

2023-2024



Indiana University  
International Students and Visiting Scholars  
Student Health Insurance Plan

[www.anthem.com](http://www.anthem.com)

**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](http://www.anthem.com).

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**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?

- › Indiana University requires all International Students, Intensive English Program Students (IEP & PIE), and Visiting Scholars to be enrolled in the International Student Insurance Plan. International students required to enroll in the plan are automatically enrolled in and billed for the premium through their bursar account.



### Coverage is available for dependents too

Eligible students automatically enrolled and scholars enrolling online may also insure their dependents. This includes a spouse and children under the age of 26. Dependent eligibility is effective and expires concurrently with that of

the insured student or scholar. There are two open enrollment periods to enroll a dependent, at the start of the fall semester and also the spring semester. In the case of a life event change, if the enrollment form is submitted within 30 days of the qualifying event, coverage will be backdated and begin on the date of the qualifying event. If the deadline has passed, your dependents may not enroll until the next coverage period, unless there has been a significant life change (i.e., marriage, birth, loss of prior coverage).

Here is how it works:

- › To enroll the dependent(s) of covered International Students/Scholars, please complete the [Enrollment Form](#) available online on the University Health Plans website.



For information about **costs and dates of coverage**, please visit the [Human Resources > Benefits page](#) on the Indiana University website.

# Keep in touch with your benefits information



## Student Health Center

### BLOOMINGTON CAMPUS

IUB Student Health Center  
600 N. Eagleson Ave  
Bloomington, IN 47405

#### Phone Numbers:

Information: 1-812-855-4011  
Appointments: 1-812-855-7688  
Business Office: 1-812-855-2575  
Sexual Assault Crisis Service,  
24-hour hotline: 1-812-855-8900  
Counseling and Psychological  
Services: 1-812-855-5711

Please call for current hours.  
<https://healthcenter.indiana.edu/>

### INDIANAPOLIS CAMPUS

IUPUI CAMPUS HEALTH  
Coleman Hall (first floor)  
1140 W. Michigan Street,  
CE100

Indianapolis, IN 46202  
1-317-274-8214

Please call for current  
hours.

In the event of an  
emergency,  
call 911 or the Campus  
Police at 1-317-247-7911  
<https://health.iupui.edu/>



## Claims and coverage

1-844-412-0752  
Anthem Blue Cross Life and  
Health Insurance Company  
P.O. Box 105187  
Atlanta, GA 30348-5187  
1-844-412-0752



## Benefits, eligibility and enrollment

University Health Plans  
[universityhealthplans.com](http://universityhealthplans.com)



## General information

Student Insurance Specialists  
1-812-856-4650  
[studenthc@iu.edu](mailto:studenthc@iu.edu)

# 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 Health<sup>1</sup> app through Anthem Blue Cross and Blue Shield, you have instant access to:

- › Your member ID card.
- › The Find a Doctor 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 Store<sup>SM</sup> or Google Play<sup>TM</sup> and search for the Sydney Health app to download it today.



## 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, remind you about scheduling important screenings and exams, and more.



## Provider finder

Use [www.anthem.com/find-care/](http://www.anthem.com/find-care/) 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.<sup>2</sup>

To use, go to your Sydney Health app or [www.livehealthonline.com](http://www.livehealthonline.com). You can also download the free LiveHealth Online app to sign up.

<sup>1</sup> Sydney Health is a service mark of CareMarket, Inc.

<sup>2</sup> 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 and Blue Shield

Student health insurance plan: Indiana University International

Your network: Blue Access 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.

## Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Deductible (Single/Family)</b>		
When the Deductible applies, you must pay it before benefits begin. See the sections below to find out when the Deductible applies. Copayments and Coinsurance are separate from and do not apply to the Deductible.	\$500 Single/ \$1,500 Family	\$750 Single/ \$2,250 Family
<b>Out-of-Pocket Limit (Single/Family)</b>		
	Single: \$3,000 / Family: \$6,000	Single: \$3,000 / Family: \$6,000
<b>Indiana University Health Center</b>		
	\$15 copay	
<b>Physician Home and Office Services (PCP/SCP)*</b>		
Primary Care Office Visit to treat an injury or illness	\$25 copay after deductible	50% after deductible
Specialist Care Office Visit	\$25 copay after deductible	50% after deductible
<b>Other Services in an Office</b>		
<i>Including Office Surgeries and allergy serum:</i>		
Allergy injections (PCP and SCP)	\$25 copay after deductible	50% after deductible
Allergy testing	20% after deductible	50% after deductible
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20% after deductible	50% after deductible



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Preventive Care Services</b>		
Services included but not limited to: <i>Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening</i>	No copayment/ coinsurance	50% after deductible
<b>Emergency and Urgent Care</b>		
<b>Emergency Room Services</b> facility/other covered services <i>(copayment waived if admitted)</i>	\$100 copay after deductible	\$100 copay after deductible
<b>Urgent Care Center Services</b>	\$50 copay after deductible	50% after deductible
MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products	20% after deductible	50% after deductible
Allergy injections	\$25 copay after deductible	50% after deductible
Allergy testing	20% after deductible	50% after deductible
<b>Inpatient and Outpatient Professional Services</b>		
Include, but are not limited to: <i>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</i>	<b>Inpatient:</b> 20% after deductible <b>Outpatient:</b> 20% after deductible	50% after deductible
<b>Inpatient Facility Services (Network/Non-Network combined)</b>	20% after deductible	50% after deductible
<b>Outpatient Surgery Hospital/Alternative Care Facility</b>		
Surgery and administration of general anesthesia	20% after deductible	50% after deductible
<b>Other Outpatient Services (including but not limited to):</b>		
Non Surgical Outpatient Services <i>For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</i>	20% after deductible	50% after deductible
Home Care Services <i>(Network/Non-Network combined) 100 visits (excludes IV Therapy)</i>	20% after deductible	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	20% after deductible	50% after deductible
Physical Medicine Therapy Day Rehabilitation programs	20% after deductible	50% after deductible
Hospice Care	20% after deductible	50% after deductible
Ambulance Services	20% after deductible	20% after deductible

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply)		
Physician Home and Office Visits (PCP/SCP)	\$25/\$25 copay after deductible	50% after deductible
Other Outpatient Services @ Hospital/ Alternative Care Facility	\$25 copay after deductible	50% after deductible
Limits apply to: Physical therapy: 60 visits Occupational therapy: 60 Visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: unlimited Pulmonary Rehabilitation: unlimited		
<b>Accidental Dental: \$3,000 limit per accident</b> (Network and Non-Network combined)	20% after deductible	50% after deductible
<b>Behavioral Health Services</b>		
<b>Mental Illness and Substance Abuse<sup>1</sup>:</b>		
Inpatient Facility Services	20% after deductible	50% after deductible
Physician Home and Office Visits (PCP/SCP)	\$25/\$25 copay after deductible	50% after deductible
Other Outpatient Services, Outpatient Facility @ Hospital/ Alternative Care Facility, Outpatient Professional	20% after deductible	50% after deductible
<b>Human Organ and Tissue Transplants<sup>2</sup></b>		
Acquisition and transplant procedures, harvest and storage	20% after deductible	50% after deductible



<sup>1</sup> We encourage you to review the Schedule of Benefits for limitations.

<sup>2</sup> Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

<sup>3</sup> Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.





## Pharmacy

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Prescription Drug Options: Select Formulary</b> <b>Network Tier structure equals 1/2/3/4</b>		
<b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip	\$10/\$40/\$75/\$150	50%
<b>Home Delivery Service:</b> (90-day supply) Includes diabetic test strip	\$20/\$80/\$150 /\$300	Not covered
<p><b>Tier 1</b> - Typically Generic; <b>Tier 2</b> - Typically Preferred Brand; <b>Tier 3</b> - Typically Non-Preferred Brand; <b>Tier 4</b> - Typically Specialty (brand and generic).</p> <p>Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days.</p> <p>Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits</p> <p>Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.</p>		

## Notes

- › 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)
- › Deductible(s) apply to covered medical services listed with a percentage(%) coinsurance, including 0% and to all listed with a copay.
- › Dependent age: to end of the month which the child attains age 26
- › Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- › When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a% coinsurance or a copay, deductible and coinsurance apply to allergy injections. If billed separately, Network Allergy injections are subject to the Allergy Injection \$25 copayment.
- › Ambulance Non-network non-emergency use limited to \$50,000 per benefit period.
- › NCS (No Cost Share) means no deductible/co-payment/coinsurance up to the maximum allowable amount.
- › PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- › SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- › Live Health Online (LHO) is covered at the PCP costshare.
- › Benefit period = plan year
- › Prosthetic limbs are unlimited and do not apply to a Plan Lifetime Maximum.
- › Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- › Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- › Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are no deductible/coinsurance up to the maximum allowable amount.
- › Private Duty Nursing - limited to 82 visits per plan year.
- › Elective abortions are covered unless otherwise noted in your Certificate of Coverage.





**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.



# Access help in your language

If you have any questions about this document, you have the right to help and information in your language at no cost. To talk to an interpreter, call **1-855-330-1098**.

**Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card. (TTY/TDD: 711)**

## Arabic

إذاً نوجوملاً واضعلاً تامدخ مقر بلصنا. تاجم كفتغلب تدعاسماو تامولعلا ذه إلاء لوصحلا اقل قجد  
(TTY/TDD: 711) تدعاسملا كئب تصاخلا فجرعتلا تقاطب

## Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս  
տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու  
համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID  
քարտի վրա նշված համարով: (TTY/TDD: 711)

## Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

## Farsi

تروصه یه ار اهکمک و شاعلاطا نیا هک دیراد ار قح نیا امش  
هه کمک تفایرد یارب. مدینک تفایرد ناتدوخ نایز هه ناکیار  
چرد نات ییاسانش تراک یور رب هک واضعا تامدخ زکرم هرامش  
دیریگب سهامت. هتسا. (TTY/TDD: 711) هدهش

## French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

## Haitian

Ou gen dwa pou resewva enfòmasyon sa a ak asistans nan lang ou pou gratis.  
Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd.  
(TTY/TDD: 711)

## Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

## Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

## Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

## Navajo

Bee ná ahóót'í t'áá ni nizaad k'éhjí níká a'doowof t'áá jíík'e.  
Naaltsoos bee atah nílínígíí bee néého' dólzingo nanitínígíí béésh  
bee hane' í bikáá' áajjí' hodíílnih. (TTY/TDD: 711)

## Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

## Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲੋਂ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵੱਲੋਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ।  
ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

## Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

## Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

## Tagalog

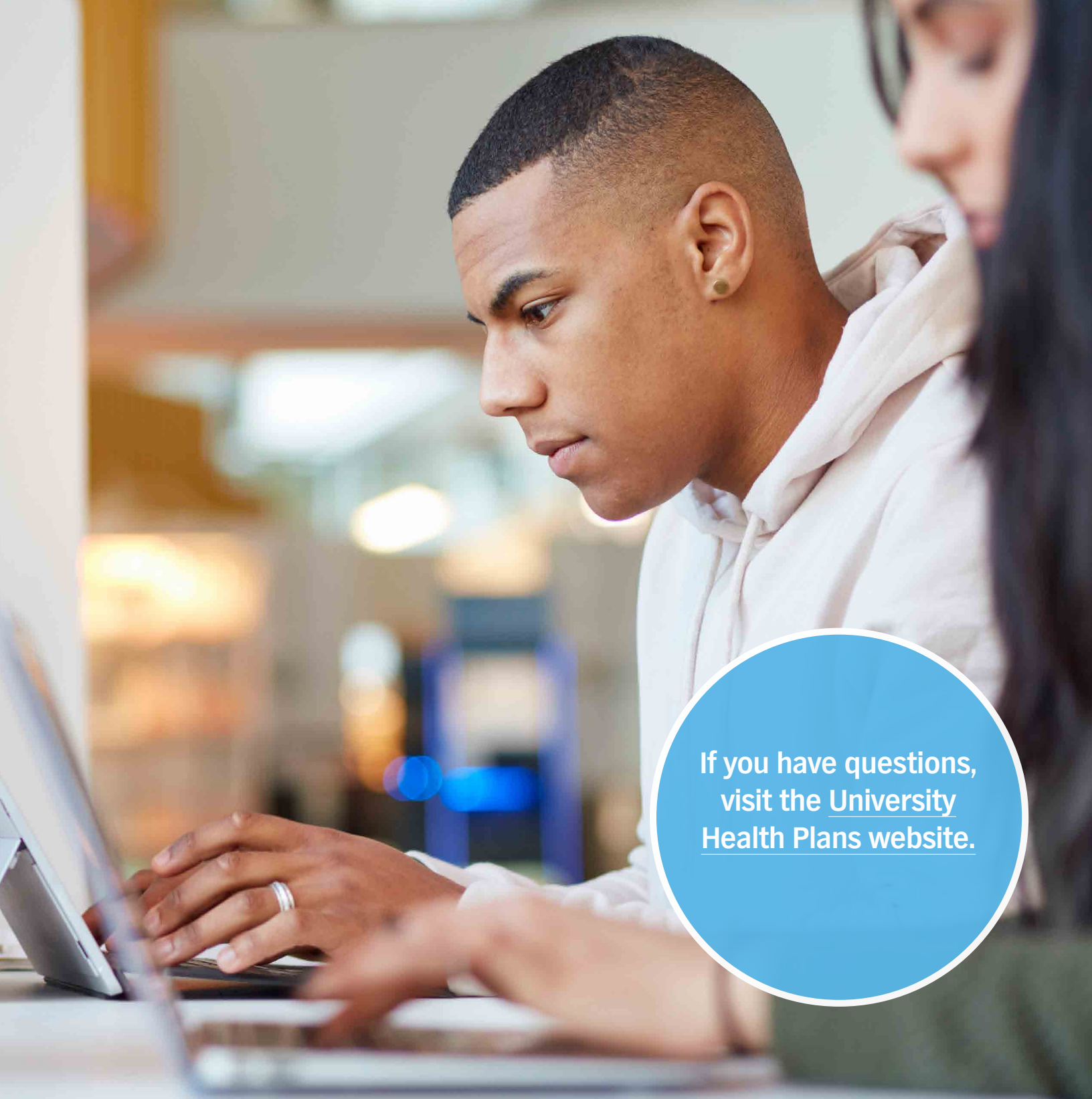
May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

## Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

## It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. If you are interested in these services, call the Customer Service number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



If you have questions,  
visit the [University  
Health Plans website.](#)

Anthem 