



Gallagher

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Health Insurance 101

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Agenda

- J1 & J2 Coverage Requirements
- Overview of Common Insurance Terms
- When and Where to Access Care
- Q&A:
 - For Webinar Today: Use Chat Box, no private information please!
 - Email any specific questions to:
Visiting Scholars: UniversityServices.GBS.UCBVSBP@ajg.com





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J1 & J2 Coverage Requirements

As per the U.S. Department of State, international postdocs and visiting scholars and their dependents must have coverage that meets the minimum requirements below for the entire duration of their stay in the United States.

- Medical benefits of at least \$100,000 per accident or illness
- Repatriation of remains coverage amounting to \$25,000
- Emergency medical evacuation in the amount of \$50,000
- A deductible of no more than \$500 per accident or illness





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Broker (Gallagher)

- A broker matches their clients with a health insurance company or plan that best suits the client's needs.
- The broker may be paid a commission by the insurance company, but represents the interests of their client rather than the insurance company.
- In some cases, as with Gallagher Benefit Services (GBS), a broker can also act as a third-party administrator, handling enrollment and billing, benefit and claims questions, etc.





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Insurance Carrier

- The company responsible for providing you with your health insurance plan by paying your claims, maintaining provider networks, coordinating billing, and offering member assistance services.





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Visiting Scholars are under the United Healthcare Network



In-Network Provider

A healthcare professional, hospital or pharmacy that has a contractual relationship with your health insurance company. This contractual relationship typically establishes allowable charges for specific services.

Out-of-Network Provider

An Out-of-Network provider is a healthcare professional, hospital, or pharmacy that is not part of your health plan's network of preferred (In-Network) providers. You will generally pay more for services received from out-of-network providers, in part because you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.





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* HMO applies to Postdocs and other US plans only, not Visiting Scholars

Health Maintenance Organization (HMO)

- Wide range of health services through a network of providers that contract exclusively with the HMO, or who agree to provide services to members at a pre-negotiated rate.
- Required to utilize a Primary Care Physician (PCP), your 'gatekeeper', who provides most of your healthcare and refers you to Specialists as needed.
- Health care services obtained outside of the HMO network are typically not covered, though there may be exceptions in the case of a life-threatening emergency.

** Be sure to verify a doctor is covered (in-network) prior to seeking care or you could get hit with high unexpected costs.*





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* PPO applies to both Postdocs and Visiting Scholars

Preferred Provider Organization (PPO)

- With a PPO plan, it is recommended you get your medical care from doctors or hospitals in the insurance company's network of preferred providers if you want your claims paid at the highest level.
- Not required to utilize a Primary Care Physician (PCP), but you can. No referral needed to schedule with a Specialist.

** Be sure to verify a doctor is covered (in-network) prior to seeking care or you could get hit with high unexpected costs.*





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* PCPs apply to Postdocs and other US plans only, not Visiting Scholars

Primary Care Physician (PCP)

A primary care physician usually serves as a patient's main healthcare provider, especially under an HMO plan. If necessary, they may refer a patient to Specialists for additional services.





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* Open Enrollment applies to Postdocs and other US plans only, not Visiting Scholars

* Visiting Scholars can make plan changes any time

Open Enrollment

An annual period of time where you are allowed to make alterations to your coverage that you are not permitted to make throughout the rest of the year, such as:

- Changing your plan(s)
- Enrolling dependents
- Enrolling yourself if you previously waived

* *Open Enrollment occurs in November; changes take effect January 1st*





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* Life Event changes apply to Postdocs and other US plans only, not Visiting Scholars

* Visiting Scholars can make plan changes any time

Life Event

Must be made within 31 days of the Event

A life event allows you to make changes to your insurance coverage that otherwise are only allowed during the annual Open Enrollment period.

Examples of a qualifying life event include, but are not limited to:

- Marriage
- Divorce
- Birth or adoption of a child
- Loss of prior coverage
- Relocation
- Arrival (in the U.S.) of a dependent from another country





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Copayment

A flat charge that your health insurance plan may require you to pay for a specific medical service or supply, also referred to as a “copay”.

Example: Paying a \$20 copay for an office visit.





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* Postdoc deductibles and other US plans are per year (January 1 – December 31)

* Visiting Scholar deductibles are per incident/illness

Deductible

A specific dollar amount that your health insurance company may require that you pay out-of-pocket each year, or per illness, before your health insurance plan begins to make payments for claims.

Not all health insurance plans require a deductible.





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Coinsurance

The amount that you are required to pay for covered medical services after you've satisfied any copayment or deductible required by your health insurance plan.

Coinsurance is typically a percentage of the charge for a service rendered by a healthcare provider.

Example: Your insurance company covers 80% of the allowable charge for a specific service, so you may be required to cover the remaining 20% as coinsurance.





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Out-of-Pocket Maximum

Out-of-Pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a plan year.

(Postdoc and other US plans year = Jan 1 – Dec 31)

(Visiting Scholar plan year = Sept 1 – Aug 31)

Once you have reached the Out-of-Pocket maximum, the plan will fully cover most eligible medical expenses for the rest of the plan year.

Your OOP maximum does not include your deductible, but it does include doctor's visits, prescriptions, copays, and coinsurance.





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Lifetime Maximum

The maximum dollar amount that a health insurance company agrees to pay on behalf of a member for covered services during the course of the insured's lifetime.





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* Visiting Scholar plans have a 6-12 month waiting period for coverage

Preexisting Conditions

An illness or injury that was diagnosed and/or treated prior to the effective date of your coverage.

Some health insurance plans will exclude coverage for pre-existing conditions.

Examples: arthritis, skin conditions, cancer, heart disease, diabetes, asthma, epilepsy, depression





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Claim

A request by a plan member, or a plan member's health care provider, for the insurance company to pay for medical services.

When you receive care, you should receive an Explanation of Benefits (EOB) explaining the total cost, your portion, and what insurance covered.

NOTE: If you pay out of pocket and need to be reimbursed, please contact your administrator for a claim form.

NOTE: If you receive a letter about a denied claim or an unexpectedly high bill, contact Gallagher and we can investigate.





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* COBRA applies to Postdocs and other US plans only, but not Visiting Scholars

COBRA (Consolidated Omnibus Reconciliation Act)

Federal legislation allowing an employee or an employee's dependents to maintain group health insurance coverage through an employer's health insurance plan, at the individual's expense, for up to 18 months after the loss of employment.

Example: You leave your current job and have a 2-month gap before your next insurance kicks in. You would be responsible for the entire monthly cost.





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Medical Evacuation & Repatriation Insurance

This coverage, required of all J-Visa holders, is for arranging and paying for emergency evacuation to the nearest adequate medical facility, and the repatriation of mortal remains.

All Gallagher plans include this coverage.

Medical Evacuation Example: You're hiking in the Grand Canyon, fall, and require evacuation by helicopter to a hospital.

Repatriation Example: You get ill, pass away, and your body is transported back to your home country.



When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP) (Required under HMO plan)	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
Specialist (Requires referral from PCP under HMO)	Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated levels, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
Walk-in Clinic (Such as Minute Clinic in CVS Pharmacy)	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
Urgent Care (Alternative to ER)	Treatment of most non-life threatening emergencies	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.

Use the Find A Provider Tool now and locate your closest Walk-In Clinic, Urgent Care, and Emergency Room



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Who Do I Contact?

Gallagher:

- Enrollment and plan changes
- Monthly payments
- Plan documents, visa letter, ID card

Insurance Carrier (IMG):

- Providing additional information about a denied claim
- Coverage of a specific drug, test, or procedure
- Explanation of Benefits (EOB)

Either Gallagher or the Insurance Carrier:

- Unexpectedly high bill, pricing of services, finding a provider



Thank you!

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The intent of this webinar is to provide general information on employee benefit concepts and issues. It should not be construed as legal advice and may not be applicable to your specific insurance coverages.

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