

# Student Health Insurance Plan

## Los Angeles Pierce College

### Rates & Dates

Fall 8/15/20-1/31/21 \$760.50  
 Spring 2/1/21-8/14/21 \$760.50  
 Winter 12/15/20-1/31/21 \$202.00  
 Summer 5/15/20-8/14/21 \$368.00



### Plan Information and Coverage Period

Learn more about benefits, coverage periods dependent enrollment and more at [gallagherstudent.com/LAPC](http://gallagherstudent.com/LAPC).

### Login Online

Create an account on our website to view your coverage and more at [gallagherstudent.com/LAPC](http://gallagherstudent.com/LAPC)



### Find A Doctor

The Provider network for this plan is "Anthem Blue Cross PPO Prudent Buyer - Student Health Network." You may choose any physician or hospital; however, using providers that are part of the network may decrease your share of the costs. For a complete listing of network providers, click "Find a Doctor" at [gallagherstudent.com/LAPC](http://gallagherstudent.com/LAPC)



### Did you know?

Student Health Insurance Plans are generally less expensive and have better coverage than individual plans purchased through state marketplaces. Premiums are lower and your out of pocket costs will be low as well. Most plans are PPO's (Preferred Provider Networks), which means easy access to providers near campus or anywhere you may live or travel.

### Prescription Drugs

To fill a prescription visit any in-network pharmacy and pay the copay. Participating pharmacies can be found online, click "Pharmacy Program" at [gallagherstudent.com/LAPC](http://gallagherstudent.com/LAPC)



	Your Network	Out of Network
<b>Deductible</b>	\$150 single / \$450 family	\$150 single / \$450 family
<b>Covered Percentage</b>	10% coinsurance	30% coinsurance
<b>Office Visit Copay</b>	\$20 copay	30% coinsurance
<b>Emergency Room Copay</b>	\$100 copay & 10% coinsurance	\$100 copay & 10% coinsurance
<b>Prescription Drug Copay</b>	\$20 copay tier 1 \$40 copay tier 2 \$60 copay tier 3 50% coinsurance up to \$250 per prescription tier 4	50% coinsurance up to \$250 per prescription 50% coinsurance up to \$250 per prescription 50% coinsurance up to \$250 per prescription Not covered

