Caltech Graduate Student Council

Health committee

How to make the most out of your health insurance

Health Insurance 101

Date: Tuesday, May 9th
Time: noon-1pm
Place: 2nd Floor Winnett
Health Care in the United States

The U.S. does not offer free medical care to the general public

Medical care is very expensive

Insurance helps with the cost of unexpected injuries and illnesses

- **Doctor office visit:** $150 - $200
- **Annual asthma treatment:** $245 - $1,095
- **Annual depression treatment:** $295 - $1,460
- **Emergency room:** $1,000 - $1,500
- **3 days in the hospital:** $6,000 - $7,100
- **Tonsillectomy:** $3,200 - $5,800
Why You Need Insurance

- An unexpected injury or illness can put you in debt for decades
- You cannot predict an accident or serious illness
- Insurance provides peace of mind
- Insurance can help you stay or get healthy
- Your health and well-being are critical to your academic success
- Caltech requires you to have health and dental insurance
Your Insurance Options

**Caltech Student Health and Dental**
- Affordable
- Comprehensive
  - Preventive care, urgent care, emergencies, surgeries, hospitalization, mental health care, therapy, prescriptions
- On Campus, at home, while traveling
- Protects your wallet
  - The most you’ll pay for medical care, mental health care, and prescription drugs is $1,500 when you use plan doctors
- Designed for you
  - Supplements and coordinates with the Student Health Center

**Your Parent or Spouse’s Insurance Plan**
- Could be affordable and comprehensive
- May not cover doctors and dentists near Campus
- May not provide all the protection you need
- Will not coordinate with the Student Health Center

**A Plan You Buy on the Individual Market**
- Probably won’t offer a good mix of affordability, comprehensive coverage, and protection
- Will not coordinate with the Student Health Center

See the Guide to Waiving Student Health Insurance for:
- Help comparing other insurance to the Caltech insurance plan.
- Requirements for waiving Caltech’s insurance.
How does the health plan work?

1. Use UHC Preferred (PPO) Providers

You can receive care from any licensed health provider, but you’ll save money when you receive care from doctors, pharmacies, mental health counselors, and other health providers in the UnitedHealthcare (UHC) Preferred Provider Organization (PPO).

- Search for Preferred (PPO) providers at uhcsr.com/Caltech.

OR

- Ask the Student Health Center or Student Counseling Center for suggestions.

3. Pay Your Health Provider

When you’re responsible for some of the cost, you’ll either pay your health provider at the time you receive care, or the provider will send you a bill.

You pay nothing for your eligible preventive care and your first 25 mental health visits when you use UHC Preferred (PPO) health providers.

For other types of covered care, you and the Plan share the cost.

See the following pages for details.
How to find a doctor?

- Find a UHC Doctor
- Visit the Caltech Student Health Center Website
- Visit the Caltech Student Counseling Center Website

UHC MyAccount
Learn more about setting up your UHC MyAccount. Create your UHC MyAccount now.
Welcome California Institute of Technology

Welcome to your student health insurance plan page. UnitedHealthcare StudentResources is committed to doing our part to reduce waste and its impact on the environment. Part of this commitment includes reducing our use of paper as well as increasing our security of personal health information. This is your planet. Go Green! Create an Account Today!

For plan details, including benefits and rates, please refer to Plan Information section below.

To waive or enroll in student health insurance coverage please click on the link below.

Enroll In or Waive the Caltech Student Health Insurance For 2014/15

Search for a Provider
If your plan includes access to a PPO network, you may search for providers by selecting the link below.

Healthcare provider or facility
Please use this link to search for participating providers or facilities.

UHC Choice Plus

Mental Health provider or facility
Please use this link to search for a mental or behavioral health provider or facility.
How to get more info

The “fine print”

Drug Exclusions

Health (Medical, Mental Health, Pharmacy)

Your health and wellbeing are important to your academic success. That’s why Caltech requires that all registered students have health insurance — either Caltech insurance or other insurance that meets Caltech’s waiver requirements.

The Caltech Student Health Insurance Plan

Our Student Health Insurance Plan covers care you may need beyond what our Student Health and Counseling Center can provide. For example, if you become seriously ill or injured, your insurance will help you pay for hospitalization and specialist care.

Designed specifically for Caltech students, the plan covers all types of medical and mental health care — routine, urgent and emergency — while you are on campus, at home, and even traveling abroad.

You can receive care from the best local doctors near campus as well as a large national network of top-quality doctors.

How the Plan Works

The Student Health Insurance Plan is provided through UnitedHealthcare (UHC).

- **Doctors**: You may receive care from any doctor or hospital. But the Plan pays more — and you pay less — when you use UHC Preferred (PPO) doctors.
- **Routine Office Visits**: When you go to a UHC doctor for a routine office visit, you pay a $15 copay. Any extra care, such as lab work or x-rays, is subject to the plan’s deductible and coinsurance.
- **Prescription Drugs**: When you use UHC Preferred (PPO) pharmacies, the Plan pays 80% of the cost (no deductible).
- **Other Covered Services**: You first pay a $150 annual deductible (per person). Then the Plan pays 80% when you use providers in Aetna’s PPO network.
- **Out-of-Pocket Maximum**: Once your costs reach the $1,500 annual out-of-pocket maximum, the Plan pays 100% for eligible services for the rest of the policy year.

You can find definitions for copay, deductible and other insurance terms in the FAQs section of this website.

For Additional Information

See the resources under Guides & Forms.

Or visit our UHC website or call UHC at (888) 251-5640.
So, you found a doctor, showed them your ID card, saw the doctor, got some tests done ... now what?!

Will receive at least TWO documents:

1. “Explanation of Benefits (EOB)” from UHC, showing how your insurance was applied.
2. Bill from your doctor, showing how much you owe.

NOT a bill. Do NOT pay. For your information only. DO check the numbers.

This is a bill/invoice. Pay your doctor. Some doctors only bill every 3 months.
## Health Insurance Terms

**Copayment or copay**  A flat-dollar amount you pay every time for certain services such as physician office visits. Copayments do not count toward the deductible or the out-of-pocket maximum.

**Deductible**  The amount you must pay for eligible services before the Plan begins paying anything for the policy year. The deductible does not count toward the out-of-pocket maximum.

**Coinsurance**  The way an insurance plan shares costs with you. For example, when you receive care, the medical Plan pays 80% coinsurance for eligible in-network services, and you pay 20% coinsurance.

**Preferred (PPO) providers**  Doctors and other health care providers who agree to charge plan members a lower, negotiated cost for health care services.

**Out-of-pocket cost**  What you pay when you receive care, including copayments, amounts you pay toward the deductible and your share of the coinsurance.

**Out-of-pocket maximum**  The amount you must pay through coinsurance before the plan pays 100% of the cost for your eligible services for the rest of the policy year. In other words, once you reach the out-of-pocket maximum, the plan pays 100% of your eligible costs excluding copayments.

**Preferred Provider Organization (PPO)**  A type of insurance plan that contracts with certain health care providers to offer discounted charges to the plan’s enrollees. You have the option to see any licensed health care provider, but the plan pays more — and you save money — when you use Preferred (PPO) providers.

**Premium cost**  The amount you pay for coverage. For Caltech insurance, the premium cost is charged to your bursar’s account.
Sample Scenario: Doctor’s visit

You have a cough and decide to go to a doctor. They take a look at you, send you for X-rays, and write a prescription. How much will this cost??

<table>
<thead>
<tr>
<th>SURGICAL (INPATIENT AND OUTPATIENT) BENEFITS</th>
<th>When You Use UHC PPO Providers (Preferred/In-Network)</th>
<th>When You Use Other Providers (Non-Preferred/Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Anesthetist Expense &amp; Assistant Surgeon Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>INPATIENT BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Room and Board Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Intensive Care/Hospital Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Miscellaneous Hospital Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Physician's Hospital Visit Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>(for non-surgical services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician's Office Visit Expenses</td>
<td>80%* of negotiated charge after $15 copay per visit (no deductible)**</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Urgent Care Expenses</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>Emergency Care Expenses</td>
<td>80%* of negotiated charge after $150 deductible (copay waived if admitted)</td>
<td>60%* of negotiated charge after $150 deductible (copay waived if admitted)</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80%* of negotiated charge</td>
<td>60%* of reasonable charge</td>
</tr>
<tr>
<td>ADDITIONAL BENEFITS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment Expenses</td>
<td>80%* of negotiated charge (up to $50,000)</td>
<td>60%* of reasonable charge (up to $50,000)</td>
</tr>
<tr>
<td>Vision Care Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Discounts available (refer to the Caltech Student Medical Plan Brochure at benefits.caltech.edu)
Sample Scenario: Doctor’s visit

You will be billed for TWO services:

– Doctor’s visit (PPO, You pay 20% after $15 copay)
– X-Ray (Lab-test; you pay 20% after deductible is met)

Simplified EOB for Doctor’s Visit

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Charge for visit</td>
<td>$200</td>
</tr>
<tr>
<td>UHC discount</td>
<td>-$135</td>
</tr>
<tr>
<td>Discounted Rate</td>
<td>$65</td>
</tr>
<tr>
<td>DEDUCTIBLE</td>
<td>$0</td>
</tr>
<tr>
<td>YOUR COPAY</td>
<td>$15</td>
</tr>
<tr>
<td>UHC pays (80%)</td>
<td>$40</td>
</tr>
<tr>
<td>Balance (20%)</td>
<td>$10</td>
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(TOTAL COST TO YOU: $25)
Sample Scenario: Doctor’s visit

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<td><strong>(TOTAL COST TO YOU)</strong></td>
<td>$25</td>
</tr>
</tbody>
</table>

Plan Limits to Keep in Mind

**Deductible:** $150

**Out of Pocket Max:** $1500

$ applied towards limits this visit:

- Deductible: $0
- Out of Pocket Max: $25

$ left in limits after visit:

- Deductible: $150
- Out of Pocket Max: $1475
Sample Scenario: Lab Test

You will be billed for TWO services:

– Doctor’s visit (You pay 20% after $15 copay)
– X-Ray (Lab-test; you pay 20% after deductible is met)

<table>
<thead>
<tr>
<th>Simplified EOB for Lab Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Test: $150</td>
</tr>
<tr>
<td>UHC discount: -$80</td>
</tr>
<tr>
<td>Discounted Rate: $70</td>
</tr>
<tr>
<td><strong>DEDUCTIBLE:</strong> $70</td>
</tr>
<tr>
<td>UHC pays (80%): $0</td>
</tr>
<tr>
<td>Balance (20%): $0</td>
</tr>
<tr>
<td><strong>(TOTAL COST TO YOU: $70)</strong></td>
</tr>
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</table>
Sample Scenario: Lab Test

You will be billed for TWO services:

– Doctor’s visit (You pay 20% after $15 copay)
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Simplified EOB for Lab Test

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<td>$70</td>
</tr>
<tr>
<td>UHC pays (80%):</td>
<td>$0</td>
</tr>
<tr>
<td>Balance (20%):</td>
<td>$0</td>
</tr>
</tbody>
</table>

(TOTAL COST TO YOU: $70)

Plan Limits to Keep in Mind

Deductible: $150
Out of Pocket Max: $1500

$80 applied towards limit this visit:
Deductible: $70
Out of Pocket Max: $70

$0 left in limits after visit:
Deductible: $80
Out of Pocket Max: $1405
Sample Scenario: Prescription

After seeing the doctor, you fill your prescriptions. You are prescribed two drugs: one that is covered and one that is NOT covered (see Rx Exclusion List or PDL)

Billing for prescriptions

Covered Drug Cost: $20  
UHC Pays (80%): $16  
You owe (20%): $4

Uncovered drug: $100  
UHC Pays (0%): $0  
You owe (100%): $100

(TOTAL COST TO YOU: $104)

Plan Limits to Keep in Mind
Deductible: $150  
Out of Pocket Max: $1500

$$ applied towards limit this visit:
Deductible: $0  
Out of Pocket Max: $4 (!!)

$$ left in limits after visit:
Deductible: $80  
Out of Pocket Max: $1401
Sample Scenario: Specialist

Your prescriptions don’t fully treat the problem so now you are referred to a specialist.

<table>
<thead>
<tr>
<th>Simplified EOB for Specialist</th>
<th>Plan Limits to Keep in Mind</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for visit: $ 400</td>
<td><strong>Deductible: $150</strong></td>
</tr>
<tr>
<td>UHC discount: −$ 250</td>
<td><strong>Out of Pocket Max: $1500</strong></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Discounted Rate: $ 150</td>
<td><strong>$ applied towards limit this visit:</strong></td>
</tr>
<tr>
<td><strong>DEDUCTIBLE:</strong> $ 80</td>
<td>Deductible: $80</td>
</tr>
<tr>
<td>UHC pays (80%): $ 56</td>
<td><strong>Out of Pocket Max: $94</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$ left in limits after visit:</strong></td>
</tr>
<tr>
<td>Balance (20%): $ 14</td>
<td>Deductible: $0 (!!)</td>
</tr>
<tr>
<td>(TOTAL COST TO YOU: $94)</td>
<td><strong>Out of Pocket Max: $1307</strong></td>
</tr>
</tbody>
</table>
Sample Scenario: Specialist #2

Your last visit did find the problem, but you have to come back a few months later for a follow up with the same specialist.

Simplified EOB for Specialist

Charge for visit: $400
UHC discount: -$250

Discounted Rate: $150
DEDUCTIBLE: (already met)
UHC pays (80%): $120

Balance (20%): $30
(TOTAL COST TO YOU: $30)

Plan Limits to Keep in Mind

Deductible: $150
Out of Pocket Max: $1500

$$ applied towards limit this visit:
Deductible: (already met)
Out of Pocket Max: $30

$$ left in limits after visit:
Deductible: $0
Out of Pocket Max: $1277
Sample Scenario: Summary

- Here’s a summary of all costs you paid:
  - Paid towards copays: $15
  - Paid towards deductible: $150
  - Paid towards coinsurance: $158 (including uncovered drug)
  - TOTAL COST: $323
- UHC paid $232 towards their coinsurance
- Total discount on services thanks to enrollment UHC: $731

Note: Your graduate student subsidized premium is $471/year.
Things you might not know that are covered...

• ONE preventative service visit covered at 100%. NO DEDUCTIBLE, COPAYS, COINSURANCE (Annual physical exam, HPV immunizations, STD testing)
• All travel immunizations are 100% covered.
• Birth control: generic 100%, otherwise 80%
• Mental health visit at in-network provider: first 25 visits are free, after that $15 copay per visit
• Sexual reassignment surgery covered at 80%
• You ARE covered when you travel out of the US (see details online)
Things that are **EXCLUDED**

- Any treatment or prescription related to sleep disorders
- Many infertility treatments
- Marital / Family Counseling
- Injuries sustained while participating in a riot, participating in a civil disorder, committing a felony, or fighting (except in self-defense)
What if things don’t go as planned?

A lot of mistakes happen!

**If you have a question about your Caltech medical or dental insurance**

1. Check the unique UHC website.
2. Call the insurance company first (UHC for medical and Delta Dental for dental). The insurance company can help you with questions about your coverage, how to find a doctor, your claims, payments, and ID cards.
What if things don’t go as planned?

A lot of mistakes happen!

If services provided by the Health center were incorrectly billed

Call the Caltech Student Health Center.
What if things don’t go as planned?

A lot of mistakes happen!

If you have an issue that could not be resolved by contacting your insurance

Email or call the Caltech Benefits Office (HR)
hrbenefits@caltech.edu or 626-395-6443
What if things don’t go as planned?

A lot of mistakes happen!

If your prescribed drug is not covered by UHC and presents you with a very high cost

1. Take the Rx Exclusions List and talk to your doctor. Ask if there are other (generic or just alternative) options that might be covered.

2. If option 1 does not solve the issue, contact the benefits office to see if they can help you out. Sometimes exceptions can be made.
Health Care for your dependents

• Caltech’s plan is **VERY EXPENSIVE** for dependents
  – Spouses/Domestic Partner: $6806/year
  – Child/Children: $3285/year

**Recommended option:**

• Get coverage through the CoveredCalifornia exchange (coveredca.com)
  – “Silver Plan” costs about $200-$250 per month

• Your family may also qualify for MediCal (same application)

• **GRAD OFFICE SUPPORT**: $100/dependent/month
Covered CA Eligibility

• Requirement is that you are legally present
  – F-2 or J-2 dependents ARE legally present
  – You DO NOT have to be a citizen/permanent resident

• Open Enrollment Timelines
  – Everyone can enroll between Nov 15 to Feb 15.

• Special Enrollment (within 60 days)
  – Turning 26 years old (no longer eligible for parents’ plan)
  – Having or adopting children
  – Marriage
  – New citizen or lawful presence status (new F-1/2, J-1/2)
When in doubt..

benefits.caltech.edu

or

Caltech
Graduate Student Council

Health committee

Annet
ablom@caltech.edu

Henry
hngo@caltech.edu

(Let us know if you have problems with your plan!)
Best Practices / Tips

• Use the **Student Health Center** for doctor’s visit for **FREE**
  – You do NOT need health insurance to go here

• Know that Urgent Care Centers are **MORE expensive**
  – Use only if you cannot wait for a doctor’s appointment!

• Know that Emergency Rooms are **REALLY expensive**
  – But, use in an emergency!!

• Check your EOBs and bills for mistakes

• Enroll dependents on **CoveredCA / MediCal**

• **YOU** are responsible for your care and costs. Talk to your doctor about cheaper alternatives
Optional plan: No equivalent coverage needed to opt out

- **Annual cost of coverage:**
  - Student: $133
  - Student + 1 dependent: $257
  - Student + 2 or more dependents: $461

- **Deductibles:**
  - $50 per person per year **and** $100 per family per year
  - No deductible for cleaning and checkup

- **Maximum Coverage:** $1000 per person per year

- **PPO plan**
  - If you do not use providers in the PPO network, you will pay a lot more! Note: PPO is not the same as Premier
Delta Dental: How to use

- No ID card needed – tell your dentist your name, DOB, that you are on the Caltech plan and your UID
- Check that they are in the PPO network every visit
- Benefits paid as per Table of Allowances

<table>
<thead>
<tr>
<th>Proc Code</th>
<th>Nomenclature</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>periodic oral evaluation - established patient</td>
<td>$22.00</td>
</tr>
<tr>
<td>D0140</td>
<td>limited oral evaluation - problem focused</td>
<td>$19.00</td>
</tr>
<tr>
<td>D0145</td>
<td>oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
<td>$22.00</td>
</tr>
<tr>
<td>D0150</td>
<td>comprehensive oral evaluation - new or established patient</td>
<td>$28.00</td>
</tr>
</tbody>
</table>