

# WELCOME TO YOUR STUDENT HEALTH INSURANCE PLAN

2016-2017 LIM COLLEGE STUDENT HEALTH INSURANCE



# USING YOUR PLAN

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Getting Your Medical ID Card

Finding a Doctor

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\*Underlined terms through this presentation are defined on our website under “Resources & Links”

\*Helpful Tips appear throughout this presentation for additional assistance

# INTRODUCTION

- Your Student Health Insurance Plan through LIM covers you for an entire year: August 15, 2016 through August 14, 2017 (even if you graduate prior to the termination date)
- You must attend the first 31 days of classes in the Fall semester to remain eligible. If you leave school earlier than this, your coverage will be terminated.
- This Plan covers you not only while at school, but also while you are home or traveling
- Gallagher Student Health & Special Risk is the Broker / Account Manager for the LIM Program and is available to assist you with any questions you may have
- This plan is underwritten by Tufts Insurance Company (TIC), and administered by Christie Student Health Plans LLC (CSHP). The national Network is CIGNA.

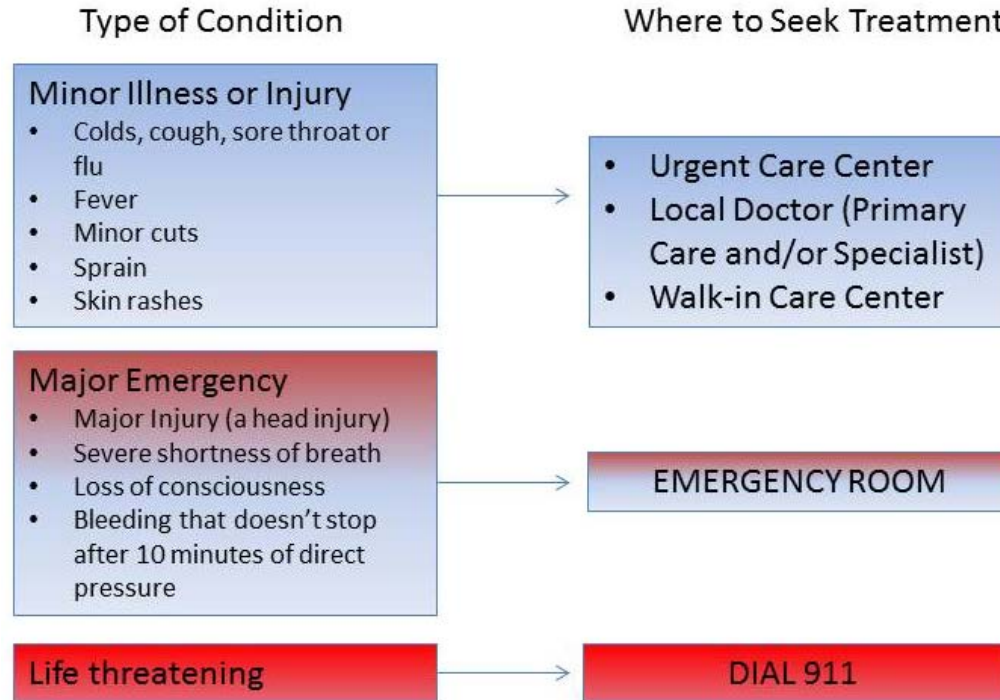


# GETTING YOUR MEDICAL ID CARD

- Cards will be mailed to your address after the waiver deadline. You may also view your electronic ID card, download it online, or print it for temporary use.
- Visit [www.christiestudenthealth.com/LIM](http://www.christiestudenthealth.com/LIM) and click “Member Login” at the top right. Continue to the student portal and register as a First-Time User to set up your login credentials.
- Once logged in, go to the *Manage Members* section, where you may either view/download/print your electronic ID card or request a plastic ID card be mailed to your address.

\*Helpful Tip: Save your ID card as a PDF file to your desktop, and / or email yourself the file so that you can pull it up any time.

# WHERE DO I GO IF I AM SICK OR INJURED?



# WHERE DO I GO IF I AM SICK OR INJURED?

Keep in mind that Emergency Rooms (ERs) are the most expensive type of facility in which to receive care, and should only be used for life-threatening or very serious conditions. If you visit an ER when the condition is not considered an emergency, the wait will be long, the costs will be high, and your insurance costs will be higher.



Urgent Care facilities are a cost-effective choice for seeking care for treatment of cold/flu symptoms, infections, sprains/fractures, cuts & bruises, and ear, nose & throat problems. These facilities usually have laboratory and radiology services on-site as well, and do not require that you have a previously-established relationship with any of their doctors. You will be responsible for a per-visit copay when using in-network Urgent Care facilities.



# FINDING A DOCTOR

- CIGNA is the Preferred Network
- Visit [www.gallagherstudent.com/LIM](http://www.gallagherstudent.com/LIM) and navigate to “Find a Doctor”
- Follow the link on the screen to proceed to search for a CIGNA provider.
- Only search for providers on these linked websites. Accuracy of any other provider search website is not guaranteed.
- Follow instructions on screen to locate a provider meeting your needs.

Personal Business Health Care Professionals International About Cigna Careers Contact Us

Cigna Login to myCigna Find a Doctor/Dentist Search

Home >> Choose a Directory >> Find a Doctor, Dentist or Facility

## FIND A DOCTOR, DENTIST OR FACILITY

Find out more about the doctors and services listed in the Cigna directory and read important notices and disclosures for your state.  
We have found CityMD Urgent Care located 0.1 miles from your search location. Map all urgent care near my current location.

Find a...

DOCTORS DENTIST HOSPITAL, PHARMACY OR FACILITY

SEARCH LOCATION: New York, NY Use my current location

SELECT A PLAN: PICK Medical PPO, Choice Fund PPO Dental No Plan Selected

LOOKING FOR: (Name, keyword, etc.) SEARCH

### YOUR CHOICES CAN IMPACT YOUR COSTS

National average costs for common procedures:

Colonoscopy	\$695 - \$3,800	Get my cost
Knee Arthroscopy	\$2,167 - \$12,470	Get my cost
Lab Test - General Health Panel Test	\$19 - \$109	Get my cost
MRI Scan - Leg, joint (without dye)	\$278 - \$2,354	Get my cost

Note: Costs can vary significantly depending on where you receive care. For example, a colonoscopy done at an outpatient surgical center can cost much less than if performed in a hospital. Log in to mycigna to view cost estimates.

### POPULAR SEARCHES

- Chiropractor
- Dermatologist
- Cigna Vision Directory for routine eye exam or eyewear
- Family Doctor
- Gastroenterologist
- General Practice Doctor
- Internal Medicine Doctor
- Mental Health & Substance Abuse
- OB-GYN
- Pediatrician
- Primary Care Physician (PCP)
- Physical Therapist

- \*Helpful Tip: When calling a provider to make an appointment, confirm that the provider is still in-network
- \*Helpful Tip: Print or “screen-shot” the page on the network website that shows provider participation.

# BENEFITS UNDER THE LIM PLAN

The LIM College Plan is fully compliant with Federal Health Care Reform / PPACA

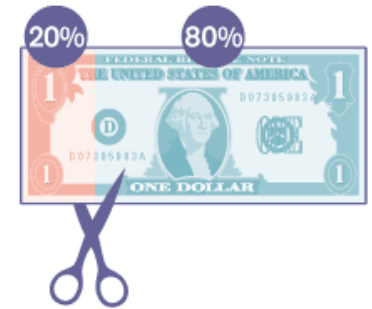
- Meets the individual mandate to avoid a tax penalty
- Provides coverage on an unlimited basis (no annual maximum)
- Provides coverage for pre-existing conditions immediately (no waiting period)
- Provides Preventive Care Services covered at 100% without cost-sharing at in-network providers (visit [healthcare.gov](http://healthcare.gov) for specific details on these services)



# BENEFITS UNDER THE LIM PLAN

The LIM Plan is a PPO Plan, meaning there is coverage available whether you see a “Preferred” provider (also sometimes called an In-Network Provider) or choose to see a provider who does not participate in the network. Levels of coinsurance differ between Participating and Non-Participating Providers

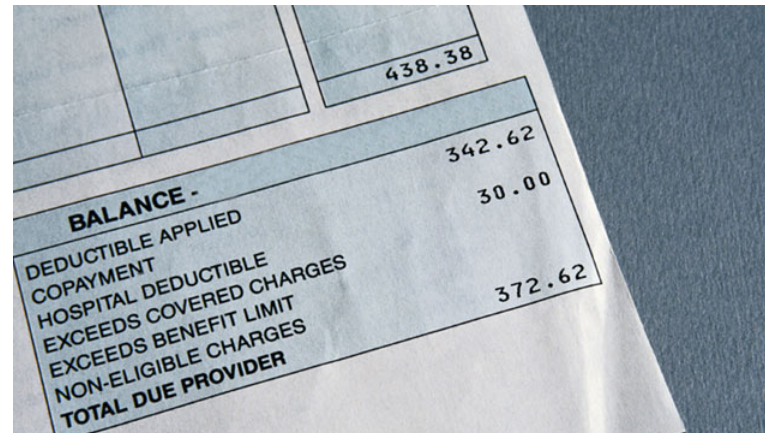
- Participating Provider coinsurance is 80% of Preferred Allowance
  - You are responsible for the remaining 20% (after deductible) of the negotiated amount between your provider & the Insurance Company
- Non-Participating Provider coinsurance is 60% of Reasonable Charges
  - You are responsible for the remaining 40% (after deductible) of Reasonable Charges PLUS any additional amount that your provider charges



# BENEFITS UNDER THE LIM PLAN

The LIM Plan has a deductible in place that you must meet once per policy year before coinsurance is paid

- Preferred Provider deductible is \$300 per policy year
- Non-Preferred Provider deductible is \$600 per policy year



	438.38
<b>BALANCE -</b>	
DEDUCTIBLE APPLIED	342.62
COPAYMENT	30.00
HOSPITAL DEDUCTIBLE	
EXCEEDS COVERED CHARGES	
EXCEEDS BENEFIT LIMIT	
NON-ELIGIBLE CHARGES	
<b>TOTAL DUE PROVIDER</b>	<b>372.62</b>

# BENEFITS UNDER THE LIM PLAN

Certain types of expenses are paid after a copayment (copay) per visit, after having also met the policy year deductible. For Preferred Provider care, this includes:

- Doctor's Office Visits (\$10)
- Consultation Visits (\$10)
- Physiotherapy Visits (\$10)
- Laboratory Tests (\$25)
- Diagnostic X-Rays (\$25)
- Urgent Care Visits (\$25)
- Emergency Room (\$150; waived if admitted)



Copayments are made to the provider at the time of service. Check with your provider to determine what forms of payment they accept.

# BENEFITS UNDER THE LIM PLAN



Prescription Drugs are covered on a copayment basis per 30-day supply when obtained at a Caremark participating pharmacy (this includes CVS, Duane Reade, Walgreens & many other national chain pharmacies). Copays are:

- \$15 for generic drugs
- \$35 for preferred brand name drugs
- \$75 for non-preferred brand name drugs



## Mail order service is also available

- Visit the website and navigate to “Pharmacy Program” for information on Mail Order Service
- Mail order allows you to receive 90 days of medication for the copay of 2.5 months retail



\*Helpful Tip: If you are on a maintenance medication, set up mail order to make sure you never run out of your daily medications

## Your plan also includes

### 24 Hour Nurse Help Line

*Nurse24* will provide participants with immediate and reliable health advice and information. Registered nurses are available 24 hours a day, 7 days a week to answer any health questions.

### Worldwide Assistance

This plan includes worldwide travel assistance through Europ Assistance. Whether you are studying abroad or traveling on vacation, you can have the comfort of knowing that help is only a phone call away.

### Discounts and Wellness

Exclusively from Gallagher Student Health & Special Risk, insured students have access to a menu of vision & dental discounts at no additional cost. To learn more, go to [www.gallagherstudent.com/LIM](http://www.gallagherstudent.com/LIM) and click on “Discounts and Wellness”.

# Member Perks

## Discounts at Jenny Craig

When you're ready to lose weight, Jenny Craig makes it simple. 50% off Jenny Craig All Access Enrollment plus 5% off All Jenny Craig Food.\*



\*50% discount on \$99 enrollment fee. Plus the cost of food. Plus the cost of shipping if applicable. Member is responsible for all payments for the Jenny Craig Program.

## Discount on Glasses & Eye Care

You are eligible for discounts on vision correction services and eyewear from participating EyeMed providers.



## Dietary & Nutritional Supplement Discounts

You can save 15% or more off of the manufacturers' suggested retail price on a wide variety of vitamins, supplements and popular energy and protein bars through [ChooseHealthy.com](http://ChooseHealthy.com).



## Exercise Facility Reimbursement

To encourage you to get fit and stay healthy, Christie Student Health will reimburse you up to \$200 for Exercise Fees at qualified fitness centers. To learn more, view the Fitness Reimbursement Form at [www.christiestudenthealth.com/LIM/tools-resources/](http://www.christiestudenthealth.com/LIM/tools-resources/)



# PLAN INFORMATION

For a full plan brochure, benefit highlight flyer or list of Frequently Asked Questions, visit [www.gallagherstudent.com/LIM](http://www.gallagherstudent.com/LIM) and navigate to “My Benefits & Plan Information”

- All plan documents are available to download in PDF format

**\*Helpful Tip:** Save plan documents to your personal computer for easy reference later on.

**\*Helpful Tip:** Looking for something specific in your brochure? Use the Ctrl+F function on your keyboard to search for keywords quickly in the PDF document.



## My Benefits and Plan Information

 [2015-2016 LIM College Welcome to your Health Insurance Plan \(24 MB\)](#)

### Frequently Asked Questions

 [2016-2017 LIM College Frequently Asked Questions.pdf](#)

 [2015-2016 LIM College Frequently Asked Questions.pdf](#)

### Plan Information

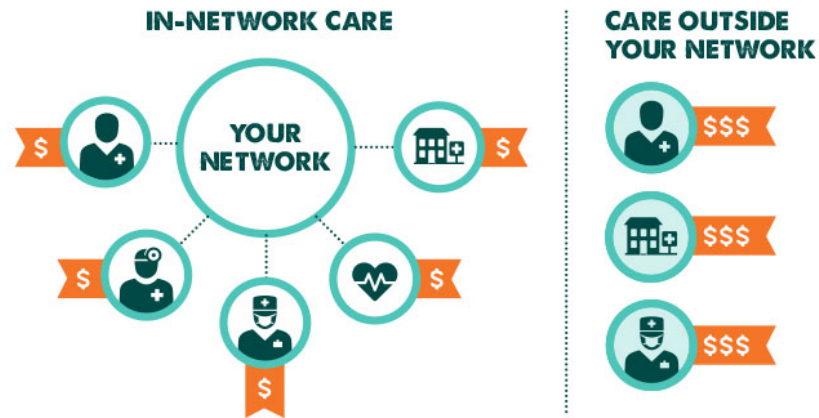
 [2016-2017 LIM College Student Health Insurance Plan Brochure.pdf](#)

 [2016-2017 LIM College Benefit Highlight Flyer.pdf](#)

# IMPORTANT THINGS TO REMEMBER

Non-Preferred providers will cost more than a Preferred provider.

- Coinsurance is higher.
- There are no discounts since the provider does not have a contracted arrangement with the network.





# IMPORTANT THINGS TO REMEMBER

Preventive Care – Though certain services are “free,” the list of these services is very specific by sex / age / risk factors. Be sure to review the [Healthcare.gov](http://Healthcare.gov) website to ensure you know what you will be billed for.

If you have non-Preventive Care services during a Preventive Care visit, your provider can charge for these additional services.

- Example: If you see your doctor for an annual physical / Preventive Care services only, there will be no charge. But if you also tell your doctor that you think you might have strep throat, this is now a “sick” visit and subject to a copay.



# IMPORTANT THINGS TO REMEMBER

Be aware that your policy also has exclusions (specific circumstances / services / procedures which the Plan does not pay for). These can be found in your Plan brochure.

In general, services must be considered “Medically Necessary” in order to be covered under this Plan (exception is Preventive Care).



# IMPORTANT THINGS TO REMEMBER

Don't ignore mail/e-mail from the claims administrator (Christie Student Health)

- If the claims company sends you a letter or email requesting more information, you must respond or claims will be denied.

An “Explanation of Benefits” (EOB) is not a bill.

- This is a statement of what insurance has paid your provider. There may be further adjustments by the provider prior to their issuing a bill to you.



# IMPORTANT THINGS TO REMEMBER

Though claims will generally be submitted by your provider directly to the claims company, if you happen to pay for any services out-of-pocket without using your insurance card, you can still submit claims for reimbursement.

- Visit the website and navigate to download a medical or prescription drug claim form for submission.
- Date of Service must be within the policy's coverage dates.
- You will need an itemized bill from your provider and proof of payment to submit for reimbursement.

**CVS/caremark Prescription Reimbursement Claim Form** 18423-10000000000004

**Important!** • Always allow up to 30 days from the time you receive the response to allow for mail time plus claims processing.  
• Bring a copy of all documents submitted for your records.  
• Do not staple or tape receipts or attachments to this form.  
• Reimbursement is not guaranteed and other contractor will review the claims subject to limitations, exclusions and provisions of the plan.

**STEP 1 Card Holder/Patient Information** This section must be fully completed to ensure proper reimbursement of your claim.

**Card Holder Information**

Identification Number (refer to your prescription card) \_\_\_\_\_ Group No./Group Name \_\_\_\_\_

Name (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_

Address \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**Patient Information—Use a separate claim form for each patient.**

Name (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to Primary member \_\_\_\_\_

Member \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Other \_\_\_\_\_

**Other Insurance Information**

**COB (Coordination of Benefits)**

Are any of these medicines being taken for an on-the-job injury?  Yes  No

Is the medicine covered under any other group insurance?  Yes  No

If yes, is other coverage  Primary  Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

**Important! A signature is REQUIRED**

**NOTICE**

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Plan Participant \_\_\_\_\_ Date \_\_\_\_\_

**Christie Student Health Insurance Claim Form\*** Upon completion, send this form to the address on the back of your ID card.

School Name \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Christie Member ID \_\_\_\_\_ Member Name \_\_\_\_\_ Member Birthdate \_\_\_\_\_

Member Address (include ZIP code) \_\_\_\_\_  Address is new \_\_\_\_\_ Member Daytime Phone Number \_\_\_\_\_

Patient name \_\_\_\_\_ Christie Patient ID \_\_\_\_\_ Patient Birthdate (MM/DD/YYYY) \_\_\_\_\_ Patient Relationship to Member  Self  Spouse  Child  Other \_\_\_\_\_

Patient Address \_\_\_\_\_ Patient Gender  Male  Female \_\_\_\_\_ Full-time student?  No  Yes \_\_\_\_\_ Patient Expected Graduation Date \_\_\_\_\_

Patient Marital Status \_\_\_\_\_ Is patient employed? \_\_\_\_\_ Name & Address of Employer \_\_\_\_\_

Married  Single  No  Yes \_\_\_\_\_  No  Yes \_\_\_\_\_

Is claim related to an accident? If yes, date \_\_\_\_\_ time \_\_\_\_\_  am  pm \_\_\_\_\_ Is claim related to employment?  No  Yes \_\_\_\_\_

Are any family members expenses covered by another group health plan, group prepayment plan, no fault auto insurance, Medicare or any federal, state or local government plan?  No  Yes \_\_\_\_\_ If yes, list policy or contract holder, policy or contract numbers and name/address of insurance company or administrator.

Member ID number \_\_\_\_\_ Member name \_\_\_\_\_ Member Birthdate \_\_\_\_\_

To all providers of health care: You are authorized to provide Christie student health or one of its affiliated companies ("Tufts Health Plan") and any independent claim administrators and consulting health professionals and utilization review organizations with whom Christie Student Health has contracted, information concerning health care advice, treatment or supplies provided to patient (including that relating to mental illness and/or ADD/ADHD/ASD). This information will be used to evaluate claims for benefits. Christie Student Health may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

Patient's or authorized Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize payment of medical benefits to the physician or supplier of service \_\_\_\_\_ Date \_\_\_\_\_

Patient or Authorized Person Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN OR SUPPLIER**

Date of illness (first symptom) or injury (accident) or pregnancy (claim) \_\_\_\_\_ Date first consulted with you for this condition \_\_\_\_\_ If patient has had similar illness/injury, provide dates \_\_\_\_\_ If an emergency check here  emergency \_\_\_\_\_

Name of referring physician (e.g. Public Health Agency) \_\_\_\_\_ For services related to hospitalization provide hospitalization dates \_\_\_\_\_

Admitted \_\_\_\_\_ Discharged \_\_\_\_\_

Name & address of facility where services rendered (if other than home or office) \_\_\_\_\_

# CONTACTS FOR QUESTIONS

For General Questions, visit [www.gallagherstudent.com/LIM](http://www.gallagherstudent.com/LIM)

- Click on Customer Service to submit a Customer Service Contact Form or to call our office
- Click on “Live Chat” to reach a Customer Service Rep during business hours

Questions about a specific claim for the 2016-2017 Policy Year:

- Contact the claims administrator (Christie Student Health):
- 866-639-3747 or [info@csplans.com](mailto:info@csplans.com)



Gallagher | STUDENT HEALTH & SPECIAL RISK

**HAVE A SUCCESSFUL & HEALTHY YEAR!**

