



2018–2019

# PLAN SNAPSHOT

## Fontbonne University 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 more information, please consult the Plan Brochure. For questions about or help with enrollment, contact Relation Insurance Services at **(800) 955-1991**.

You can find all plan materials at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne). If you have any questions about benefits, please call Relation Insurance Services at **(877) 246-6997**.

### PPO Network

This plan utilizes the PHCS/ MultiPlan Network as the Preferred Provider Organization (PPO). To locate a PPO provider, visit [www.multiplan.com](http://www.multiplan.com) or call **(800) 678-7427**. While you are allowed to visit any provider, using an in-network provider will save you money.

### Prescription Drugs

The Pharmacy Benefit Manager for this plan is Express Scripts. To fill a prescription, visit any Express Scripts network pharmacy and pay the copay. Only prescriptions filled at Express Scripts pharmacies are covered.

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

### Insurance ID Card

Once you are enrolled in the plan, you may pick up your permanent insurance ID card in the Student Affairs Office after the start of your first term of coverage. You may also download your insurance ID card at [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne).

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

### Rates and Important Dates

Rates are effective 07/31/2018 to 07/30/2019. Rates include medical insurance premium and administrative fees.

	Student	Spouse	Each Child
<b>Annual</b> 07/31/2018 to 07/30/2019	\$ 1,423.00	\$ 4,507.00	\$ 1,862.00
<b>Fall</b> 07/31/2018 to 01/13/2019	\$ 671.42	\$ 2,065.96	\$ 853.67
<b>Spring/ Summer</b> 01/14/2019 to 07/30/2019	\$ 751.58	\$ 2,441.04	\$ 1,008.33
<b>Summer</b> 06/03/2019 to 07/30/2019	\$ 232.33	\$ 752.17	\$ 311.33

For more information, please visit [www.4studenthealth.com/fontbonne](http://www.4studenthealth.com/fontbonne)

### Additional Plan Information

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

	In-Network Provider	Out-of-Network Provider
<b>Deductible</b>	None	None
<b>Covered Percentage</b>	90% of Preferred Allowance	70% of URC*
<b>Office Visit Copay</b>	\$20 per visit	None (covered percentage applies)
<b>Emergency Room Copay</b>	\$150 per visit (waived if admitted to hospital)	\$150 per visit (waived if admitted to hospital)
<b>Prescription Drugs</b>	\$20 generic/ \$40 preferred brand/ \$60 non-preferred brand	Not covered
<b>Out-of-Pocket Maximum</b>	\$6,350 per person, per policy year (\$12,700 per family, per policy year)	

\* URC means Usual, Reasonable, and Customary charges. See Plan Brochure for further information.