Welcome to America! As an international student, maintaining good health is essential. It will not only help you do well in school, but also enhance your experience living in the U.S. However, if you get sick or injured, you may need to see a doctor. This guide explains how to access the American healthcare system without financial surprises.
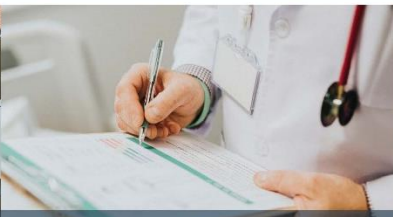
Key facts about the U.S. healthcare system:

1) **There is no national or free healthcare**. Unlike other countries, the U.S. healthcare system is not government-sponsored. That means when you receive care, you must pay for it. Though certain subsidies exist for residents based on income level, non-immigrant students are not usually eligible for them.

2) **Medical Care in the U.S. is expensive**. The costs of receiving care can range from hundreds of dollars to tens of thousands of dollars or more. Without insurance (or with insurance that doesn't cover all of your bills), your financial burden may be significant.

3) **Cost sharing and exclusions are standard parts of U.S. healthcare**. In America, you will pay for your medical expenses with a combination of privately purchased insurance and your own money, known as cost sharing. Medical plans differ in the types and amounts of cost sharing required. Here are some of the possibilities:

   a. **Deductibles:** the amount you must pay before your insurance begins paying. This is typically a one-time annual amount; deductibles do not apply to some services.
   b. **Co-pays/co-payments:** a per-visit fee you pay to a healthcare provider (doctor, clinic, hospital, etc.) when you receive care. Co-pay amounts differ based on the type of provider you're seeing and the type of care provided.
   c. **Co-insurance:** the percentage of charges your insurance company will pay beyond your co-pay and/or deductible. You are responsible for the remainder of the co-insurance charge. (Example: your insurance company pays 90%; you pay 10%.)
   d. **Excluded Services:** Cases in which your insurance will not pay for the care you received.

4) **In addition to being regulated by state, U.S. healthcare insurance is regulated under the federal Affordable Care Act** (also called "Obamacare" or ACA).
5) **Many healthcare insurance plans, including the student health insurance plan (SHIP), work with groups of doctors, hospitals, and other healthcare specialists**

known as preferred provider organizations or PPOs. This means your insurance company contracts with medical professionals or facilities (called **in-network providers**) to accept lower payments for their services. Because insurers use PPOs to reduce their costs, you will pay a smaller share of the cost when you see a PPO provider rather than a **non-network (or out-of-network) provider**.

6) **Most U.S. health insurance plans do not cover dental care.** (It is **not** included in your university's student health plan). However, there are two exceptions. Your student health insurance plan will pay for dental services for injuries to sound, natural teeth (example: you were hit in the mouth by a baseball resulting in a chipped tooth) and for mandated pediatric dental coverage (for those under age 19). You can purchase dental Insurance plans elsewhere (for example, through Gallagher Student Health). But be aware they frequently have limited coverage. If you do not purchase dental insurance, many dental providers will require payment in full at the time of service*. If you are under age 19 and qualify for pediatric dental coverage, please see your student health insurance plan brochure for details on benefits, cost sharing, and limitations.*

Where Do I Go When I Am Sick Or Injured?

Type of Condition

Where to Seek Treatment

Minor Illness or Injury
- Colds, cough, sore throat or flu
- Fever
- Minor cuts
- Sprains
- Skin rashes

On Campus Wellness Center

Urgent Care Facility

Major Emergency
- Major injury (a head injury)
- Severe shortness of breath
- Loss of consciousness
- Bleeding that doesn't stop after 10 minutes of direct pressure

Emergency Room

On Campus Emergency Center

Life Threatening

On Campus
Your Campus Health Center may have an emergency services line, if not dial 911.

Off Campus
Dial 911

1) **The Campus Health Service:** When you are sick or injured, visit your campus health service first. Its physicians, physician assistants, nurse practitioners and nurses can address most of your health concerns. If you need more advanced care, your campus health providers will refer you to a local physician or healthcare facility.

2) **Urgent-care facilities are also a cost-effective choice for routine health conditions when your campus health service is closed**. Visit them when you have a cold or the flu, infections, sprains/fractures, cuts and bruises, and ear, nose, and throat problems. These facilities usually have laboratory and radiology services on-site, as well. They also don't require you to have a prior relationship with their doctors or a prior appointment. When you use an urgent-care facility, you may be responsible for a per-visit co-pay.

3) **Your Gallagher Student Health Insurance Plan (SHIP) will pay for visits to local doctor's offices**. However, you may have to pay a certain amount per visit (co-pay). (Note: if you need lab work or diagnostic tests. you may incur separate costs. However, you will pay far less than if you had the same services performed at a hospital emergency room (ER). Remember you will pay less by visiting an in-network provider versus an out-of-network provider.

4) **Doctor's offices in pharmacies such as CVS** are also an alternative for routine care. Available without an appointment, they are often open during the evening or on weekends, when other doctors' offices are closed.

5) **Hospital-based emergency rooms (ERs) are the most expensive place to seek healthcare.** You should only use them for life-threatening or serious conditions. Because of their high cost, your student health insurance plan will require you to pay a greater share of the expense. If you visit an ER for a non-emergency, you may wait a long time, incur higher expenses, and be responsible for a per-visit co-pay. However, if the ER admits you to the hospital, you won't have to pay for an ER co-pay. (Note: if an ambulance brings you to the ER, there may be a separate co-pay required.)

Navigating The Health Insurance System

1) The U.S. healthcare system may seem complex. But it's easier to navigate than you think . . . especially with several key documents in hand. These include:

   a. **Your medical insurance ID Card**. Carry it with you at all times. It will be difficult to access affordable healthcare without it. You can get access to your ID card by visiting your Gallagher SHIP website. Why is your ID card important? Because it's your admission ticket to the insurance system. Without it, you may have to pay for the full cost of your medical care up front. With the card, you may only have to pay for your co-pay when you visit a healthcare provider. Your medical insurance ID card includes the following:
      i. Your name
      ii. Your insurance ID number and your group name (i.e., your school)
      iii. The name of the insurance company
      iv. The policy number and policy year
      v. Customer service contact information for both insured students and providers
      vi. Claims administrator information

vii.   Claims submission instructions

viii. Prescription drug information

Your ID card helps providers submit claims (bills) to the insurance company on your behalf, meaning you don't have to.

b. **My Benefits and plan information.** Your Gallagher SHIP website has key information about your health insurance. Downloadable files (PDFs) are available for your:

    i. **Plan Brochure**. Describes benefits (at the back of the brochure) as well as all of the plan definitions, exclusions, limitations, and other features.

    ii. **Summary Brochure**. A smaller document listing the highlights of the Plan as well as the applicable exclusions and limitations.

    iii. **Frequently Asked Questions**. Offers quick answers to the most common health insurance questions. Also included are quick lists of whom to contact for answers.

c. **Explanation of Benefits (EOB)**. Your insurance company will send you an EOB via mail or email after you receive medical care. It will show exactly how it processed your claim:

    i. Your medical procedures and treatments and how much your provider(s) charged for them

    ii. Any discounts your insurer applied to your charges

    iii. The amount of your charges applied to your deductible

    iv. What you owe after discounts and deductibles

    v. An explanation of why the insurer denied all or part of your claim.

Key point: **Your EOB is not a bill and does not need to be paid**. It simply explains what your insurance company paid your healthcare provider(s). If you owe any money (due to your deductible or co-insurance), your provider will send you a bill.

d. **Requests for Information**. Sometimes your insurer may delay or deny your claim until it learns more about what happened. For example, if you were in an auto accident and sought treatment for your injuries, the insurer will need to know more information. Why? Because it may not pay for claims relating to auto accidents until your auto insurance policy (and/or that of the other driver) pays first.

Do not ignore these requests for information. If you fail to respond, your insurer may deny your claim.

e. **Provider bills**. Your medical bills will come directly from your healthcare provider or from a third-party billing service. Review this document carefully. Make sure the date of service matches the date you visited the doctor. It should also show any payments the provider already received. This includes what you

paid at the time of service (co-payment) or payments the insurance company made.

    i.   If you presented your Gallagher SHIP ID card at the time of your visit, but you see no payments on your bill, call your provider and ask to speak to the billing department. Ask if they received any insurance payments and if not, to submit their charges to your insurance company first.

    ii.   If you did not present your ID card at the time of your visit, call your provider and ask the billing department to bill your insurance first.

    iii.   Providers will find billing instructions on the back of your ID card.

    iv.   If you paid your bill before your insurer issued payment, submit the detailed bill (request a bill showing diagnosis codes), along with proof of your payment to the insurance company. Directions appear in your plan brochure. The insurer may reimburse you for your payment.

    v.   **Please note**: you may receive multiple bills for a single date of service. This is common, since facilities and doctors issue separate bills. If you have questions, call the provider(s) or the insurer or the company handling your claims.

Once you are sure the insurer has paid your claim, don't forget to pay whatever you owe to the healthcare providers. This will prevent you being charged interest or having your overdue bill sent to a collection agency. It also preserves a good relationship with your providers in case you need to use them again. Finally, verify the methods of payment (cash, check, credit cards) your provider accepts. For large balances, many also allow payment plans (balance divided into installment payments, with or without interest).

2) **Need help understanding your insurance coverage and/or medical bills?** If you do not understand a letter, EOB, or medical statement, contact the insurer or claims administrator at the phone number provided. For provider bills, call their office and ask to speak to the billing department.

Congratulations! As an international student, you are now equipped to navigate the U.S. healthcare system. Yes, it can be complex, especially compared to how your home country delivers medical services. But just remember this: In America, most medical visits have cost sharing responsibilities. Your Gallagher Student Health Insurance Plan (SHIP), if used properly, will minimize how much you owe personally for your care. If you have any questions about using your Gallagher SHIP, please contact your insurer or claims administrator.

This document is a summary only. It does not include all benefits, restrictions, and exclusions in your SHIP. Please refer to "My Benefits and Plan Information" on the plan website for full details.