

Student Health Insurance: Quick Guide

Find a link to your plan at: www.4studenthealth.com/gcc. Please also review their guide to [Using Your Insurance](#).

This guide will provide you with additional information on how to use the international student health insurance plan. You can download your insurance card at any time by visiting www.4studenthealth.com/gcc. Please note that this is a health care plan only and does not cover dental or vision support services. Follow these instructions to minimize out of pocket costs:

1. Go to the Student Health Center first. If they are unable to assist, or they are closed, go to a doctor (a preferred provider is recommended).
 - a. You will find a list of all preferred providers at www.aetna.com/docfind/custom/passport
 - b. If medications are prescribed, always ask for the generic version instead of the name brand. This will save you money.
2. Check if your doctor can submit a claim directly/electronically on your behalf by showing them your ID card (ask for direct billing). If not, pay for any portion of your bill that you are required to pay upfront. Note that the Student Health Center will require full payment (direct billing isn't possible).
3. Immediately visit www.4studenthealth.com/gcc and see **Claims** under the USE YOUR INSURANCE section for information about how to submit a claim.
 - a. Submit ALL receipts, statements/remaining bill to the claims administrator, as listed on the website.
 - b. You may check on the status of your claim form using the same website.
4. Receive reimbursement check generally within 30 days of complete submission.

Term Glossary:

Deductible – a flat rate of the first portion of expenditures each year that you are responsible for. This plan carries no overall deductible, but certain procedures may have a specific deductible, as defined in your [2019-2020 Plan Summary](#).

Covered percentage – the percentage of your bill that the insurance company will cover, after any required deductible has been paid. The co-insurance on this plan is 100% for preferred providers and 80% for out of network providers. This means you are responsible for 20% of the bill if going to an out-of-network doctor.

Copay/coinsurance – a copay is the portion of the *office visit* cost that you are required to pay. Coinsurance is when certain services require you to pay a portion of the *service* cost. This plan does not have any copays. For out-of-network doctors, you are responsible for coinsurance on specific services. See the full brochure for a list of services that require coinsurance.

Preferred Providers – “preferred providers” have a signed agreement with the insurance company to accept the insurance, as listed out in the policy. **The Student Health Center is considered a preferred provider.** The insurance company will pay 100% of the preferred allowance (the amount a preferred provider will accept as payment for covered medical expenses).

Out-of-Network Providers – providers “out of network” do not have a signed agreement with the insurance company to accept the insurance. The insurance will cover 80% of the “**usual, reasonable and customary (URC)**” (AKA the industry average) expected amount for each procedure, according to the policy. If the doctor you chose charges a higher rate than the URC, you will be responsible for the difference. In other words, you **may choose to use an out of network doctor but your costs may be higher.**

Exclusions – the incidences that the insurance plan will NOT cover. Review this list carefully, under General Insurance Exclusions in your [2019-2020 Plan Summary](#) (page 8).

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Example 1: A student has an infection and visits the doctor for antibiotics. The bill for the visit is \$75 at a preferred provider, and \$100 out of network. The medication costs \$75. The same visit carries no cost at the Student Health Center. The same medication costs \$50 when purchased at the Student Health Center.

Student Health Center	Preferred Provider	Out of Network
<ul style="list-style-type: none"> • Visit Costs: None • You are not responsible for any payment. 	<ul style="list-style-type: none"> • Visit Costs: \$75 • Deductible: None (\$100 copay if going to emergency room) • Insurance will cover 100% of cost of the visit. • You are not responsible for any cost in this example. 	<ul style="list-style-type: none"> • Visit Costs: \$100 • Deductible: None (\$100 if going to emergency room) • Insurance will cover 80% of the Usual, Reasonable and Customary charges, in this example: \$80. • You are responsible for 20% of the Usual and Customary Charges (URC), in this example: \$20
<ul style="list-style-type: none"> • Medication costs: \$50. • Insurance company will cover 100% of medication purchased at Student Health or filled at a preferred provider. Costs will be incurred if you fill your prescription at an out of network provider (see 3rd column). 	<ul style="list-style-type: none"> • Medication costs: \$75 • Insurance company will cover 100% of prescriptions filled at a preferred provider. Costs will be incurred if you fill your prescription at an out of network provider (see 3rd column). 	<ul style="list-style-type: none"> • Medication costs: \$75 • Insurance company will cover 80% of Usual, Reasonable and Customary Charges (URC), in this example: (\$60). • You must cover remaining 20% of the Usual Reasonable and Customary Charges (URC), in this example: \$15.
Total Cost to You: None	Total Cost to You: None; \$100 if at emergency room	Total Cost to You: \$35; \$135 if at emergency room

Example 2: A student has a strong, lasting headache and visits the doctor for advice. The bill for the visit and routine tests is \$400 at a preferred provider, and \$550 out of network. The same visit would not cost anything at the Student Health Center.

Student Health Center	Preferred Provider	Out of Network
<ul style="list-style-type: none"> • Visit Costs: None • You are not responsible for any payment. 	<ul style="list-style-type: none"> • Visit Costs: \$400 • Deductible: None (\$100 copay if going to emergency room) • Insurance company will cover 100% of the cost, in this example: (\$400). • You are not responsible for any portion of the cost 	<ul style="list-style-type: none"> • Visit Costs \$550 • Deductible: None (\$100 if going to emergency room) • Insurance company will cover 80% of the <u>Usual, Reasonable and Customary charges</u> (URC) for the tests, in this example: \$440. • You are responsible for remaining 20% of the Usual, Reasonable and Customary charges (URC), in this example: \$110.
Total Cost to You: None	Total Cost to You: None; \$100 if at emergency room	Total Estimated Cost: \$110; \$210 if at emergency room. This assumes the charges for the tests are considered <u>usual and customary</u>; if out of network doctor charges higher than URC for those tests, you pay the difference <u>plus</u> 20%.