

The background of the slide features a blurred image of a doctor's face. Overlaid on this is a grid of blue hexagons, each containing a white medical icon. The icons include a heart, a person, a clipboard, a wheelchair, a syringe, test tubes, a molecular structure, an eye, and a plus sign. A hand holding a stethoscope is visible on the left side of the image.

Health Insurance 101

An Introduction to the Pacific University
Student Health Insurance Plan

Insurance Policy

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Basic Insurance Terms

Basic Insurance Terms

Insurance carrier:

- The company to which your insurance payments are sent and that pays if you file a covered claim.

The insurance carrier for the 2021-2022 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

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

Basic Insurance Terms in Action

How the deductible and copayments work

Javier has been having issues with his stomach for two months, so he visits his primary care physician.



The primary care physician refers Javier to an **in-network** gastroenterologist.



When Javier arrives at the specialist's office, he shows his insurance card at the doctor's office and pays a **\$25 copay**.



Javier's ongoing pain concerns the doctor, so he orders an ultrasound.



Basic Insurance Terms

How the deductible and copayments work

Javier later gets a bill for the full negotiated rate (since he has not yet met his \$500 deductible) for the ultrasound. However, since he chose an in-network physician, he was still able to save money.



Javier paid **\$300 out-of-pocket for the ultrasound (this met his deductible)** so now the next time he gets a procedure done, his health insurance will pay the co-insurance and he will only have to pay a small percentage of the costs.



The ultrasound looks fine but since Javier has developed a fever, his doctor thinks he has an infection. He is prescribed antibiotics which he picks up for a small copay at an in-network pharmacy. A week later Javier is happy and healthy!



Basic Insurance Terms

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.
- You can find this information at the top of the Schedule of Benefits section of your plan's brochure or Master Policy.

Basic Insurance Terms

In-Network (or Network)

A fixed you pay for covered health care services to 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)

A fixed amount you pay for covered 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.

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.





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Your Insurance Plan

Your Plan Benefits

MAXIMUMS & DEDUCTIBLES

	PACIFIC STUDENT HEALTH CENTER/ INTERPROFESSIONAL CLINIC	IN-NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
Benefit Maximum		Unlimited	
Deductible Per Policy Year	N/A	\$300	\$550
Out-of-Pocket Maximum Per Policy Year	N/A	\$5,000	\$10,000

Prescription Drugs (deductible waived)

	At pharmacies contracting with Aetna	
100%	100% after a \$20 Copayment per Preferred Generic Drug	50% after a \$20 Copayment per Preferred Generic Drug
	\$40 Copayment per Preferred Brand-Name Drug	\$40 Copayment per Preferred Brand-Name Drug
	\$65 Copayment per Non-Preferred Brand-Name Drug	\$65 Copayment per Non-Preferred Brand-Name Drug
	\$65 Copayment per Specialty Drug	

STUDENT HEALTH CENTER & INTERPROFESSIONAL CLINIC <small>Payments are based on the Negotiated Charge</small>	IN-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>	OUT-OF-NETWORK PROVIDER <small>Payments are based on the Negotiated Charge</small>
Hospital Room and Board Expense		
N/A	80%	60%
Inpatient/Outpatient Surgery		
N/A	80%	60%
Physician, Specialist including Consultants Office Visits		
100%	80% after a \$25 Copayment (deductible waived)	60%
Diagnostic Testing		
N/A	80%	60%
Hospital Emergency Room (deductible waived)		
N/A	80% after a \$50 Copayment	80% after a \$50 Copayment
Urgent Care		
N/A	80% after a \$25 Copayment (deductible waived)	60%
Mental Health & Substance Abuse Treatment Office Visits		
100%	80% after a \$10 Copayment (deductible waived)	60%
Outpatient Physical, Occupational, Speech, and Cognitive Therapies, including Cardiac and Pulmonary Therapy		
100%	80%	60%
Preventive Services (deductible waived) <small>For more information, please visit healthcare.psu.edu/preventive-care-benefits/</small>		
100%	100%	60%

COVID-19 Testing and Treatment

Testing: Covered at 100%.

Treatment: Covered as any other illness

Your Costs and Coverage Periods

Fall Annual (DOM/INTL)	08/01/21 - 07/31/22
Waiver Deadline	07/06/21 - 08/13/21
Student	\$3,275.00
Education - Hybrid Programs	06/01/21 - 07/31/21
Waiver Deadline	04/15/21 - 06/15/21
Student	\$610.00
MBA (Graduating)	08/01/21 - 12/31/21
Waiver Deadline	07/06/21 - 08/13/21
Student	\$1,417.00
Physician Asst. 1 yr, 2 yr	05/01/21 - 04/30/22
Waiver Deadline	04/15/21 - 05/15/21
Student	\$3,275.00
Physician Asst. (Graduating)	05/01/21 - 12/31/21
Waiver Deadline	04/15/21 - 05/15/21
Student	\$2,222.00
Physician Asst. (Spring Starts)	01/01/22 - 04/30/22
Waiver Deadline	12/01/21 - 01/13/22
Student	\$1,128.00
Spring New Starts	01/01/22 - 07/31/22
Waiver Deadline	12/01/21 - 01/13/22
Student	\$1,933.00

MFA	06/01/21 - 05/31/22
Waiver Deadline	04/15/21 - 06/01/21
Student	\$3,275.00
MFA (GRADUATING)	06/01/21 - 06/30/21
Waiver Deadline	N/A
Student	\$267.00
MFA (SPRING STARTS)	01/01/22 - 05/31/22
Waiver Deadline	12/01/21 - 01/31/22
Student	\$1,399.00

Fall Annual (DOM/INTL)	08/01/21 - 07/31/22
Waiver Deadline	07/06/21 - 08/13/21
Student	\$3,275.00
EDUC (Early Entry)	05/01/21 - 07/31/21
Waiver Deadline	04/15/21 - 05/15/21
Student	\$882.00
EDUC (Spring Only)	01/01/22 - 07/31/22
Waiver Deadline	12/01/21 - 01/13/22
Student	\$1,933.00
MAT SPED EUG (Graduating)	05/01/21 - 08/31/21
Waiver Deadline	04/15/21 - 05/15/21
Student	\$1,153.00
MAT5Y EUG/Flex EUG (Graduating)	08/01/21 - 01/31/22
Waiver Deadline	07/06/21 - 08/13/21
Student	\$1,688.00
MAT5Y WB (New Starts)	06/28/21 - 06/27/22
Waiver Deadline	04/15/21 - 06/28/21
Student	\$3,275.00
MAT5Y FG (New Starts)	06/28/21 - 06/27/22
Waiver Deadline	04/15/21 - 06/28/21
Student	\$3,275.00



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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 Pacific University Student Health Insurance Plan uses the Aetna PPO Network.

Types of Insurance

HMO

- Health Maintenance Organization
- In HMOs, providers either work for the HMO or contract for set rates.
- In most cases, if you have an HMO plan, you must use services that are in-network.
- Care is coordinated through a chosen primary care physician (PCP). You must choose a PCP that is within your list of network providers.
- PCP must give referral if you need to see a specialist.
- Most Marketplace plans are HMOs.

EPO

- Exclusive Provider Organization
- Doctors and facilities are paid per service.
- Coverage may be restricted to in-network care and cover out-of-network care only in emergencies.
- Less likely to be required to have a PCP or get a referral to see a specialist. Generally, you can get care from any provider if you stay in-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 vary between states.
- You can apply anytime. If you qualify, your coverage can begin immediately, any time of year.

CHIP

- Children's Health Insurance Program
- Low-cost health coverage to children in families that earn too much money to qualify for Medicaid.
- In some states, CHIP covers pregnant women.
- Each state offers CHIP coverage.

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.

24/7 Teladoc

- 24/7 access to healthcare and medical advice by phone, video or app.
- Talk to a U.S. board-certified doctor
- Get prescriptions when medically necessary
- Get general medical care for things like cold & flu, sinuses infection, and allergies Consult with a licensed therapist or psychiatrist
- Visit *teladoc.com/aetna* to get started.



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

Online Student Enrollment Experience



1 Find your school site at myahpcare.com. Go to the Enrollment tab and then select the appropriate enrollment link.



2 If you have previously enrolled online, please sign into your account. Otherwise, you will need to [Create a New Account](#).



3 From the Getting Started page, click [Start a New Enrollment Session](#).



4 Review the Terms and Conditions, then click the box to check "I understand and agree to the above conditions" and then "Next".

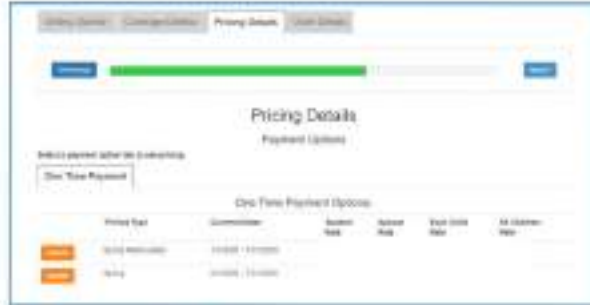


5 Select your [Campus/Program](#) or proper coverage option.

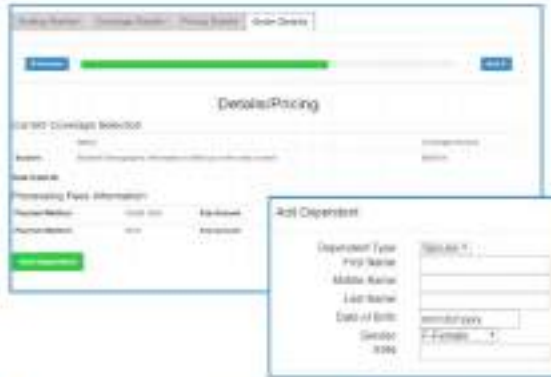


6 Select your [Student or Plan Type](#) and enter the number of credit hours you are taking. If you are enrolling in a coverage that spans multiple semesters, enter the number of credit hours you are taking in the first semester of the coverage you are choosing.

Online Student Enrollment Experience



7 Click [Select](#) next to your Period Type.



8 You will see the [Pricing Details](#) for your plan. If your school allows for dependent coverage and you want to enroll a dependent, you must enroll them now by clicking [Add dependent](#). If specific documentation is required, it will be listed on this screen.



9 Enter Demographics and Student Information. Click [Submit Demographics](#) at the bottom of the page.



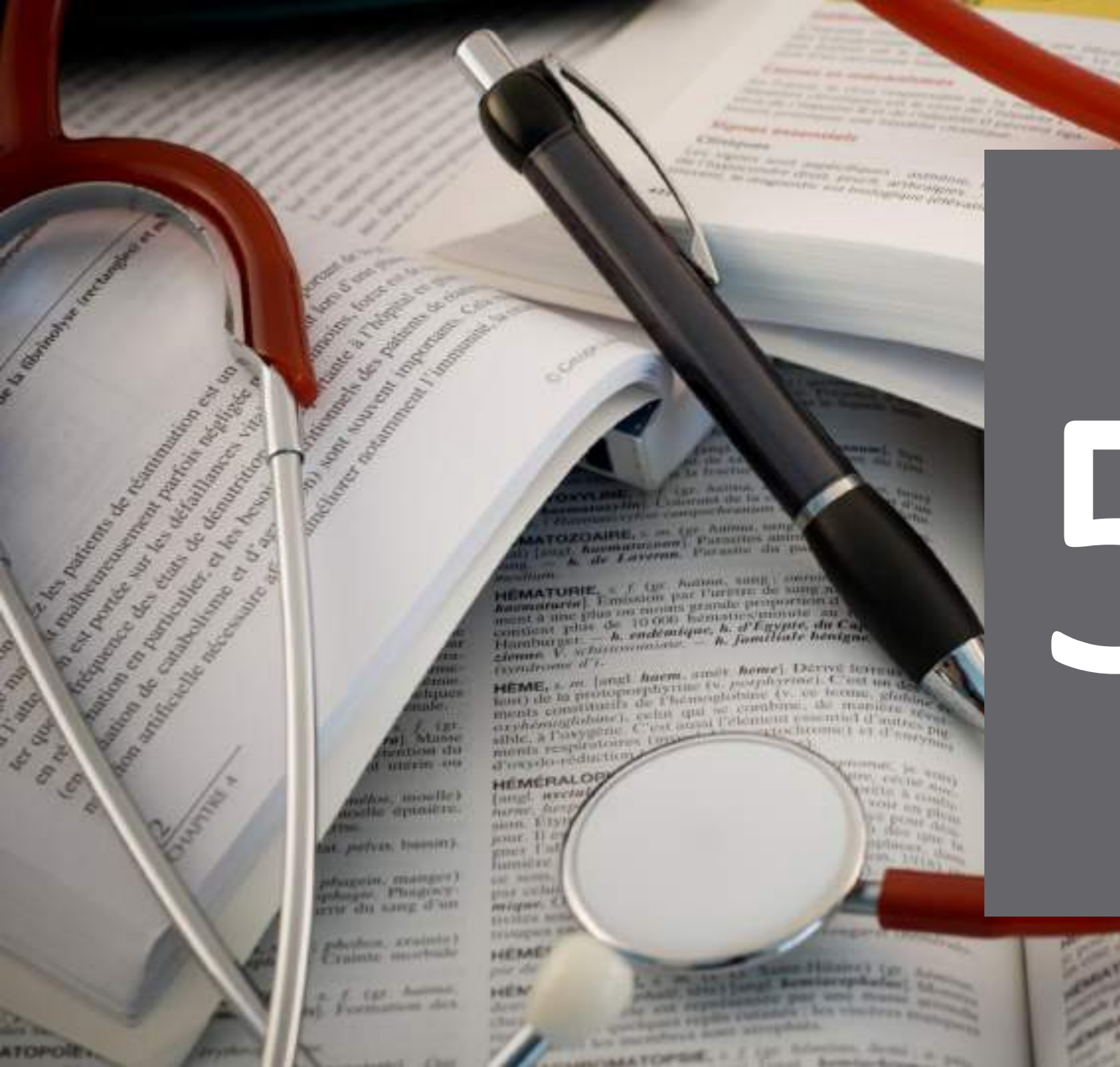
10 Review the Coverage Dates and Total Due listed. If all appears correct, click [Submit Order](#). Select payment type; enter payment information and select [Submit Payment](#).



11 The first screen is a confirmation of your plan choices and submission of your application. [Print a copy](#) for your records.



12 Once submitted and/or verification complete, you will be provided a [Coverage Purchase Confirmation](#) with your Order ID and AHP Student ID. Click [View Order Details](#) to view a detailed summary and confirmation of coverage.



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Important Health Documents

Important Health Documents

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