# Your 2022-2023 plan overview

If you have questions, call 1-855-258-6450 or visit us at <a href="https://student.anthem.com/">https://student.anthem.com/</a> welcome.



# **Colorado College**

## **Student Health Insurance Plan (SHIP)**

Here are highlights of your Anthem Student Advantage plan benefits, plus important dates and costs of coverage. For more information, please review the plan certificate.

## Who's eligible

 Degree-seeking students registered for at least one block during the fall and/or one block in spring.

Please refer to the Anthem policy for additional eligibility provisions.



## How to use your plan

- You can first seek services at the Colorado College Student Health Center or;
- Access an Anthem in-network provider at <a href="mailto:anthem.com/find-care/">anthem.com/find-care/</a>, or;
- For life-threatening or emergency situation, call 911 or go to your local hospital emergency center.



#### **ID Cards**

For a copy of your insurance ID card, claims status, and information about your Health Benefit Resources, please visit <a href="MyAmeriBen.com">MyAmeriBen.com</a> or download the MyAmeriBen app on your iOS or Android device.



## Want to sign up?

Enroll online and find answers to most of your eligibility questions by visiting our website: <a href="mailto:coloradocollege.edu/other/student-health-wellbeing/insurance/">coloradocollege.edu/other/student-health-wellbeing/insurance/</a>



# Coverage dates and cost\*

Session	Student
Fall (8/1/2022-12/31/2022)	\$1,294
Spring/Summer (1/1/2023-7/31/2023)	\$1,774
Summer (6/1/2023-7/31/2023)	\$532

<sup>\*</sup>The above rates include premiums for the plan and commissions and administrative fees

### What's covered

Covered Services	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Deductible	\$500 per person	\$1,000 per person
Coinsurance	20%	40%
Out-of-pocket maximum	\$6,600 student	\$10,000 student
Primary care doctor visits	\$25 copay per visit after deductible is met	40% coinsurance after deductible is met
Preventive care screenings & immunizations	No charge	40% coinsurance after deductible is met
Specialist care visits	\$25 copay per visit after deductible is met	40% coinsurance after deductible is met
Urgent care	\$35 copay per visit deductible waived	40% coinsurance after deductible is met
Emergency room facility services	\$50 copay per visit deductible is waived	Covered as In-Network
Emergency room doctor and other services	\$50 copay per visit deductible is waived	Covered as In-Network
Prescription drugs Tiers 1-3: Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). No coverage for nonformulary drugs.	Tier 1: \$15 copay per prescription (retail only). \$37.50 copay per prescription (home delivery only).	<b>Tier 1:</b> \$15 copay per prescription (retail only). \$37.50 copay per prescription (home delivery only).
	<b>Tier 2:</b> \$25 copay per prescription (retail only). \$62.50 copay per prescription (home delivery only).	<b>Tier 2:</b> \$25 copay per prescription (retail only). \$62.50 copay per prescription (home delivery only).
	<b>Tier 3:</b> \$60 copay per prescription (retail only). \$150 copay per prescription (home delivery only).	Tier 3: \$60 copay per prescription (retail only). \$150 copay per prescription (home delivery only).



## **Important contacts**

Benefits and claims	1-855-258-6450
Find a doctor	anthem.com/find-care/
Emergency travel services	
Ameriben Website	
Enrollment and Eligbility	1-877-974-7462 ext. 315 / student-insurance@ahpcare.com

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