

## Answers to Your Insurance Questions (Updated 5/19/04)

### Office of Graduate Student Life

<http://www.lehigh.edu/gradlife>

Lehigh's Insurance Broker: **Bill Devine**, President, University Health Plans

Webpage <http://www.universityhealthplans.com>

Email [info@univhealthplans.com](mailto:info@univhealthplans.com)

Phone 800-437-6448

Address One Batterymarch Park, Quincy, MA 02169-7454

Lehigh's Insurance Claims Underwriter (where you get your reimbursements)

Webpage <http://www.consolidatedhealthplan.com>

Address 195 Stafford Street, Springfield, MA 01104

Phone 800-633-7867

Policy # 374-145-001-R Plan # 47034

#### **Q: What is the deductible?**

A: \$50 deductible per condition

- ❖ For students, the deductible can be waived by the Lehigh University Health Center or in the case of an emergency when the Health Center is closed
- ❖ For dependents, the deductible cannot be waived.

#### **Q: What is a subsidy and does Lehigh provide one?**

A: Lehigh's an insurance subsidy program means that the provost contributes funds toward a graduate student's insurance premium if the student meets the criteria detailed in the provost's memo. For 2003-04, you receive a subsidy of \$300 if you purchase 12 months of coverage, and \$150 if you purchase 6 months of coverage. The money, \$150 minus taxes, will automatically appear in your Dec. and May paychecks.

#### **Q: Why does the Provost's memo refer to "sickness & injury insurance" instead of "health insurance"?**

A: Strictly speaking, "sickness and injury insurance" covers the treatment of sicknesses and injuries, not prevention medical care (with some exceptions). "Health insurance" covers treatment and prevention and is much more expensive (e.g., \$800/month for some plans!). Fortunately, most of your prevention needs are handled for free by the Student Health Center. Nonetheless, everyone refers to the sickness & injury insurance as "health insurance."

#### **Q: Are students who work for hourly wages eligible for the insurance subsidy?**

A: At this time, the new subsidy program is available only for fulltime students who are "Receiving assistantship or fellowship payments through the university payroll system." Unfortunately, if you are not receiving an assistantship, you are not eligible for the program at this time. The subsidies are limited to students on assistantships mainly because those students work 50% time a semester and receive regular payouts, whereas students who work for wages have variable hours across a semester. This is the continuation of our pilot/first year of the

program, so all aspects will be reviewed going forward. When the provost reviews this program next year, he will consider this concern.

**Q: What is payroll deduction?**

A: Payroll deduction is when a set amount of money is taken from a stipend-type paycheck. For instance, a person with an assistantship gets the same size paycheck every two weeks for a certain number of weeks. If he wanted the insurance premium deducted from his paycheck, he would sign up for payroll deduction and a set number of dollars would be taken out of every paycheck so that by the end of the stipend, he has had \$535 deducted. This way, he would not have to write one big check for the premium at the beginning of the year. Instead, the university writes a check to the insurance company at the beginning of the year, and then slowly collects the money from each stipend paycheck.

**Q: Will I be saving money if I choose to pay for my sickness & injury insurance through payroll deduction? If not, why do people use it?**

A: You will not be saving money by using the payroll deduction plan. In fact, you will be spending an extra \$20 for the Bursar's processing fee. Nonetheless, some students like to use payroll deduction because the relatively small monthly payments help them with their monthly budgeting. In addition, some people feel psychologically more comfortable paying small amounts of money instead of a big lump sum.

**Q: Can I use payroll deduction if I have a wage job?**

Payroll deduction can only be done when the paycheck is exactly the same every two weeks for a specific number of weeks. Since people receiving wage paychecks get different sized paychecks each time, and for different numbers of weeks, payroll deduction cannot be offered to them. For instance, you might work 20 hours every single week, but there is not set number of weeks that you will work at your job. You could quit any day and then there would be no paycheck to deduct from, but you would still have insurance because the university already paid for you. In addition, some people have different sized paychecks every time because their work hours change from week to week.

**Q: Once I've filled out the enrollment form, how do I know I'm truly enrolled?**

A: When students sign up for the plan, they receive in the mail an identification card within two weeks of paying for the premium. This card should be shown when you go to a doctor, hospital or pharmacy so that they know you are covered by insurance. With your ID card, you should also receive an orange slip that has a password explanation on it. Follow the steps on the orange paper to set-up your account and create your password. If you have any questions, or do not receive a password, then email Consolidated Health Plans.

**Q: Does this plan help pay for prescriptions?**

A: Prescriptions are covered up to \$750 per year in this plan, but some prescriptions are not covered at all. Birth control, for example, is not covered, unless it is prescribed for a medical condition. When given a prescription, you must first pay for it, then submit a prescription claim by filling out a claim form and sending it with the label or a detailed receipt. The receipt must include the prescription information; it cannot just be the cash register receipt. Most pharmacies will give the customer a copy of the label from the container to be submitted. Some issues, such

as prescriptions for long-term mental health or diabetes, are currently being addressed. Right now, this sort of medication is either not covered or it is treated as one condition and is only covered up to the first \$750. Changes in this part of the benefit plan are being considered.

**Q: Is it my job or the provider's to see if my condition is covered by my insurance?**

A: If it is a major condition, such as one that requires surgery, usually your health care provider will check to make sure that it is covered under your insurance plan. If it is something small or routine, you should check. If you have time, send an email to Consolidated Health Plans and ask, then you have the response in writing.

**Q: How do I know what is covered and what is not covered? I don't want to pay for a prescription, only to find out later that it is not covered in the plan.**

A: Bill will look into putting a list onto the website of what is covered and what is not for both prescriptions and medical expenses. For example, a woman's annual exam is covered, but a man's is not. Having a list to check before you go to the doctor or before you have a prescription filled would be helpful. Until that list is created, you can call the claims office before filling a prescription and ask if your medicine will be covered: 1-800-633-7867.

**Q: Does the insurance cover check-ups, such as the TB test required of international students?**

A: If you came to Lehigh and had a positive TB test, the Health Center probably recommended you to get a chest X-ray done by St. Luke's. The X-ray will be covered. Immunizations and vaccinations are usually not covered by the plan; they are requirements for your education so they are your responsibility. You can still turn in the claim, and you may receive some payment, but expect to be responsible for some of the costs incurred.

**Q: Why doesn't the insurance cover the state required immunization for university housing residents?**

A: The insurance does not cover preventive treatments. Medically, only college freshmen living in dormitories are at an increased risk, so graduate students may feel comfortable choosing to waive the meningococcal vaccine.

**Q: What are the coverage limits on this policy?**

A: For each medical condition, the insurance covers 100% up to \$1,000, then 80% between \$1,001-\$5,000, then 100% between \$5,001-\$50,000.

**Q: Does the insurance include dental or vision benefits?**

A: Dental injuries from accidents are covered. Vision coverage is provided through plan number 47034 at Sears, J.C. Penney, Target, and most Pearle Vision Centers, as well as through selected independent optometrists and ophthalmologist offices. Vision discounts are given immediately so you do not need to file any claims forms.

**Q: Are outpatient mental health services covered?**

A: Psychotherapy and psychiatric medications are covered up to \$1,000/year. The insurance will pay 50% of psychotherapy sessions up to \$60/day.

**Q: What is a claim form and how do I use it?**

A claim form is the Consolidated Health Plans form that you fill out after you have received medical treatment or purchased a prescription. There should be one claim form per condition (per sickness, injury, or prescription). Fill out the same claim form for medical treatment and prescriptions. Submit the claim with your itemized bill or pharmacy receipt to be paid by the insurance company. If you have additional bills at a later time for the same condition, make sure to write you social security number and school name on the itemized bill and send the m to Consolidated Health Plans.

To file a claim, go to <http://www.universityhealthplans.com> and click on Lehigh University. On the left hand side are different options. Choose “download a claim form.” Print out as many as you need, but keep in mind that each condition should only have one claim form.

Once you have submitted a claim, you can check the status by going to the same website. Simply click on “Claim Status” and you will see three columns like this:

PROVIDER	SERVICE DATE	STATUS
St. Luke’s	10/9/02	Paid
Dr. Reynold	11/15/02	Pending

Your reimbursement check should be sent within 10 days of Consolidated Health Plans receiving all of your paperwork. If you have any questions about a claim, or you think that it is taking too long to process a claim, send an email to Consolidated Health Plans and a copy to [info@univhealthplans.com](mailto:info@univhealthplans.com). You should receive a response to your email within 24 hours.

Keep a copy of every email, claim, or bill that you send. If you have a complaint that Consolidated Health Plans is not addressing, tell Bill Devine. Once he is aware of your situation, he can approach Consolidated Health Plans and try to rectify the situation for you. If you keep getting a bill after you have submitted a claim, then re-send the bill. Attach a copy of the first claim that you sent. Remember to check the status of your claims on the web!

**Q: Does the insurance pay the entire bill?**

A: There is a \$50,000 maximum coverage per condition. There are three tiers to how much of the claim is paid per condition.

1. There is 100% (after deductible waived/not waived) coverage up to \$1,000.
2. There is 80% coverage from \$1,000-\$4,999.
3. There is 100% coverage from \$5,000-\$50,000.

**Q: If I have a bill that is \$1,020, do I have to pay 20% of the whole amount, or will the first \$1,000 be covered and then I only have to pay 20% of the remaining \$20?**

A: The bill is broken up into amounts, so we would cover 100% of the first \$1,000 and then we would cover 80% of the remaining \$20.00.

**Q: If it is a prepaid claim, who gets reimbursed?**

A: If you have paid for your expenses before you submit your claim, then you will get the check sent directly to you. This is usually identified by a receipted bill.

**Q: What's the difference between in-network and out-of-network providers?**

A: There is an in-network and an out-of-network benefit difference with this plan. St. Luke's is in the network for the first time, beginning on August 15, 2002. As long as the doctor/hospital is in the network, the three-tiered coverage listed above is applied. If you go to a practitioner that is outside of the network, there is a separate fee structure. The insurance will pay the same amount of dollars as it would if you went to someone in-network. The difference is that providers that are out-of-network will charge more for the same services. So, if we pay a standard \$60 for an office visit, and the out-of-network doctor charges you \$90, we are still only going to cover \$60. You are then responsible for the remaining \$30 because you went out-of-network. What you are responsible for paying is known as a balance bill. To find an in-network provider, go to [www.universityhealthplans.com](http://www.universityhealthplans.com) click on "Lehigh University", then click on "find a provider". Put in the information that is specific to your search and view the results. Be sure to include a speciality, such as "general medicine" and a zip code, otherwise you might get an "invalid" reply. If you cannot find the particular provider in the list then chances are good that the provider does not participate in the network. Also, you can always call your provider to ask if he/she participates in the network.

**Q: How can I find a provider that speaks another language? I am an international student and I don't know English medical terms.**

A: When you are in the "find a provider" field of the website, you can either put in the language as a search criteria, or you can look through the matches to your regular search and see if any of the providers speak another language.

**Q: Why is it so expensive for dependents and spouses to have insurance? The cost makes it so expensive that many cannot afford it. There can't be many spouses on the plan.**

A: Only six Lehigh spouses were signed up for the plan in 2002-03. In general, spouses of graduate students utilize the insurance more than students do, e.g., to have a baby. The only way to lower the premiums for spouses would be to increase the premiums for the students. While the issue will continue to be investigated, the best plan is the one that Lehigh currently has.

**Q: If the losses for the insurance company are that great (from spouses having a baby or whatever) why don't you look to cover birth control to prevent unwanted pregnancies? Or why don't you cover preventive health costs so that you do not have to cover larger expenses later?**

A: Historically, these expenses were just never covered, so as plans are being rewritten, they are generally based on the previous plans. We are working with Lehigh to address the preventive health care costs not covered in the plan.

**Q: What about athletes? Do we need a 2nd insurance plan?**

A: No, this plan will pay 100% up to \$1,000 and then 80% up to \$2000. After \$2,000, the university has purchased a separate policy for athletes that will cover medical expenses up to \$65,000. Expenses greater than \$65,000 are covered by the NCAA policy. If you do have

another plan besides this one (such as your parent's'), then this plan will pay only after the other plan (your parents') has exhausted its benefits. Your claim would first go to your other plan (primary plan) any balances are then submitted to the student plan (secondary plan).

Generally, when you go to St. Luke's or another hospital, and show them your insurance card, they will submit the itemized receipt to Consolidated Health Plans. You have to fill out the Consolidated Health Plans claim form and send it to the Springfield address. Then Consolidated Health Plans will send you an itemized receipt to show you what your total bill was, and the portion that was covered by your plan. If you still owe a balance at this point, you will get a bill from the provider.

**Q: What if I cannot pay my portion of the bill right away?**

A: If you have a huge medical bill that you just cannot pay, you do have several options. First, call the provider to request a payment plan. As long as you are faithfully making some type of payment, they cannot turn the bill over to a collection agency. If you do not pay anything, then they can turn it over to a collection agency and it can hurt your credit. There may also be federal funds available, ask the provider if s/he knows of any, or check with Lehigh University's Health Center. If you are an international student, please check with the Office of International Students and Scholars before accepting any federal funds. Most federal money is not allowed to be used by international students, and doing so will put you out of status.

**Q: What does enhanced supplemental insurance do?**

A: Enhanced supplemental insurance expands the maximum payment per condition from \$50,000 to \$250,000. It does not do anything for the \$0 to \$50,000 benefits.

**Q: Spouses cannot go to the Student Health Center, do they always have to pay a deductible?**

A: Yes. Spouses always have a \$50 deductible per condition. The Health Center can provide spouses with names of private doctors, but not referrals that will waive the deductible. Dependents should try to find a local physician and go to him/her first instead of using the emergency room as the "local doctor."

**Q: What if I want to get pregnant? What steps should I take?**

A: First, you want to find a provider that is in-network that you are comfortable with. Maternity is treated as any other condition and follows the same three-tiered system that Bill discussed earlier. Some specific parts of pregnancy are not covered, so make sure you read your plan carefully. For example, the plan may cover one or two ultrasounds, but not if you have three, four, or five. If there is something wrong that you need to have more than one ultrasound, then you should have the doctor write a note explaining your situation and submit it with your claim.

Once the baby is born, s/he is covered under the mom for the first 31 days. Within 31 days of the birth, you must submit the paperwork and premium for the child to be insured. In Pennsylvania, there is no such thing as a pre-existing condition. This means that you can be pregnant before joining the plan, and your expenses incurred for that condition after you join will be covered according to the three-tiered system.