Student Insurance 101
Why do I need insurance?
Today's Agenda

• Where to Find Information
• Common Insurance Terms
• Student Health Benefit Overview
• Mandatory Students
  • Premiums and Payment
  • Automatic Enrollment
  • Waiver Requests
• Voluntary Student Health Insurance
• Dependent Enrollment
• UHCSR Account
• Optional Vision Insurance
• Optional Dental Insurance
• Contact Information
Where do you find information about plan benefits?

UGA Human Resources website:  www.hr.uga.edu
- **Premium**: payments to an insurance company to have benefit coverage under an insurance plan.

- **Deductible**: the dollar amount an insured individual must pay for covered expenses during a policy year before the plan begins to pay for covered expenses.

- **Coinsurance**: the percent of covered expenses an insured individual shares with the insurance carrier. If applicable, co-insurance applies after the insured pays the deductible and is only required up to the plan’s out-of-pocket maximum.

- **Copay**: a specific amount an insured must pay toward the cost of various eligible services.
• **In-network Provider:** a provider or healthcare facility which is part of a health plan’s network. The provider or facility has agreed to provide health care services to the health plan at set rates.

• **Out-of-network:** a provider or health care facility which is not part of a health plan’s network. Insureds usually pay more when using an out-of-network provider and may be subject to balance billing.

• **Allowable Charge:** the maximum amount a provider participating in the network can charge for a covered service. If the participating provider charges more than the allowable charge under the network contract, the provider must write off the difference. The difference cannot be charged to the insured.
• **Usual and Customary Charge:** the charge, fee or expense which is the customary charge for a covered service rendered within a particular geographic area by those of similar professional standing.

• **Balance Billing:** if an insured uses an out-of-network provider, the provider can charge the patient the difference between the actual charge and the usual and customary rate that is reimbursable under the plan.
Student Health Overview
## Plan Benefits

<table>
<thead>
<tr>
<th></th>
<th>In-network (Preferred Provider)</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$500 per insured</td>
<td>$800 per insured</td>
</tr>
<tr>
<td></td>
<td>$1,250 for all insureds in a family</td>
<td>$1,450 for all insureds in a family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% / 20% of Preferred Allowance</td>
<td>60% / 40% of U&amp;C</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max</strong></td>
<td>$6,350 per insured</td>
<td>$10,500 per insured</td>
</tr>
<tr>
<td></td>
<td>$12,700 for all insureds in a family</td>
<td>$33,500 for all insureds in a family</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100% of Preferred Allowance</td>
<td>100% of U&amp;C</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td><strong>At UHC Pharmacy:</strong></td>
<td><strong>Non-participating pharmacy</strong></td>
</tr>
<tr>
<td></td>
<td>$25 copay Tier 1</td>
<td>$25 generic</td>
</tr>
<tr>
<td></td>
<td>$50 copay Tier 2</td>
<td>$50 brand name</td>
</tr>
<tr>
<td></td>
<td>$75 copay Tier 3</td>
<td>(pay in full &amp; submit receipts for reimbursement)</td>
</tr>
<tr>
<td></td>
<td><strong>At UGA Pharmacy:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 copay generic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$10 copay brand name</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$20 copay non-formulary</td>
<td></td>
</tr>
</tbody>
</table>
- Pediatric Vision Coverage (available to insureds until age 19)
- Pediatric Dental Coverage (available to insureds until age 19)
- Healthiest You – National Telehealth Service
- BetterHelp – Online Counselor Access
- Global Emergency Services
- Student Assistance Program
- UnitedHealth Allies Discount program

Student Health Plan - Other Coverages/Services
• Deductible - per policy year
  • Starts over every August 1

• Waived at the UGA Health Center

• Applies to eligible services received at providers outside the UGA Health Center

• Separate deductibles for in-network and out-of-network eligible services

  In-network Deductible = $500
  Out-of-network Deductible = $800
• Joe is playing basketball with his friends at the Ramsey Center and gets hurt. He goes to the UGA Health Center for care.

• The allowable charges for eligible services totals $100.

  Deductible – waived
  Insurance: $80 (80%)
  Joe: $20 (20%)
Joe has a bike accident in Florida. He goes to a preferred provider (in-network) for care.

Total Charges = $800  
Allowable charges = $700

- Provider writes off $100 (network discount).
- Joe pays first $500 (allowable charges) for in-network deductible.
- $200 in charges remaining:
  - Insurance: $160 (80%)
  - Joe: $40 (20%)

- Totals Paid:
  - Joe: $500 (deductible) + $40 coinsurance = $540
  - Insurance Company: $160

In-network deductible met for policy year.

Deductible Example
Joe gets the flu while visiting friends on a trip to North Carolina. He sees an in-network provider.

Total Charges = $200  
Allowable charges = $150

- Provider writes off $50 (network discount).
- Joe already met his deductible for the policy year.
- $150 in charges remaining:
  - **Insurance**: $120 (80%)  
  - **Joe**: $30 (20%)

- **Totals Paid**:
  - Joe: $30
  - Insurance Company: $120

**Deductible Example**
Students must utilize the UGA Health Center for care or to obtain a referral.
What is a referral?

Permission for an insured individual to consult with another physician or hospital outside of the Health Center.
A UGA Health Center referral for outside care is **not** necessary under the following conditions only:

1. Medical Emergency. The student must return to the UGA Health Center for necessary follow-up care.

2. When the UGA Health Center is closed.

3. Medical care is received when the student is more than 30 miles from campus.

4. Medical care obtained when a student is no longer able to use the Health Center due to a change in student status.

5. Maternity, obstetrical and gynecological care.

6. Dermatological services. Dermatological services means services ordinarily and customarily rendered by a Physician specializing in the practice of dermatology.


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**Referrals**
The Health Center is closed!
What do I do?
Where do I go for care?

The Health Center is closed!

- Healthiest You – National Telehealth Service
- Local doctor’s office
- Urgent Care facility

No referral required when Health Center is closed!

In-network provider search:
- [https://www.uhcsr.com/univofga](https://www.uhcsr.com/univofga)
- 1-866-403-8267
When should I use the Emergency Room?

Medical emergencies only!

Defined by the policy as the occurrence of a sudden, serious and unexpected sickness or injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in any of the following:

1. Death.
2. Placement of the insured’s health in jeopardy.
3. Serious impairment of bodily functions.
4. Serious dysfunction of any body organ or part.
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.
Examples of ER medical emergencies:

- Severe shortness of breath
- Sudden or unexplained loss of consciousness
- Chest pain
- Difficulty breathing
- Large or severe cuts or wounds that won’t stop bleeding
- Severe head injuries
- Spinal injuries
- Major broken bones
- Major burns

- Call 9-1-1 if necessary!

- Insurance will not pay for any services at the emergency room if the services are for a non-emergency sickness or injury.
Mandatory Students
Who’s mandated to have health insurance coverage?

- International students with a J or F visa status

- Students whose program of study requires health insurance coverage (Dr. of Pharmacy program only)

- Graduate students with a qualified graduate assistantship, fellowship or training grant (paid through UGA Accounts Payable)

Mandated students are automatically charged for Student Health Insurance on UGA Student Account.
<table>
<thead>
<tr>
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<th>Fall 2019</th>
<th>Spring/Summer 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019-2020 Premiums</td>
<td>$1,118</td>
<td>$1,556</td>
</tr>
<tr>
<td>Student-only Coverage</td>
<td></td>
<td></td>
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</tbody>
</table>

Charge on Student Account

- International undergraduate students with a J or F visa type;
- International graduate students (J or F visa type) without a graduate assistantship
- Doctor of Pharmacy students
2019-2020 Premiums
Eligible for UGA Premium Contribution
Student-only Coverage

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<td>UGA Contribution</td>
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<tr>
<td></td>
<td>$559</td>
<td>$559</td>
<td>$778</td>
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<td></td>
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<td></td>
<td></td>
<td>$1,556</td>
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- Graduate students with qualified graduate assistantships
- Graduate students with qualified fellowship or training grant (paid through UGA Accounts Payable)
- Charge assessed to Student Account – pay in full or enroll in Graduate Assistant Payment Plan Option
Mandatory Students – Action Needed!

Enroll - Activate Coverage

OR

Submit Waiver Request - opt out because you have other coverage
Insurance Eligibility File
• Automatic Enrollment Process
  • Completed after the waiver period closes

• Complete the Enrollment Form to activate coverage sooner!
  • Enrollment form link available at www.hr.uga.edu
    • Select Students, then Mandatory Plan Enrollment/Insurance Cards
    • Follow link in Enroll/Activate Coverage section
    • Select Opt-In
      • Enter date of birth and
      • UGA Student ID (81x)
Fall 2019
Coverage effective
August 1, 2019 – December 31, 2019

Spring/Summer 2020
Coverage effective
January 1, 2020 – July 31, 2020

- Enrollment is by coverage period (not month-by-month)
- Cannot cancel coverage early

Coverage Periods
Waiver Requests
Do you have other acceptable health insurance coverage and want to opt-out of the mandatory plan?

Visit www.hr.uga.edu (select Students, then Mandatory Plan Waiver)

✓ Other coverage must meet minimum requirements

✓ Submit a waiver request each waiver period
  • Fall waivers apply to the period of 8/1 – 12/31
  • Spring/Summer waivers apply to the period of 1/1 – 7/31

✓ Approved waivers: Insurance charge removed from Student Acct within seven (7) business days from approval date

Waiver request deadline for Spring/Summer 2020: February 17, 2020

Mandatory Plan Waiver Requests
Voluntary Enrollment
Voluntary Enrollment

- Full coverage period premium due at time of enrollment
- Premiums paid directly to insurance company
- To access voluntary enrollment site: www.hr.uga.edu, select “Students”, then Voluntary Plan
- Deadline to enroll for Spring/Summer 2020 coverage – February 17, 2020

Voluntary Enrollment

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<td>Annual (8/1/19 - 7/31/20)</td>
<td>Fall 2019 (8/1/19 – 12/31/19)</td>
<td>Spring/Summer 2020 (1/1/20 – 7/31/20)</td>
</tr>
<tr>
<td></td>
<td>$2,674</td>
<td>$1,118</td>
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- 2019-2020 Premiums

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage Period</th>
<th>Annual Premium</th>
<th>Fall 2019 Premium</th>
<th>Spring/Summer 2020 Premium</th>
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Dependents
UHCSR My Account
www.uhcsr.com/univofga
• Insurance ID card
• View Explanation of Benefits
• Claims status
• Provide injury details or other insurance information
• Print 1095-B tax document for income tax filing
• Access Message Center – self-service tool to view any email notifications sent from UHCSR
Explanation of Benefits (EOB)

- The insurance carrier’s written response to a claim for benefits. The explanation states the amount paid to the provider by the plan and the total amount the patient is responsible for paying.

- An EOB is NOT a bill!
What’s an EOB and why do I need it?

EOB stands for Explanation of Benefits. This is a document we send you to let you know a claim has been processed. The most important thing for you to remember is an EOB is NOT a bill. It’s letting you know which healthcare provider has filed a claim on your behalf, what it was for, whether it was approved, and for how much. You should always review your EOB to make sure it’s correct. Here’s a breakdown on how to read your EOB.

In the upper right portion of your EOB you’ll find general information. If a payment was made to the provider, you’ll see the check details in the top boxes. Below that are things like the claim and policy number, your ID numbers, both the insured’s and the patient’s name, as well as the provider’s name and address.

**CHECK NO.** 1234567  
**CHECK DATE.** 01/01/11  
**CHECK AMOUNT.** $510.02

**CLM #:** 06000099-01-02-03  
**POLICY #:** 01-09999-01  
**ID NUMBER:** 1234567  
**SCHOOL ID:** 12345678  
**INSURED:** John Doe  
**PATIENT:** John Doe  
**PATIENT ACCT #:** 9123123456  
**PAYEE:** A Provider Somewhere  
**ADDRESS:** PO Box 123456  
**Somewhere, TX 71234**

Network discount if applicable.

Dollar amount for covered benefits.

Charges for services not covered by your policy.

Dollar amount you’re required to pay for certain Covered Medical Expenses.

The dollar amount claimed by your provider.

Dollar amount required to be paid before benefit payment is made.

Also called CPT Code, used to document medical procedures performed.

Total paid by your insurance.

Dollar amount owed by insured.

The code in the Remark column is explained in this section.

**Ref #**  
**Service**  
**Dates of Service From To**  
**Proc Code**  
**Amount Claimed**  
**Ineligible**  
**Discount**  
**Total Covered**  
**Co-Pay**  
**Policy Deductible**  
**Total Benefits**  
**Patient Balance**  
**Remark Code**

**EMERGENCY ROOM LABORATORY**  
08/03/10-08/04  
08/04/10-08/04  
83049  
845.05  
100.00  
20.00  
645.05  
300.00  
436.02  
436.02  
436.02  
542

**Totals:**  
945.05  
926.03  
300.00  
516.02  
436.02  
436.02  
436.02  

Remarks:

542: This service was processed under the Preventive Care benefit in your policy.

Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.

Patient Balance: Co-pay, Policy Deductible, Co-insurance & All Amounts Over Policy Limits.

How to read an EOB
• Carry your insurance plan card with you at all times.
  • Available 24/7 through United Healthcare My Account

• Carry some form of photo identification with you at all times.

• Review your health insurance benefits **before** you need them. Know what to expect!

• Know where to seek services.

• Utilize contact numbers for questions about your coverage.

**Tips for Accessing and Using your insurance**
• **UHCSR Customer Service**
  
  ☎ 1-866-403-8267
  📧 customerservice@uhcsr.com
  
  • Interpreter services available upon request
  • Questions about benefit coverage, claims questions, finding participating providers
  • Online Help Center (FAQ, Glossary, Videos) – [www.uhcsr.com/univofga](http://www.uhcsr.com/univofga), select Help Center in Quick Links section at bottom of webpage.

• **UGA Human Resources**
  
  ☎ 706-542-2222
  📧 gshiplan@uga.edu

  • Questions regarding eligibility, premiums, enrollment or waivers, or general information about student health insurance

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**Contact Information**