01/2018 – 07/31/2019	\$1,632.00	\$8,094.96	\$4,981.92
<b>Fall</b> 08/01/2018 – 12/31/2018	\$680.00	\$3,372.90	\$2,075.80
<b>Spring</b> 01/01/2019 – 05/31/2019	\$680.00	\$3,372.90	\$2,075.80
<b>Spring/Summer</b> 01/01/2019 – 07/31/2019	\$952.00	\$4,722.06	\$2,906.12
<b>Summer</b> 06/01/2019 – 07/31/2019	\$272.00	\$1,349.16	\$830.32

A \$15 administrative fee will be added to the above student rate at the time of purchase.

For more information, please visit [www.coverage2u.com](http://www.coverage2u.com). Locate your school name on the dropdown list.

### What's Covered

- Doctor visits
- Emergency expenses
- Routine physical examinations
- Wellness Medical Benefit
- Surgery, in- and out-patient
- Physical therapy, chiropractic care, acupuncture
- Tests, procedures, and laboratory services such as X-rays and blood draws
- Prescription drugs

**Limitations, copays, and deductibles may apply.** Pre-existing conditions are covered up to a maximum of \$1,000. However, if you were covered under your school's prior insurance plan, this limitation may be reduced. Please see the Plan Document for full benefit details.



### Additional Plan Information

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

	In-Network	Non-Network
<b>Deductible</b>	\$100 per policy term (waived at campus health center)	\$500 per policy term
<b>Coinsurance</b>	80% of Preferred Allowance	60% of URC*
<b>Office Visit Copay</b>	\$30 per visit	None (coinsurance and deductible apply)
<b>Urgent Care Copay</b>	\$50 per visit, then 80% of Preferred Allowance	\$50 deductible, then 60% of URC
<b>Hospital Room &amp; Board, Day Surgery Miscellaneous Benefit</b>	\$100 copay per visit, then 80% of Preferred Allowance	\$100 copay per visit, then 60% of URC
<b>Emergency Room</b>	\$200 per visit (waived if admitted to hospital), then 80% of Preferred Allowance	\$200 per visit (waived if admitted to hospital), then 80% of URC
<b>Prescription Drug Copays or Coinsurance</b>	\$20 copay for generic 30% coinsurance for preferred brand 40% coinsurance for non-preferred brand	Not covered
<b>Out-of-Pocket Maximum</b>	\$10,000 per policy term	

\* URC means Usual, Reasonable, and Customary Charges.