

**BOISE STATE UNIVERSITY**  
INTERNATIONAL STUDENT INSURANCE PLAN

## Rates & Important Dates

Rates are effective 08/01/2021 to 07/31/2022. Rates include medical insurance premium and administrative fees.

	STUDENT	SPOUSE/ DOMESTIC PARTNER	EACH CHILD
<b>Fall</b> 08/01/2021 to 12/31/2021	\$ 700.00	\$ 1,445.00	\$ 874.70
<b>Spring / Summer</b> 01/01/2022 to 07/31/2022	\$ 980.00	\$ 2,023.00	\$ 1,224.58



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

- \$250,000 benefit year maximum per injury or sickness
- Physician visits
- Specific emergency benefit expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays
- Physiotherapy (up to 20 visits)
- Chiropractic care and acupuncture (up to 20 visits)
- Maternity and prenatal care
- Prescription drugs
- Routine Physicals and immunizations (\$500 maximum)

**Limitations and exclusions may apply.** Please see the Plan Summary for more details.

**Coinsurance** is the cost sharing between what the insurance pays and what you pay. This insurance plan pays 90% of the Preferred Allowance (PA) when you use **First Health PPO** providers, and 70% of Usual, Reasonable, and Customary (URC) Charges when you use out-of-network providers.

## Benefits

	FIRST HEALTH PPO PROVIDER YOU WILL PAY:	OUT-OF-NETWORK PROVIDER YOU WILL PAY AT LEAST: <sup>1</sup>
<b>Deductible</b>	\$200 per Person, per Policy Year (waived at campus health center)	
<b>Office Visit or Urgent Care Visit</b>	10% after \$25 copay per visit (copay and coinsurance waived at campus health center)	30%
<b>Hospital Room &amp; Board</b>	10% after \$100 copay per visit	30%
<b>Emergency Room Benefit</b>	10% after \$200 copay per visit (copay waived if admitted)	30%
<b>Prescription Drugs<sup>2</sup></b>	\$15 copay Generic \$50 copay Preferred Brand and Non-Preferred Brand 50% of Actual Charges for Specialty	

- Using out-of-network providers will cost you more money! Coinsurance is payable for Usual, Reasonable, and Customary (URC) Charges, the most common charge for similar professional services, drugs, procedures, devices, supplies, or treatment within the area in which the charge is incurred. Some out-of-network providers charge more than URC and you will be responsible for these excess amounts over the listed coinsurance.
- At out-of-network pharmacies, you must pay for prescriptions in full, then submit a claim for reimbursement.

## Questions

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

**Benefits**  
Administrative Concepts, Inc. (ACI)  
(800) 476-4802

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

## Insurance ID Card

You will receive an email notifying you that your ID card is available to download. Visit [www.4studenthealth.com/boisestate-intl](http://www.4studenthealth.com/boisestate-intl) to log in or create an account. For help, contact Relation at (800) 537-1777.

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

## Getting Care

Go to the campus health center. If you need to access care away from campus, visit [www.myfirsthealth.com](http://www.myfirsthealth.com) or call (800) 226-5116 to locate a provider in the **First Health PPO** Network.

## Prescription Drugs

Always use an **Express Scripts** pharmacy. To locate a pharmacy, visit [www.express-scripts.com](http://www.express-scripts.com) or call (800) 400-0136.

*Revised May 18, 2021 8:29 AM*

**Relation**<sup>™</sup>  
EDUCATION SOLUTIONS

Relation Insurance Services