# International Plan Basics

## *How to read the Plan Document:*

***The plan document can be found at [www.eiia.org](http://www.eiia.org) > click on STUDENTS on the top right-hand corner. Type in your institution name to search. All your documents are found on this site.***

- The cover page includes the policy number. The effective dates of the plan are on the next page. These are the dates you are covered by the plan.
- You will find general information next. Please review.
- There is a section called "Definitions". This will help explain common terms used throughout the plan document.
- A very important part of the document is the "Schedule of Benefits". This will show you how benefits are calculated. Take a look at the benefit types for general information and how services will be paid. (There is a section later on in this document discussing how benefits are calculated.)
- 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 is the Exclusions and Limitations. Please review these for reasons or services that 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

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

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

## *Common Covered Benefit Types or Services:*

Hospital In-Patient, Hospital Out-Patient, Surgeon, Assistant Surgeon. Physician, Emergency Room, Urgent Care, Ambulance, Laboratory Services, Wellness, Diagnostic/X Ray Services, Mental Health, Drug & Alcohol, Maternity, Wellness & 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 90%, meaning you will be responsible for 10% 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 $20 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 $150.

***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 or specified as a benefit in the plan.
- 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.

- Losses resulting from intoxication or use of illegal drugs.
- Practice or play in any intercollegiate, professional or semiprofessional sports contest or competition, unless otherwise provided in the Schedule of Benefits.
- Elective, cosmetic surgery or elective treatment or treatment for congenital anomalies.

## *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!

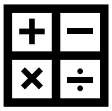
To find a pharmacy or estimate the cost of a drug please go to https://www.whyuhc.com/us1 Most pharmacies such as Walgreens and CVS accept Optum.

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

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

https://www.whyuhc.com/us1 and choose Options PPO or by calling 877.810.6870 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.



**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*** | ***Initial Bill*** |
| ***$ 150*** | ***Deductible*** |
| ***$ 20*** | ***Copayment*** |
| ***$ 80*** | ***Remaining Balance is paid at 90% = $72*** |
| ***$ 72*** | ***The insurance company will pay this amount*** |
| ***$ 178*** | ***Your responsibility*** |

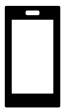
You have submitted your second bill for an in-patient hospital stay. You have already met your deductible. Charges would be paid as follows:

| | |
|---|---|
| ***$ 5,000*** | ***Initial Bill*** |
| ***$0*** | ***You have already met your deductible already*** |
| ***$0*** | ***Copayment – there is no co-payment for a hospital in-patient stay.*** |
| ***$ 5,000*** | ***Remaining Balance is paid at 90% = $4,500*** |
| ***$ 4,500*** | ***The insurance company will pay this amount*** |
| ***$ 500*** | ***Your responsibility*** |

## *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 Robin Assist. (Robin Assist is your claims payer.) You will receive an explanation of benefits via email. Please review the explanation of benefits and contact Robin Assist if you have any questions about how your claim was processed. You can reach Robin Assist at 877-810-6870.



**Lost ID card, Benefit Questions, Claim Status, General Questions or help locating a provider please call Robin Assist at: 877.810.6870**

## IMPORTANT INFORMATION REGARDING YOUR PLAN

***For Students:***

- Remember to keep your ID card with you and show it to all your medical providers. This will allow your medical providers to bill United Healthcare directly and if additional information is needed you will be notified.
- All medical expenses (bills) must be submitted within 12 months from the date of service or date of death, or they will be denied.
- To locate an in-network provider go to: United Healthcare Link
  - Scroll down and select "Search the network for your healthcare provider".
  - Under "Search the network: Options PPO," click to proceed.
  - Choose "Change the location" to set your preferred area,
  - Navigate to "Places," then select "Clinics" followed by "Urgent Care Clinic."
  - For specific doctors or specialties, click on "People"
- If you have questions about your claim or need help locating a provider, please contact Robin Assist at 877-810-6870 or email eiia@robinassist.com . The Robin Assist Support Team is available 24/7.
- To file a claim or check on a claim status go to: **FILE A CLAIM**

***For Medical Providers***:

**United Healthcare Global**
**PO Box 30526**
**Salt Lake City, UT 84130-0526**
**Customer Service or Eligibility Verification: (877)559-5583 or online at https://www.usnetworksuch.com**

**EDI#: USN01**

***PLEASE NOTE: This plan does not require pre-authorization.***