

## International Insurance Basics:

### *How to read the Plan Document:*

- The plan document and plan summary can be found at [www.eiaa.org](http://www.eiaa.org) > click on STUDENT INSURANCE on the top right-hand corner. Type in your institution name to search. All your documents are found at this site.
- The cover page includes the policy number and effective dates of the plan. These are the dates you are covered by the plan.
- You will find general information next. Please review.
- Definitions will help explain common terms used throughout the plan document.
- Schedule of Benefits will show you the maximum limits when co-payments are applied. Take a look at the benefit types for general information of how services will be paid.
- Description of benefits will describe the benefits on the Schedule of Benefits and additional benefits this plan includes.
- A very important part of the document are the Exclusions and Limitations. Please review these for reasons a service may not be covered.

### *What does my insurance cover?*

This insurance covers accidents and sickness. Keep in mind that not all accidents and sickness are covered. Please review the list of exclusions at the back of the plan document.

Definitions of Accident and Sickness:



Accident means an unforeseeable event which:

- 1) Causes injury to one of more Plan Participants; and
- 2) Occurs while coverage is in effect for the Plan Participant



Sickness means illness or disease which requires treatment by a Physician while covered by this Policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

*Examples of common accidents: broken leg, sprained ankle, concussion, dislocated knee.*

*Examples of a sickness: flu, bronchitis, diabetes, mental illness, substance abuse, pregnancy.*

### *Common Benefit Types:*

Hospital In-Patient	Anesthesiologist	Laboratory Services
Hospital Out-Patient	Physician	Diagnostic/X-Ray Services
Out-patient Surgery	Emergency Room	Mental Health Services
Surgeon	Urgent Care	Alcohol & Drug Abuse Services
Assistant Surgeon	Ambulance	Physical Therapy



### Important things you need to know:

- Wellness Services such as pap smears, recommended and required vaccinations or annual examinations are covered at 100% if you use an in-network provider!
- Medical services that are the result of pregnancy are covered under this plan.
- Pre-existing conditions are covered by this plan.
- Medical services rendered in your home country are not covered under this plan.

## Common Insurance Terms

**Coinsurance:** Coinsurance is a percentage of what the insurance will pay to cover your health care cost after any deductibles or copays have been met. For example – the co-insurance on this plan is 80%, meaning you will be responsible for 20% of the bill.

**Co-pay/co-payment:** Like a deductible, this is the amount of money you must pay out of pocket. For example – every time you see a doctor, you will be required to pay a \$25 co-pay.

**Deductible:** The deductible is the amount you are responsible for. Sometimes the medical provider will ask for this payment up front. The deductible is paid once per calendar year. The deductible on this plan is \$100.



### Let's do some math demonstrating how coinsurance, co-payment and deductibles are applied:

You have submitted your first medical bill for \$250 for a physician visit. This would be paid as follows:

\$250	<i>Initial Bill</i>
-\$100	<i>Deductible</i>
-\$25	<i>Copayment</i>
\$125	<i>Remaining Balance is paid at 80% = \$100</i>
\$100	<i>The insurance company will pay this amount</i>
\$150	<i>Your responsibility</i>

You have submitted your second bill for an in-patient hospital stay. You have already met your deductible. Charges would be paid as follows:

\$5,000	<i>Initial Bill</i>
\$0	<i>You have already met your deductible already</i>
\$0	<i>Copayment – there is no co-payment for a hospital in-patient stay.</i>
\$5,000	<i>Remaining Balance is paid at 80% = \$4,000</i>
\$4,000	<i>The insurance company will pay this amount</i>
\$1,000	<i>Your responsibility</i>

**Plan Participant:** You, the insured.

**Premium:** This is the actual cost of the plan.



**Provider Network:** Also known as “in-network” provider. This is a group of medical providers that have agreed to charge less for the same service. Using an in-network provider can save you money. Please see the section on “how to use your insurance” for more information.

**Usual, Reasonable and Customary:** This is the average cost for a particular treatment in a certain geographic area. It is the amount that insurance companies use to determine the maximum they will pay.



***Exclusions & Limitations of the Plan - This is not a complete list so please refer to the plan document. The following are not covered by the plan:***

- Dental care unless it is the result of an injury to sound, natural teeth.
- Acne is not covered by this plan.
- Treatment rendered in your home country.
- Eyeglasses, contact lenses, hearing aids, braces, appliances or examinations or prescriptions relating to these items.
- Treatment of HIV Infection over the lifetime maximum of \$7,500.
- Elective treatment or Cosmetic Surgery or treatment
- Injury due to snowmobile, water jet ski or any two or three wheeled motor vehicles other than a motorcycle registered for on-road travel.
- Injury sustained while taking part in mountaineering, snowboarding, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or cycle, scuba diving, snorkeling, white water rafting or surfing unless part of a school credit course.
- Weight reduction programs or surgical treatment of obesity

### ***How do I get a prescription?***

Your plan includes prescription coverage. In most cases you will need to pay a co-pay at the time you pick up your medication. Please be prepared to pay when you pick up your prescription. You can always ask the pharmacy how much you will need to pay at the time you request a prescription be filled. **MAKE SURE TO BRING YOUR ID CARD!**

To find a pharmacy or estimate pricing you can always go to [www.express-scripts.com](http://www.express-scripts.com) and register. Most pharmacies such as Walgreens and CVS accept Express Scripts.

### ***How do I find a doctor or medical provider?***

You may find in-network medical providers by going to:

<https://connect.werally.com/plans/uhc> and chose Options PPO or by calling 949.429.7130 for assistance.

- You are NOT required to use an in-network provider however, it may save you quite a bit of money if you do.
- You ARE required to use an in-network provider when seeking services for wellness.

## *Claim Procedures:*

***Please bring your ID card and a photo ID to obtain prescriptions or when you have any type of medical care. Providers will ask to see your insurance card. This will ensure claims are submitted properly. The medical providers will submit the charges for payment on your behalf.***

After charges have been submitted, they will be processed by NAHGA. (NAHGA is your claims payer.) You will receive an explanation of benefits at your school address for any claims that have been submitted. If you have any questions about claims, please contact NAHGA at 877.497.4980



### *Who do I call?*

Lost ID card: 888.255.4029

Claim or Benefit Questions: 877.497.4980

Locate a Provider: 949.429.7130