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# Health Insurance 101

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# Agenda

- Overview of Common Insurance Terms
- J1 & J2 Coverage Requirements
- When and Where to Access Care
- Waiver process
- How to locate an in-network provider





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# Agenda cont.

- Policy documents
- Benefits overview
- Q&A:

- For Webinar Today: Use Chat Box, no private information please!
- Email any specific questions to:  
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# Broker

- 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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# Preferred Provider Organization (PPO)

With a PPO plan, like the name implies, it's 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.

You will likely not be required to coordinate your care through a single primary care physician, as you would with an HMO, but you will want to make sure that the health care providers you visit participate in the PPO network.

Services rendered by out-of-network providers may still be covered, but will likely be paid at a lower level.





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# 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. In return for entering into this kind of relationship with an insurance company, a healthcare provider typically gains patients, and a primary care physician may receive a capitation fee for each patient assigned to his or her care.

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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# 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."

For example, your health insurance plan may require a \$20 copayment for an office visit or brand-name prescription drug, after which the insurance company pays the remainder of the charges.







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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.

For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as coinsurance.





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# 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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# 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.

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.





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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 his or her lifetime.





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# 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.





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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.

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





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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.





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# J1 & J2 Coverage Requirements

As per the U.S. department of state, International postdocs 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
- Expenses associated with the emergency medical evacuation of the exchange visitor in the amount of \$50,000
- A deductible of no more than \$500 per accident or illness





# When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
<b>Primary Care Physician (PCP)</b> (Common under HMO plan)	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
<b>Specialist</b> (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.
<b>Hospital</b>	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
<b>Walk-in Clinic</b>	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
<b>Urgent Care</b> (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.
<b>Emergency Room (ER)</b>	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.

# The Waiver Process

## How to waive if you have alternate coverage

In order to waive out of purchasing a health insurance plan under the umbrella of the Visiting Scholar Benefit Plan, you must provide proof of insurance coverage that meets the University's requirements.

### **Campus requirements for minimum levels of health insurance coverage are:**

- \$100,000 USD per accident & illness in medical coverage
- Deductible cannot exceed \$500 per accident or illness
- Coinsurance cannot exceed 25%
- Medical evacuation coverage must be at least \$50,000 USD
- Repatriation coverage must be at least \$25,000 USD
- Pre-existing conditions must be a covered benefit. The waiting period for benefit coverage cannot exceed 12 months. Please note: Policy's with coverage for only "Acute onset of pre-existing conditions" do not meet this requirement.
- Carrier must be at least A- rated or backed by the full faith and credit of the Exchange Visitor's government

# The Waiver Process cont.

**All Visiting Scholars:** If you have dependents accompanying you to the U.S. (i.e. spouse, domestic partner, child(ren)), you must purchase insurance that meets the U.S. State Department requirements for your dependents.

If you have insurance from your home country or purchased insurance that meets the above requirements, you may submit a waiver request to opt out of the University's Visiting Scholar Benefit Plan. To complete the waiver process:

1. Visit campus portal
2. Click on the "Waive Coverage" navigational tile
3. Complete the waiver questionnaire and click "Check My Waiver Eligibility" at the bottom of the page
4. A pop-up window will confirm your eligibility to waive. Click "Create Waiver Login Account"
5. Register as a "NEW USER"
6. Complete and submit the waiver form along with required documents

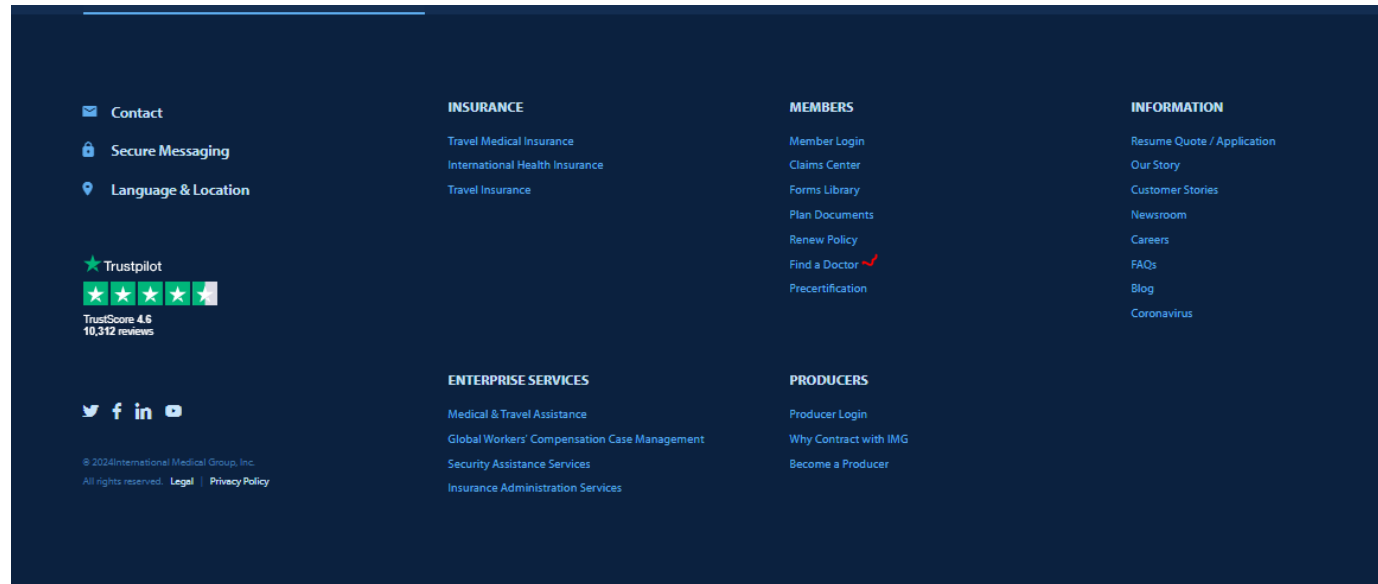
# Finding a provider under your plan

After downloading your ID card from imglobal.com , look at the top left corner to see which network your plan uses . The Gallagher website offers a video on how to navigate this process.



# Finding a provider under your plan cont.

- Once you have located the name of the network, you will need to revisit [www.imglobal.com](http://www.imglobal.com) to run a provider search.
- Scroll down the bottom of the page and select **Find a Doctor**



- Choose either *Search 'Unitedhealthcare PPO' OR 'FirstHealth PPO'*

# Finding a provider under your plan cont.

- If you select **Unitedhealthcare Global** you will be launched to the Locate a Provider page and from there you will need to select to search the network.

## Options PPO Health Plan

With the **Options PPO Health Plan**, you can use any doctor, clinic, hospital or health care facility in our national network.

Seeing an out-of-network provider will likely cost you more.

[Search the network for your healthcare provider](#)



Health care providers who are in our network have agreed to charge lower prices, which helps lower your health care costs. Select a plan to see if your doctor, facility, or clinic is in the network.

[Search the network: Options PPO](#)

[Facilities not in network \(PDF\)](#)

[Search the network for mental health providers](#)

The screenshot shows the UnitedHealthcare 'Find Care' interface. At the top, the UnitedHealthcare logo is on the left, and 'FIND CARE' and 'SAVED' buttons are on the right. Below the logo, it says 'OPTIONS PPO'. The main heading is 'What type of Medical Care can we help you find near:' followed by the location 'Los Angeles, CA 90012' and a 'Change Location >' link. A search bar contains the text 'Search for providers and services' and a 'Search' button. Below the search bar, the section 'Find Care by Category' features five circular icons with corresponding text: 'People' (Doctors, medical groups, and other professionals by specialty), 'Places' (Hospitals, clinics, labs, imaging centers, medical suppliers), 'Services and Treatments' (Providers for office visits, tests, treatments, surgeries), 'Care by Condition' (Find care for common concerns), and 'Cost Estimates' (Treatment for common conditions).

# Finding a provider under your plan cont.

- If you select **First Health** you will be launched to the Locate a Provider page and from there you will need to select the provider type and enter your zip code

**Locate a Provider** English | Español

Home - Network selection - Search criteria

Type of provider

What type of provider are you looking for?


\* Provider type:  Physician  Hospital  Urgent care center  Lab and radiology  All providers

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Search by

Do you want to search by ZIP or state?

\*Select ZIP or state :

\*ZIP code:    
Please enter a valid ZIP code. [Find a Zip code.](#)

Search by ZIP code       Search by state

within:  miles      Distance:   
Adjust slider to increase or decrease distance  
Minimum 5 miles  
Maximum 100 miles

[\[+\] More search options](#)

Use the [\[+\] More search options](#) link to search by provider, specialty, condition or focus.

[Clear criteria](#)

[Who is First Health and what is our role?](#)

\* indicates required field

# Insurance documents & cards

- Once Gallagher receives payment for your selected plan , your information is sent to the insurance carrier for coverage activation
- It typically takes 3-5 business days to receive confirmation from the insurance carrier
- You will be sent an email to the email address that was provided on your enrollment form .

Dear Candace ,

Please find below the link and instructions to download and print your most recent insurance documents for the IMG StandardUHC plan.

To obtain your insurance cards and declaration pages please follow these steps:

1. Visit <https://www.imglobal.com/member/plan-documents>
2. Enter **ESNNI00537214** as your certificate/group number
3. Enter your date of birth
4. Hit the 'Search' button

You will then be able to download and print your documents as PDFs.

**If you are on a monthly or quarterly billing cycle, please check the expiration date on your Declaration Page and make sure you receive an invoice before that date.**

If you have any questions or believe you have received this email in error, please contact us immediately.

Role	Name	Effective	Expire
Primary	Candace Neeson	1/13/2024	3/13/2024

Candace M Neeson |



# Insurance documents & cards

## Sample card

	
UnitedHealthcare Options PPO	
Health Plan (80840) 911 87601 04	Group Number: 76570070
Member ID: 666 111111111	Payor ID: USN01
<b>UC Berkeley VISITING SCHOLAR/STUDENT INSURANCE PROGRAM</b> <small>Points of Care Discount</small>	
Insured: <b>Neeson, Candace</b>	Bin No.: 610020
Insured Effective Date: <b>13-Jan-2024</b>	Rx Group #: IMG427
IMG Insured ID: <b>111111</b>	PCN#: URX001
IMG Certificate Number: <b>EENNI00537168</b>	Pharmacy Help Desk 800.329.0988
Possession of this card does not guarantee coverage.	
<b>This plan contains precertification requirements. Failure to comply will result in a reduction of benefits.</b>	
<b>MEMBER SERVICES:</b>	
<b>Telephone:</b> +1.317.655.4500	
<b>Email:</b> <a href="mailto:customercare@imglobal.com">customercare@imglobal.com</a>	
<b>Website:</b> <a href="http://www.imglobal.com">www.imglobal.com</a> (Live Chat available)	
<b>Online Provider Network:</b> <a href="http://www.imglobal.com/provider">www.imglobal.com/provider</a>	
<b>PROVIDER SERVICES</b> (all inquiries):	
<b>For providers in the USA</b> (except Dental):	<b>For providers outside the USA and all Dental providers:</b>
<b>Telephone:</b> 1.888.543.1238	<b>Telephone:</b> +1.317.655.4500
<b>Website:</b> <a href="http://www.usnetworksuhc.com">www.usnetworksuhc.com</a>	<b>Fax:</b> +1.317.655.4505
<b>Mail Claims to:</b> UHC Global PO Box 30526 Salt Lake City, UT 84130-0526	<b>Mail Claims to:</b> International Medical Group, Inc. Claims Department PO Box 240429 Apple Valley, MN 55124

# IMG Insurance plans

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Plan Type	PPO	PPO	PPO
Lifetime Maximum Per Period of Coverage	\$1,000,000	Visiting Scholar - \$500,000 Dependent - \$100,000	Visiting Scholar - \$1,000,000 Dependent - \$100,000
Plan Maximum Per Illness or Injury	\$100,000	Visiting Scholar - \$100,000 Dependent - \$100,000	Visiting Scholar - \$500,000 Dependent - \$100,000
Plan Deductible	\$250 per illness/Injury	\$500 per Illness/Injury	PPO Provider: \$25 per Illness/ Injury Non-PPO Provider: \$50 per Illness/ Injury
Out-of-Pocket Maximum	\$1,000 per period of coverage	In-Network: N/A International: N/A Out-of-Network: \$1,000	In-Network: N/A International: N/A Out-of-Network: \$1,000
Coinsurance	Visiting Scholar pays 20% of eligible expenses up to \$5,000, then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays 0% of eligible expenses Non-PPO Provider: Visiting Scholar pays 20% of eligible expenses up to \$1,000, then the plan pays 100% thereafter	PPO Provider: Visiting Scholar pays 0% of eligible expenses Non-PPO Provider: Visiting Scholar pays 20% of eligible expenses up to \$1,000, then the plan pays 100% thereafter

# IMG Insurance plans

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
Prescription Drugs	Usual, Customary and Reasonable Costs  <i>Subject to deductible and coinsurance</i>	Visiting Scholar Pays 50% of actual charges <i>Up to annual maximum of \$1,500</i>	\$20 Copay for Generic \$40 Copay for Brand \$80 Copay for Non-Brand <i>Up to the annual maximum of \$3,000</i>
Maternity	No Coverage	No Coverage	<b>Conception must occur during period of coverage</b> <b>** For Maternity, Policy will only cover up to \$10,000 per period ( defined as 12 months)</b>
Routine Newborn Care	No Coverage	No Coverage	\$750 maximum per period of coverage
Emergency Medical Evacuation	\$50,000 lifetime maximum	\$50,000 lifetime maximum	\$500,000 lifetime maximum
Repatriation of Remains	\$25,000 maximum	\$25,000 maximum	\$50,000 maximum

# IMG Insurance plans

	Basic UHC	Standard UHC	Platinum UHC
Benefits	IMG Basic Plan	IMG Standard Plan	IMG Platinum Plan
<b>Pre-Existing Conditions</b>	Pre-existing conditions are covered after 6 months of continuous coverage <b>Plan will only cover up to \$500 per period</b>	Pre-existing conditions are covered after 12 months of continuous coverage	Pre-existing conditions are covered after 6 months of continuous coverage
<b>Emergency Room</b>	<i>Subject to deductible and coinsurance</i> <b>WITH inpatient admission:</b> Usual, Customary and Reasonable Costs <b>WITHOUT inpatient admission:</b> Additional \$250 deductible	<b>\$250 Deductible</b> <b>Injury:</b> Not subject to Emergency Room Deductible <b>Illness:</b> Subject to a \$250 Deductible for each visit for Treatment which does not result in direct Hospital admission	<b>\$250 Deductible</b> <b>Injury:</b> Not subject to Emergency Room Deductible <b>Illness:</b> Subject to a \$250 Deductible for each visit for Treatment which does not result in direct Hospital admission
<b>Hospitalization</b>	Usual, Customary and Reasonable Costs  <i>Subject to deductible and coinsurance</i>	<b>Outpatient:</b> \$500 per Illness/Injury Usual and Customary Charges	<b>PPO Provider:</b> \$25 per Illness/ Injury Usual and Customary Charges
<b>Preventive Care Services including Immunizations</b>	No Benefits	No Benefits	Well Exams covered at 100% <b>(annual max of \$500)</b> Immunizations covered at 100% <b>(annual max of \$250)</b>

# IMG Insurance plans

	Basic UHC	Standard UHC	Platinum UHC
Benefits	<b>IMG Basic Plan</b>	<b>IMG Standard Plan</b>	<b>IMG Platinum Plan</b>
Mental & Nervous Disorders	No Benefits	<b>Outpatient:</b> \$50 Copay with \$500 lifetime maximum <i>Not covered if incurred at the Student Health Center</i> <b>Inpatient:</b> Lifetime maximum of \$10,000 <i>Not covered if incurred at the Student Health Center</i>	<b>Outpatient:</b> \$50 Copay with \$500 lifetime maximum <i>Not covered if incurred at the Student Health Center</i> <b>Inpatient:</b> Lifetime maximum of \$10,000 <i>Not covered if incurred at the Student Health Center</i>
Eligibility	Non-U.S. Citizens only	Non-U.S. Citizens only	Non-U.S. Citizens only
Meets J Visa Insurance Requirements	Yes	Yes	Yes

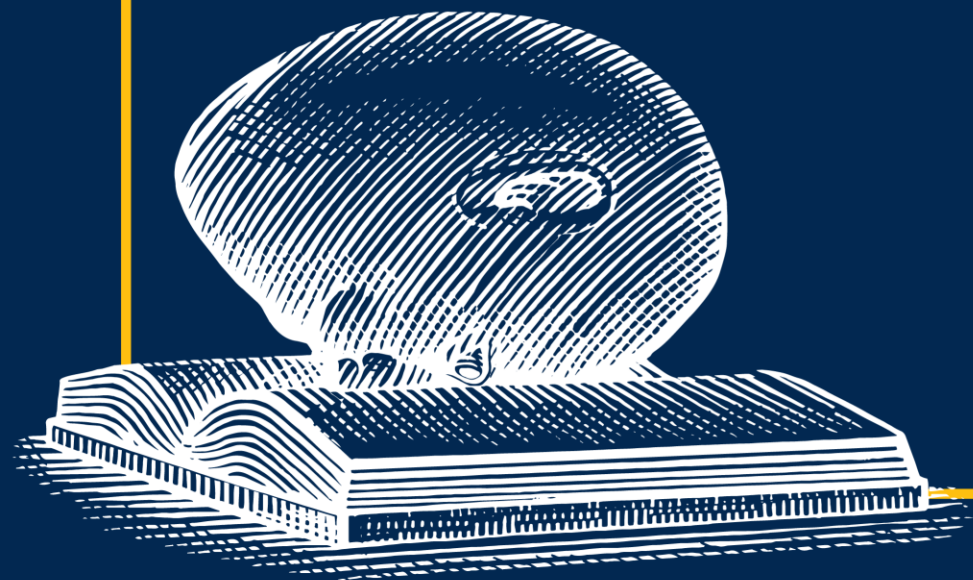


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# Questions?

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- **Email specific questions to:  
[candace\\_neeson@AJG.com](mailto:candace_neeson@AJG.com)**



# 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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