



This session will be recorded



# INSURANCE 101

*UNDERSTANDING INSURANCE TERMS  
AND HOW YOUR POLICY WORKS*

GAAC Insurance Webinar  
February 27, 2023



# INSURANCE TERMS

## PREMIUM

**THE AMOUNT YOU PAY TO SUBSCRIBE TO HEALTH INSURANCE**

For example: UMBC/ Aetna Student Health you pay a per semester charge for the insurance.

## DEPENDENT

**THE HUSBAND, WIFE (SPOUSE) OR CHILD OF THE STUDENT WHO SUBSCRIBES TO THE INSURANCE POLICY**

## DEDUCTIBLE

**THE AMOUNT YOU PAY BEFORE INSURANCE BEGINS TO PAY**

\$350 with a referral from RIH with UMBC/ Aetna Student Health



# INSURANCE TERMS

## PRE-EXISTING CONDITION

**A MEDICAL CONDITION FOR WHICH YOU HAVE RECEIVED TREATMENT WITHIN THE LAST 6 MONTHS DEPENDING ON THE INSURANCE POLICY.**

## PARTICIPATING PROVIDER

**DOCTOR, NURSE PRACTITIONER, LABORATORY, RADIOLOGY UNIT OR HOSPITAL THAT ARE LISTED WITH THE INSURANCE COMPANY TO PROVIDE SERVICES TO ITS SUBSCRIBERS. THEY ARE SOMETIMES REFERRED TO AS IN-NETWORK PROVIDERS**

Providers not listed with the insurance company are referred to as OUT-OF-NETWORK or NON-PARTICIPATING providers



# INSURANCE TERMS

## CO-PAY OR CO-INSURANCE:

### THE AMOUNT THAT YOU MUST PAY WHEN YOU RECEIVE HEALTH CARE SERVICES

It can be a flat rate: e.g. \$10 at UHS or a percentage of the fee: e.g. 20%

Example: If you visit RIH you will have a co-pay of \$10. If you visit a provider off campus, you must pay 20% of the fee, e.g., if the charge is \$65 you must pay 20% which is \$13

## OUT-OF-POCKET EXPENSE

### THE TOTAL AMOUNT YOU WOULD BE REQUIRED TO PAY DURING THE COVERAGE YEAR.

The coverage year is the time period that your policy is in effect, e.g., 8/15/22 to 8/14/23 e.g., \$5,000 or \$7,500

## PRE-APPROVAL OR PRE-AUTHORIZATION

### REQUIRES THAT YOU GET PERMISSION FROM THE INSURANCE COMPANY BEFORE RECEIVING TREATMENT



# INSURANCE TERMS

## MEDICAL EMERGENCY

ANY MEDICAL PROBLEM WHICH A “REASONABLE PERSON” THINKS COULD BE LIFE-THREATENING OR WOULD BE IF NOT TREATED IMMEDIATELY.

## EMERGENCY TREATMENT

THE MOST EXPENSIVE TREATMENT YOU CAN RECEIVE AND YOU MUST PAY (NOT THE INSURANCE COMPANY) FOR TREATMENT RECEIVED IN AN EMERGENCY FACILITY LIKE A HOSPITAL EMERGENCY DEPARTMENT (ROOM) IF IT IS NOT AN EMERGENCY.

## WAIVER

SETS ASIDE A REQUIREMENT, E.G., IF YOU HAVE INSURANCE PROVIDED BY ANOTHER SOURCE THAT MEETS RIH’ REQUIREMENTS, RIH WILL WAIVE THE REQUIREMENT THAT YOU PURCHASE THE UMBC INSURANCE.



# WHAT IS AN EOB AND HOW OFTEN DO YOU GET ONE?

## EXPLANATION OF BENEFITS (EOB)

An EOB explains what your insurance company paid on your behalf.

You will receive one each time your provider submits a bill to your insurance company



# WHAT IS A PPO, EPO OR HMO PLAN FOR INSURANCE?

## **PPO**

A PPO plan is a type of insurance plan where you have the freedom to go to see any provider that takes your health insurance

## **EPO**

An EPO plan is like a PPO plan but you must stay in network

## **HMO**

In a HMO plan you must use providers that only use the insurance plan.



# WHAT IS MEDICAID?

**Medicaid is a plan that you qualify for based on your income or lack of income. It is funded by the state government.**

# WHAT IS AN MCO?

**An MCO is a Managed Care Organization. It is much like a HMO plan and you need to stay in network for your providers. It is to keep costs down for the Medicaid plans.**



## WHAT IS A PCP?

A PCP is primary care physician. Insurance plans may require you to choose a PCP. This physician will coordinate all your care.

## WHAT IS A REFERRAL?

A referral is given to you by your physician when you need to see another provider for an issue. You need referrals to see a specialist, to get x-rays or go to a lab for lab work.





# **MORE GA BENEFIT INFORMATION**

# UNIVERSITY HEALTH SERVICES

## 100% COVERED (NO CO-PAY)

- Flu and Hepatitis B Vaccinations
- Meningitis and HPV vaccinations (up to age 26)
- TB testing
- Allergy Shots (allergy testing/ serum **not** included)
- Generic Contraceptive Drugs
- Blood Draws and STD Testing
- Physical Exams

## \$10 COPAY SERVICES

- Physician office visit / Outpatient mental health services
- Acupuncture and Massage (only at RIH) \$20 copay
- Nicotine addiction treatment (\$200 maximum per policy year for prescription drugs)
- Treatments for certain skin conditions



# COVERAGE PERIODS

## ANNUAL PERIOD AND ENROLLMENT

- Coverage for all insured students enrolled for the Annual period will become effective at 12:01 AM on August 15, 2023 and will terminate at 11:59 PM on August 14, 2024
- The open enrollment period for 2024 is **August 5, 2024 - September 16, 2024**. Students who enroll during this period will be accepted in the plan and coverage will begin **August 15, 2024**.

## DEPENDANTS

- Coverage will become effective on the same date the insured student's coverage becomes effective. Coverage terminates in accordance with the termination provisions described in the master policy



# ANNUAL RATES

	<b>Annual 8/15/2023 - 8/14/2024</b>	<b>Fall 8/15/2023 - 1/24/2024</b>	<b>Spring/Summer 1/25/2024 - 8/14-2024</b>
<b>Student</b>	\$4,944.00	\$2,210.00	\$2,734.00
<b>Spouse/ Domestic Partner</b>	\$4,901.00	\$2,183.00	\$2,718.00
<b>Each Child</b>	\$5,052.00	\$2,250.00	\$2,802.00
<b>Children</b>	\$10,104.00	\$4,501.00	\$5,603.00

# STUDENT COVERAGE ELIGIBILITY

## GA ELIGIBILITY

Graduate Research Assistants, Graduate Teaching Assistants and Graduate Assistants at UMBC are eligible for participation in the GA health insurance Plan

## STUDENT ELIGIBILITY

You can be covered under this plan as a part-time student if you are:

- Enrolled as a part-time student due to a documented disability that prevents you from maintaining a full-time course load
- Maintaining a course load of at least 7 credit hours per semester



# DEPENDENT COVERAGE

## ELIGIBILITY

Covered students may enroll their lawful spouse, including legally recognized same sex marriages, same and opposite sex domestic partner and dependent children under age 26.

## BENEFITS

Plan provides the same health insurance benefits and eligibility guidelines

Note: Proof of a domestic partner relationship is required and must comply with the state of MD regulation ADC 31.10.35-01 through 03

## ENROLLMENT

- Complete the Enrollment Application and return it to your department administrator for approval by the Graduate School before the last day of open enrollment.
- Spring enrollment deadline: February 28, 2024.

## NEWBORN INFANTS OR NEWLY ADOPTED CHILDREN

- Newborn child is covered on your health plan from the moment of birth.
- If coverage requires the payment of an additional premium for a dependent, to keep your newborn covered under your plan Aetna must receive your completed enrollment information within a 31- day period.
- If you miss the deadline, the newborn will not have benefits after 31 days.



# TERMINATION & REFUNDS

## WITHDRAWAL FROM CLASSES LEAVE OF ABSENCE

- If you withdraw from classes under a school-approved leave of absence, your coverage will remain in force through the end of the period for which payment has been received and no premiums will be refunded.

## WITHDRAWAL FROM CLASSES OTHER THAN LEAVE OF ABSENCE

- Within 31 days after the policy effective date, you will be considered ineligible for coverage, your coverage will be terminated retroactively, and any premiums collected will be refunded. **You must notify the UMBC Insurance Coordinator of the leave of absence to be eligible for the refund.**
- If the withdrawal is more than 31 days after the policy effective date, your coverage will remain in force through the end of the period for which payment has been received and no premiums will be refunded.
- If you withdraw from classes to enter the armed forces of any country, coverage will terminate as of the effective date of such entry and a pro rata refund of premiums will be made if you submit a written request within 90 days of withdrawal from classes



# PRE-APPROVAL/PRE-CERTIFICATION

- When you go to an out-of-network provider, it is your responsibility to obtain precertification from us for any services and supplies on the precertification list.
- If you do not precertify when required, there is a **\$500 penalty** for each type of eligible health service that was not precertified.
- Precertification should be secured within the timeframes specified below. To obtain precertification, call Member Services at the toll-free number on your ID card.

# PRE-APPROVAL/PRE-CERTIFICATION

<b>Non-Emergency Admissions</b>	You, your physician or the facility will need to call and request precertification at least 14 days before the date you are scheduled to be admitted
<b>Emergency Admissions</b>	You, your physician or the facility must call within 48 hours or as soon as reasonable possible after you have been admitted.
<b>An Urgent Admission</b>	You, your physician or the facility will need to call before you are scheduled to be admitted. An urgent admission is a hospital admission by a physician due to the onset of or change in an illness, the diagnosis of an illness, or an injury
<b>Outpatient non-emergency services requiring precertification</b>	You or your physician must call at least 14 days before the outpatient care is provided, or the treatment or procedure is scheduled.

# COORDINATION OF BENEFITS (COB)

- Some people have health coverage under more than one health plan. If you do, we will work together with your other plan(s) to decide how much each plan pays. This is called coordination of benefits (COB).
- A complete description of the Coordination of Benefits provision is contained in the certificate issued to you.



# OUT OF COUNTRY CLAIMS

- Out of Country claims should be submitted with appropriate medical service and payment information from the provider of service. Covered services received outside the United States will be considered at the Out-of-network level of benefits.

## SANCTIONED COUNTRIES

- If coverage provided by this policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid.
  - For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license.
- For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.



# VISION AND DENTAL COVERAGE

## VISION

- The vision plan covers a percentage of the cost of the procedure. This includes:
- Routine vision exam provided by an ophthalmologist or optometrist, including refraction and glaucoma testing
- Vision care services and supplies
  - The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic lenses and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of an illness or injury.
- Pediatric vision benefits are different and specified by the State of Maryland

## DENTAL

- The GA dental plan covers a percentage of the cost of certain procedures:
  - Two routine cleanings (\$50 copay)
  - Two routine checkups (\$50 copay)
  - All other procedures are covered in part by the dental plan up to \$750 annually.
- The benefits for the pediatric dental coverage are specified by the State of Maryland.