

Health Insurance 101

An Introduction to the
Des Moines University
Student Health
Insurance Plan





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Basic Insurance Terms

Basic Insurance Terms

Student Health Insurance Plan:

A school-sponsored ACA-compliant plan offering comprehensive benefits at competitive rates.

Insurance carrier:

The company to which your insurance premiums are sent and that pays if you file a covered claim. *The insurance carrier for the 2022-2023 Student Health Insurance Plan is Aetna.*

Premium

The amount you pay for your health insurance.

Deductible

The amount you pay for covered health care services before your insurance plan starts to pay. Certain services, such as preventive care and pharmacy, are not subject to the deductible.

Basic Insurance Terms

Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible.

Copayment

A fixed amount you pay for a covered health care service after you've paid your deductible.

Maximum Lifetime Benefit

Lifetime maximum benefit – or maximum lifetime benefit – is the maximum dollar amount a health plan will pay in benefits to an insured individual during that individual's lifetime.

- Most plans have an unlimited lifetime benefit, but this is subject to change due to health care reform. Your school's plan offers an unlimited benefit.
- You can find this information at the top of the Schedule of Benefits section of the plan's brochure or Master Policy.

Basic Insurance Terms

In-Network (or Network)

Health care services from providers who contract with your health insurance or plan. In-network services usually are less than out-of-network copayments.

Out-of-Network (or Non-Network)

Health care services from providers who don't contract with your health insurance or plan. Out-of-network services usually are more than in-network copayments, and you may be billed for amounts above the recognized charge.

Insurance Pro Tip: When scheduling an appointment, make sure the provider is in-network. If your school has an on-campus student health center, the Student Health Center it should be your first stop for non-emergency services.

Your Plan Benefits

BENEFIT MAXIMUMS & DEDUCTIBLES

	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum per Insured Person, per Policy Year	Unlimited	
Deductible per Insured Person, per Policy Year	\$500	\$1,000
Individual Out-of-Pocket Maximum per Insured Person, per Policy Year (Combined In-Network and Out-of-Network)	\$6,600	

BENEFITS (Deductible waived unless otherwise stated below)

IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Recognized Charge</small>
Hospital Room and Board Expense		Prescription Drugs , Up to 30-day supply per prescription (deductible waived) At pharmacies contracting with Aetna	
80% after a \$100 Copayment	50% after a \$200 Copayment	100% after a: Tier 1 - Preferred Generic Drug: \$15 Copayment	80% after a: Tier 1 - Preferred Generic Drug: \$15 Copayment
Inpatient/Outpatient Surgery		Tier 2 - Preferred Brand-Name Drug: \$45 Copayment	Tier 2 - Preferred Brand-Name Drug: \$45 Copayment
80%	50%	Tier 3 - Non-Preferred Generic and Brand-Name Drug: \$75 Copayment	Tier 3 - Non-Preferred Generic and Brand-Name Drug: \$75 Copayment
Physician, Specialist , including Consultants Office visits, and Behavioral Health (deductible waived)		Tier 4 - Specialty Drug: \$125 Copayment	Tier 4 - Specialty Drug: \$125 Copayment
100% after a \$30 Copayment	100% after a \$50 Copayment		
Diagnostic Testing			
80%	50%		
Hospital Emergency Room			
80% after a \$250 Copayment	80% after a \$250 Copayment		
Preventive Care Services <small>For more information, please visit healthcare.gov/preventive-care-benefits</small>			
100% (deductible waived)	50%		

Your Costs and Coverage Periods

		Early Start PA Students	
		6/1/2022 through 7/31/2022	
Medical			
Student		\$	535.00
Dental			
Student		\$	61.00

Your Costs and Coverage Periods

	Annual	Fall	Special 1	Special 2	Spring / Summer	Special 3	Early Start PA Students
	8/1/2022 through 7/31/2023	8/1/2022 through 1/31/2023	10/1/2022 through 7/31/2023	1/1/2023 through 7/31/2023	2/1/2023 through 7/31/2023	4/1/2023 through 7/31/2023	6/1/2023 through 7/31/2023
Medical							
Student	\$ 3,200.00	\$ 1,600.00	\$ 2,665.00	\$ 1,859.00	\$ 1,600.00	\$ 1,070.00	\$ 535.00



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Types of Insurance

Types of Insurance

PPO

Preferred Provider Organization

- If you stay in your PPO's network, you have access to negotiated rates on services the PPO provider has negotiated for you.
- You may have lower out-of-pocket costs.
- Allows you benefits for out-of-network care when you want, but possibly at a reduced level of coverage and benefits.

Not necessary to have a primary care physician and you are less likely to need a referral to visit a specialist.

The Des Moines University Student Health Insurance Plan uses the Aetna PPO Network.

Types of Insurance

Medicaid

Free or low-cost health coverage to some low-income people, families and children, pregnant women, the elderly, and people with disabilities.

- Medicaid benefits and eligibility vary between states.
- Be careful to ensure that providers are available where you are located. Most provide limited benefits out of state.
- Check to see if your providers are in the Medicaid network.

Insurance Pro Tip: Some schools will not accept Medicaid plans as proof of alternative coverage for waiving out of the Student Health Insurance Plan. Check to make sure your plan meets your school's waiver requirements, before submitting a request.



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Insurance Highlights

Mental Health Parity

- ✓ Mental and physical health are treated the same and must be covered the same in your insurance policy.
- ✓ Mental and behavioral health services are essential health benefits.
- ✓ All plans must cover:
 - Behavioral health treatment, such as psychotherapy and counseling.
 - Mental and behavioral health inpatient services.
 - Substance use disorder (commonly known as substance abuse) treatment.

Insurance Pro Tip: Many schools offer on-campus counseling, psychiatric services, and/or other wellness resources. Check with your school to see what is available to you.

Preventive Services

- ✓ Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems
- ✓ Most plans must cover preventive services without charging you a copayment or coinsurance

Examples of preventive services:

- Annual physical examination
- Alcohol misuse screening and counseling
- Blood pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- HIV screening for everyone ages 15 to 65, and other ages at increased risk
- Immunization vaccines for adults
- Lung cancer
- Obesity screening and counseling
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Syphilis screening
- Tobacco use screening for all adults and cessation interventions for tobacco users

Insurance Pro Tip: When getting an annual check-up at your physician's office, be sure to state that you are there for the covered preventive service and anything that could be charged must be discussed with you prior to the service being performed.

Pre-Existing Conditions

- ✓ A health problem, like asthma, diabetes, or cancer, you had before the date that new health coverage starts. Insurance companies can't refuse to cover treatment for your pre-existing condition or charge you more.



Prescription Drugs

- ✓ Generic/Tier 1
- ✓ Preferred Brand Name/Tier 2
- ✓ Non-Preferred Brand Name/Tier 3
- ✓ Specialty
 - Generally prescribed for use in limited patient populations or diseases.

Insurance Pro Tip: You can find if your specific medication is covered through your plan's Prescription Drug List, or formulary. The formulary should be available online at the carrier's website.



Eligibility and Waivers

✓ Eligibility

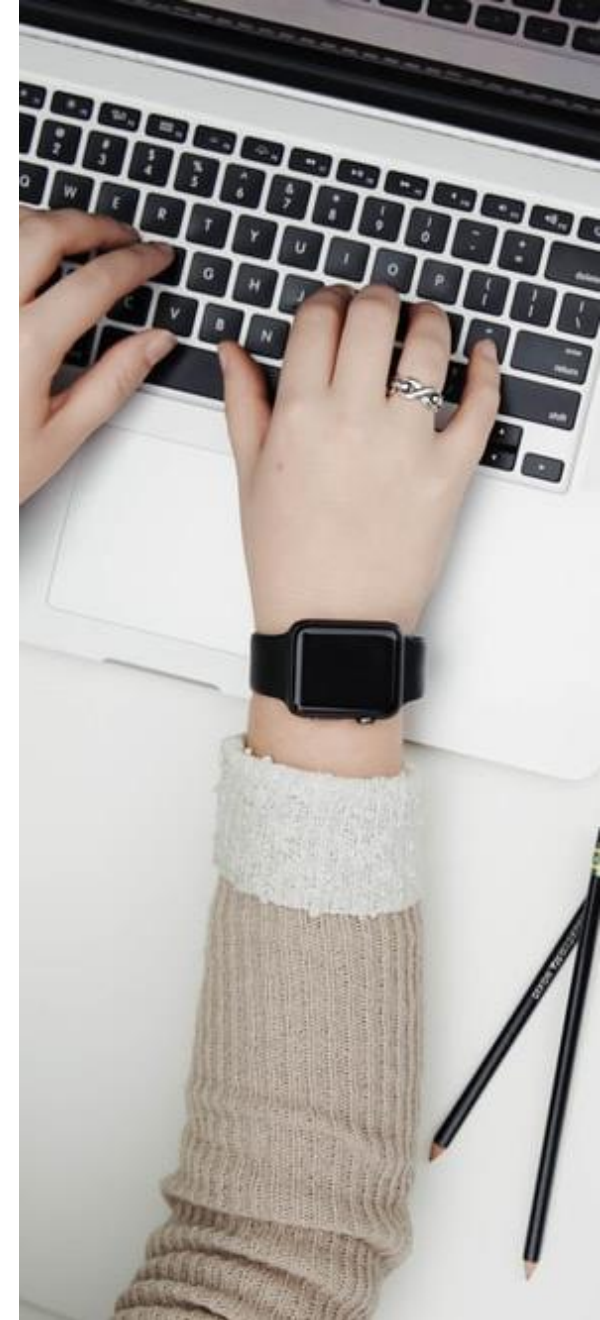
- You are eligible if you are a full-time student in clinical programs.

Waivers

- ✓ • To be eligible for a waiver of enrollment in the SHIP, Des Moines University (DMU) requires that students provide evidence of coverage equal to or better than the coverage provided by DMU's SHIP. Please be advised that the waiver request will be reviewed and verified active with the insurance carrier. Notification of acceptance or rejection of waiver requests will be sent to students' DMU email addresses within seven business days.

Waiver Periods

- ✓ • Period when people can waive out of the SHIP.



Open Enrollment Periods and Qualifying Events

Open Enrollment Periods

Period when people can enroll in a health insurance plan.

These periods differ between plans. Most times, you are given at least a month to enroll.

Qualifying Events

A change in your situation that can make you eligible for a special enrollment period, or qualifying event enrollment period, allowing you to enroll in health insurance outside the open enrollment period.

Basic types of qualifying life events:

- Loss of health coverage due to aging off parent's plan (at age 26), loss of job
- Changes in household due to getting married or divorced, having a baby, adopting a child or death in the family
- Changes in residence due to moving to a different ZIP code or county, becoming a U.S. citizen or leaving incarceration



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Important Health Documents

Open Enrollment Periods and Qualifying Events

Summary of Benefit Coverage

Four page benefit summary

- Helps insured easily compare costs and coverage between health plans
- Required for all individual, insured and self-insured group medical plans
- This document will be laid out the same for all states and all insurance carriers

Explanation of Benefits (EOB)

Statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

Insurance Pro Tip: Review your EOB to make sure claims correctly reflect the treatments you received and were paid according to your Policy benefits.

Important Health Documents

Master Policy

- Contains all of the provisions, limitations, exclusions and qualifications of your insurance plan benefits
- Approved by your state's Department of Insurance
- More details than the Summary of Benefit Coverage



Questions?

Visit dmu.myahpcare.com for more information related to your Student Health Insurance Plan.