

# Navigating Your Student Health Insurance



Good health is very important to you being able to focus on your education and enjoy experiences outside of school. Students are exposed to many illnesses and can be injured in their activities. Health insurance helps to protect your investment in your education by helping pay for medical expenses in the event of an illness or injury so you can get the care you need and still have the money for other expenses.

## The U.S. Healthcare System

The healthcare system in the United States is quite different from that of many other countries. The Affordable Care Act requires all individuals to have medical insurance, but it can be complicated and expensive to obtain. Many international students come from countries with nationalized or socialized health care systems, but that type of system is not available in the United States. Healthcare in the U.S. is privately funded, but certain tax subsidies are available for eligible buyers. If you do not have medical insurance, you may incur costly medical expenses due to unexpected medical treatment and prescriptions.

### Affordable Care Act

The Affordable Care Act, also known as ACA, mandates that everyone in the United States has health insurance. Students who do not have health insurance are subject to penalties when filing their taxes. If you choose to enroll in insurance, you must do so during a specified period of time, which is called an "Open Enrollment Period"; however, an individual may also purchase coverage during a Qualifying Event (QE), if they meet QE criteria. Please refer to brochure for more details. Additionally, if you are an international student, the school at which you are studying may require you to hold insurance as well. Students with J1 or J2 visas are required to have insurance for the duration of their stay.

### No Limit Coverage

The ACA has placed a ban on annual limits set by insurance companies. This means you will receive benefits without regard to how many claims you incur. This also extends to most benefits that would be cut by a lifetime limit.

### Pre-existing Conditions

Along with bans on limits, the ACA also prevents insurance companies from denying coverage for a pre-existing condition. The Insurance company will pay pre-existing claims regardless of conditions you had prior to purchasing insurance.

### Healthcare Expenses

Health insurance provides coverage toward medical expenses that decrease out of pocket expenses. It may seem like the premium you pay for insurance is high, but the coverage you purchase will help to save you much more by reducing your out of pocket expenses when you receive medical care. Average costs for just one day of hospitalization, including room and board and doctor's fees can be thousands of dollars. Additional services such as laboratory and x-ray tests, medicine and surgery are not included in that cost and can add thousands more to the cost of your medical care.

Medical care in the U.S. can be more costly than any other country in the world due to the higher prices of goods and treatment. It is important to understand what you can do to stay healthy and protect your financial investment in your education by keeping healthcare costs to a minimum.

International students are required to maintain insurance coverage throughout their studies in the U.S. This insurance will help pay a significant portion of medical expenses when you receive treatment. You will still pay for a portion of the cost for treatment you receive in the form of deductibles, copays and coinsurance, as well as a responsibility to pay for treatment that is not covered by the Plan.

## Minimizing Costs

Obviously staying healthy is the best thing in order to avoid expensive medical treatment, but it's impossible to predict accidents and illnesses. In order to keep your costs to a minimum when care is needed, it is important to understand how your insurance plan works and how to access medical care when needed.

### Student Health Services (SHS)

Your school may have health treatment options available on-campus. Please visit your school's student health services website for more information on what services are available and at what cost to you. If available, it is best to utilize your SHS first to keep your expenses to a minimum.

### Use In-Network Doctors and Hospitals

Certain healthcare providers agree to provide services for a fixed cost. The providers who have signed these agreements make up the "network" of doctors/hospitals called a Preferred Provider Organization (PPO). In addition to having less up front costs, the providers have agreed to file claims on your behalf instead of you paying the full cost of treatment up front and then filing the claim yourself. Once they receive their payment from the insurance company, you will get an Explanation of Benefits that shows how much you will owe after the insurance payment. An average doctor visit can cost from \$130-180, not including medicine or testing. If you use an out-of-network provider you will incur more out of pocket costs. (see Insurance Terms section for more information.)

### Get Medical Care in Appropriate Settings

Student Health Services is convenient for regular health issues and will be your least expensive option if



available. Utilizing a SHS will keep your cost down.

**Doctor's Offices** reserve times for patients to be seen and can help direct you to appropriate specialists and hospital services if needed. \*If you need medical treatment, it would be good to call ahead to see if an appointment is needed and available; however, some providers do not require appointments and will accept walk-ins.

**Urgent Care Centers** are convenient to use after hours such as when Student Health Services or doctor's offices are closed during evenings and weekends. If medical attention is needed right away, but it is not necessary to visit an emergency room, this is a reasonable option. The cost of an urgent care visit may be more costly than a doctor's visit.

**Emergency Rooms** should be used only when you have a true emergency and require immediate medical attention. They are not to be used for non-emergency conditions. Examples of true emergencies are life threatening issues, such as chest pain, non-stop bleeding and loss of consciousness.

**Inpatient and Outpatient Hospital Care** when necessary is determined by a medical professional. In order to keep cost down, you should verify the hospital is an in network PPO provider. The contact number will be shown on your insurance ID card.

**Nurse Lines** are typically provided by your insurance carrier. Calls are toll-free and can be utilized for any medical questions such as what to do for a fever, sickness, or first aid. They can also provide an alternative to expensive medical care if the problem is less severe and not an emergency.

## Insurance Terms

### Deductible

This is an Out of Pocket expense you incur before the insurance policy benefits are paid. If medical charges exceed the amount of your deductible, and you have paid the amount that your plan requires, your health insurance will begin to pay its share of the cost. If your medical expenses are less than your deductible, then you will simply pay for services until the deductible is met.

### Coinsurance

This is the percent of payment by the insurance carrier and the insured. For example, if the plan purchased offers 80% of coverage for in-network services, then the insured would be responsible for 20% of the cost of services.

### Premium

This is the amount that you pay to purchase the insurance coverage. This is a set amount that you pay regardless of whether you have made a claim or not.

### Copay

This is a fixed amount you pay up front for particular services or prescription items. Copay's are usually required for outpatient doctor visits and prescriptions, however, there are other exceptions to incurring this expense. See your policy for more details.

### Explanation of Benefits (EOB)

Each time a claim is filed, you will receive a statement that shows the date you received care, the name of the provider, the charge for each service, the amount the insurance paid, and the remaining balance which is your responsibility. EOB's can be found online or mailed directly to you once a claim has been processed. If you have a question about what you owe or how the payment amounts were determined, please contact the Customer Service number listed on your insurance ID card.

### Out of Pocket Maximum

The most you will have to pay for covered medical expenses in a plan year through deductible, coinsurance and copays before your insurance plan begins to pay 100% of covered medical expenses.

### Preventive

Preventive care includes screenings, tests and immunizations that are given when you do not have an illness or injury. Under an ACA policy, specific preventive services are covered. See your policy for more details. Not included in preventive care are physical exams for sports or school. Typically preventive care is paid 100% and does not require you to pay a portion of your deductible or even a copay.

### Network/Preferred Provider Organization (PPO)

Network/PPO Providers are healthcare professionals/hospitals who have signed an agreement to provide services for a fixed cost. Your plan brochure has information on the name of the PPO network you would use in order to receive the in-network level of benefits as well as how to locate doctors and other healthcare providers who are participating in that network. It is important that you confirm with the providers that they are participating in that network, even if they are showing as a participating provider on the PPO's website.

### Usual and Customary (U&C)

Usual and Customary means the average charged by most providers for treatment, services or supplies in the geographic area where the treatment, service or supply is provided. However, most non-PPO providers costs are over and above usual and customary and therefore, you would be responsible for any cost over U&C in addition to your coinsurance and/or deductible/copays.



## Tips

- ✓ Always carry your health insurance ID card with you, or keep it somewhere that you can access readily.
- ✓ The reimbursement process for claims takes time. Incomplete claims can cause further delays.
- ✓ Make sure you provide your name and ID number exactly as it appears on your health insurance ID card. Using a nickname can delay the processing of the claim.
- ✓ Keep copies of all bills and papers for at least one year.
- ✓ It is appropriate to seek a second opinion from another doctor before deciding on a course of treatment; however a second opinion must be medically necessary and is commonly utilized for severe medical conditions/injuries.
- ✓ It is appropriate to ask your doctor questions about your health and treatment.

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## Academic Emergency Services (AES)

### Global Emergency Services - Medical Evacuation and Repatriation

Whenever you are 100 miles or more away from your permanent residence, the AES benefit is available to you in case you become injured or ill and are not in a place where adequate medical treatment is available. Medical Evacuation benefits will arrange transportation to appropriate facilities. Likewise, when you are ready to go home after recovery or for medical treatment, Medical Evacuation benefits will help with the transportation. Your plan includes benefits for these services through AES.

In case of death, repatriation benefit will cover the cost of returning remains back to your home country.

Only services arranged by AES are covered.



Questions?

Visit [pacific.myahpcare.com](https://pacific.myahpcare.com) for more information.

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