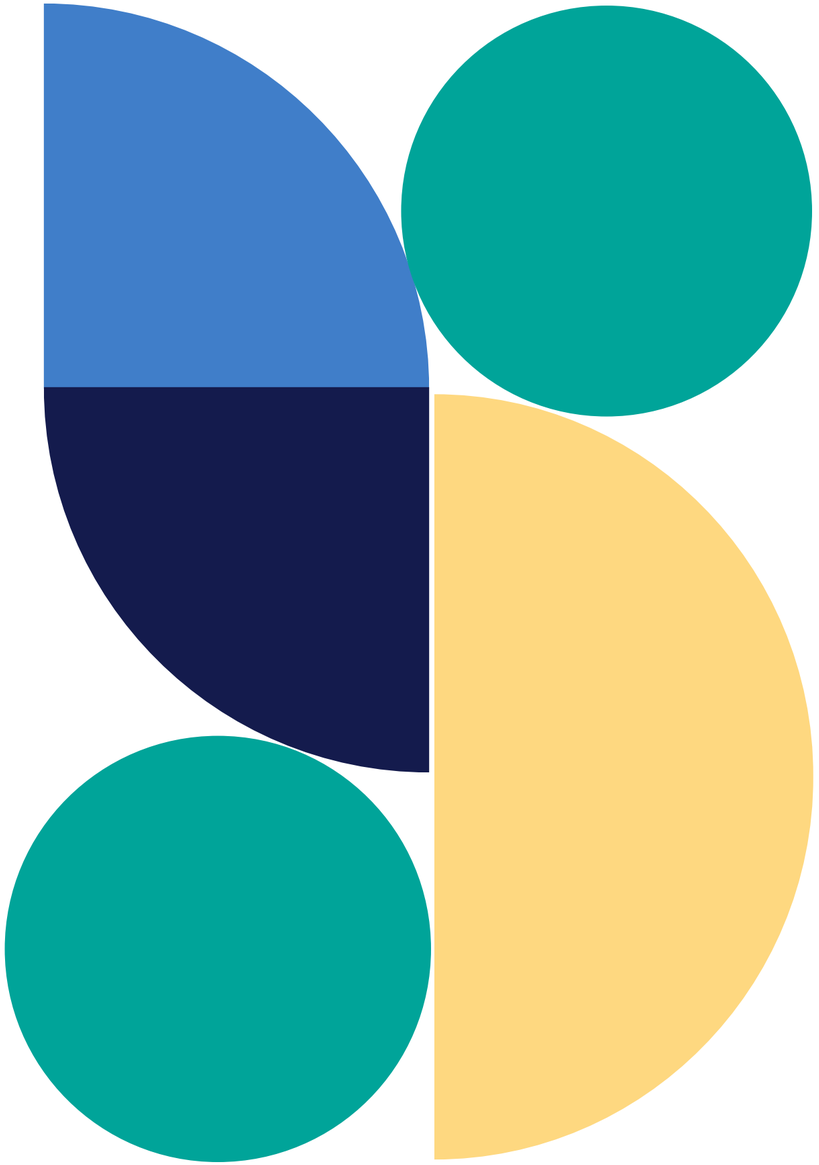
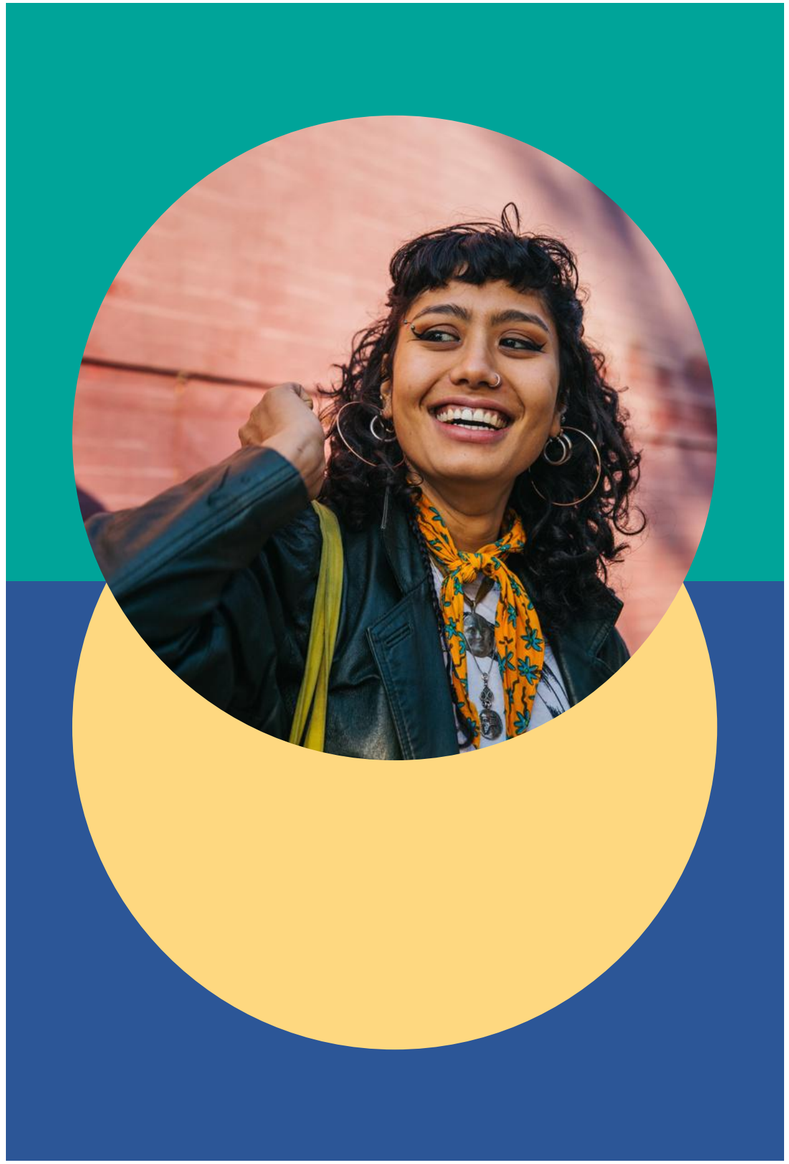
Health Insurance 101

San Francisco Conservatory of Music





Your Insurance Team

Academic HealthPlans (AHP)

AHP, serves as your plan administrator, offering services including website management, plan materials, waiver facilitation, enrollment support, billing assistance, and dedicated customer care for enrollment.

UnitedHealthcare Student Resources (UHCSR)

Your insurance carrier, UHCSR, provides claims administration and customer service, distribution of ID cards, and access to a large network of providers.

Basic Health Insurance Terms

Open Enrollment Period/Waiver Period

- The time frame you can enroll in coverage, or waive coverage

Qualifying Event

- 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 the 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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What if I already have coverage?

Can I waive (opt-out)of the plan?

- If you have other health insurance that is comparable to this plan, you may request a waiver..
- You only have a short time frame to request a waiver of coverage, and proof of comparable coverage is required..

You may request to waive if your alternate insurance health plan meets the following requirements:

- Unlimited visits to general practice physician visits, and specialty physicians.
- Inpatient hospital coverage for Medical and Mental Health issues.
- Outpatient Mental Health and Substance Abuse coverage.
- Prescription Medication Coverage (Unlimited coverage with copayment).
- Coverage must be in effect for the duration of the coverage period (Fall 8/1 – 12/31 and Spring: 01/01 - 07/31).
- Medical Evacuation and repatriation
    - ❖ For International Students: If your plan meets all the criteria, except for Evacuation/repatriation coverage you may purchase this coverage directly through AHP, so that your waiver can be approved.

Enrolling in Coverage

Enrollment and Waiver

- Enrollment
  - You are automatically enrolled if you are a Fulltime Undergraduate, or Graduate Student.. The cost for coverage will appear on your tuition statement.

- Waivers
  - If you have other health insurance that is comparable to this plan, you may request a waiver.. See website for full details and requirements for a waiver.

  - **You only have a short Time frame** to request a waiver of coverage, and proof of comparable coverage is required..

San Francisco Conservatory of Music Student Health Insurance Plan

Offered thru UnitedHealthCare Student Resources.



SFCM.myahpcare.com

This website is your home to all the plan information you need!

Links to:

- Plan brochure
- Summary of Benefits
- Prescription Information
- Find a Provider/Pharmacy
- Get an ID Card
- Ask a question
- Contact US!

Your UnitedHealthcare Student Health Plan

Preventive Services

- Routine health care includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems

- Your plan covers **preventive services** without charging you a copayment or coinsurance, as long as you use an In-Network Provider

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
- Obesity screening and counseling
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users

Basic Health Insurance Terms

Premium
The amount you pay for your health insurance every month

Deductible
The amount you pay for covered health care services before your insurance plan starts to pay

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

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

Coverage Overview

Preferred Provider Organization (PPO)

- When you use the UHCSR PPO network of providers, you have access to negotiated rates on services the PPO provider has negotiated for you.
- You have lower out-of-pocket costs.
- Allows benefits for out-of-network care when you want, but services are paid 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.

Mental Health Equality

- Mental and physical health are treated the same and are covered the same on your UHCSR policy.
- Coverage includes:
  - Behavioral health treatment, such as psychotherapy and counseling.
  - Mental and behavioral health inpatient services.
  - Substance use disorder (commonly known as substance abuse) treatment.

Coverage Highlights

Pre-Existing Conditions

- Pre-Existing Conditions are health problems, like asthma, diabetes, or cancer, that you had before the date that your health coverage starts.
- These illnesses are covered under your plan.

Coverage for Mental Health and Pre-existing conditions are often excluded from plans you can purchase on-line.

Prescription Drugs **(Costs listed when using a preferred pharmacy)**

- Generic/Tier 1 , $25 for 31-day supply
  Generally, the lowest-cost option. These are generic drugs with the exact same active ingredients as brand-name drugs but are much cheaper. some medications are covered at no cost! (See complete list on the website)
- Preferred Brand Name/Tier 2 $60 for 31-day supply
  These are medications that are Medium-cost brand-name drugs that do not have a generic equivalent, or costlier generic alternatives.
- Non-Preferred Brand Name/Tier 3 $75 for a 31-day supply
  These are medications that have a Higher-cost, non-preferred brand-name
- Specialty
  The highest-cost tier. It contains high-cost specialty medications used to treat complex or chronic conditions like cancer. See plan document for more information.

What will I pay - Examples

Example 1

Service Received	Cost of Service	Allowed Amount	Ded/CoPay/Co Ins	Amount Plan Pays	Amount Member Pays
Annual Exam	$150.00	$135.00	$0.00	$135.00	$0.00

In the above example, the member received a preventive exam which is covered at 100%, no member responsibility.

The Allowed amount ($135) is less than the Cost of Service/ Billed amount ($150). The allowed Amount is an agreed upon amount between the Provider and UHCSR,.
The provider CANNOT bill the member for the difference between the Allowed amount and the Billed Amount/Cost of Service.

What will I pay – Example 2

Example 2

Service Received	Cost of Service	Allowed Amount	Ded/CoPay/Co Ins	Amount Plan Pays	Amount Member Pays
Office Visit (Stomach Bug)	$225.00	$185.00	$185.00	$0.00	$185.00
Lab	$425.00	$300	To Ded $15.00 Co –ins $57.00	$228.00	$72.00

For the Office Visit

This was the first time the member received a service where the deductible is applicable. The member had an office visit for sick care, so the deducible will apply.

The Allowed amount ($185 is less than the Cost of Service/ Billed amount $225.00,. The allowed Amount is an agreed upon amount between the Provider and UHCSR, the provider CANNOT bill the member for the difference in the Allowed amount and the Billed Amount/Cost of Service.

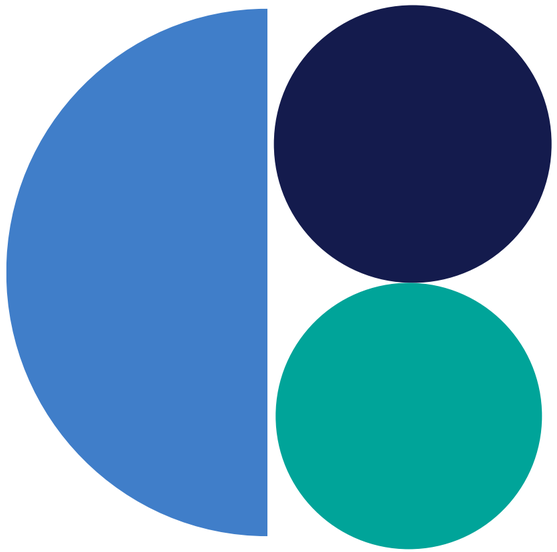
For the Lab work

The Deductible for the plan year is $200, and $185 already went towards the deductible. $15 of this $300 bill will go towards the deductible .
The Co insurance is calculated on the remaining portion, $285 . The plan will pick up 80% of this amount, and the member will pay their "Co –Insurance" 20%.

$285 80% = $228.00 (plan Pays)
$285 20% = $57.00 (member Pays)

The Allowed amount ($300 is less than the Cost of Service/ Billed amount ($425.00,. The allowed Amount is an agreed upon amount between the Provider and UHCSR, the provider CANNOT bill the member for the difference in the Allowed amount and the Billed Amount/Cost of Service.

Health Plan Pro Tips



- Visit SFCM.myahpcare.com for comprehensive details about your health plan to make informed choices.
- Opt for generic drugs over brand-name ones to reduce costs. Ask your provider about generic options.
- Choose in-network providers for discounted rates.
- Go to Urgent Care for same-day services that can handle a variety of medical problems that need to be treated right away but are not considered life threatening
- Go to hospital only for emergency same-day services that need to be treated right away and considered life threatening
- Keep your electronic ID card on your phone and save receipts for medical services and prescriptions.
- Notify Academic Health Plans and your school of any address changes to ensure you receive important insurance information.

Questions?

Don't hesitate to get in touch!

Enrollment

Academic HealthPlans
sfcm.myahpcare.com
help.ahpcare.com

Claims & Benefits

UnitedHealthcare (UHCSR)
(800) 767-0700
customerservice@uhcsr.com

