

Guide to Using International Student Health Insurance

Find a link to your plan at: <http://www.kgi.edu/current-students/student-affairs/health-and-wellness/student-health-insurance>

This guide will provide you with information on how to use the international student health insurance plan. Insurance documents will be sent to your KGI email account. However, you can also download them at any time by visiting www.pghintlstudent.com. Please note that this is a health care plan only and does not cover dental or vision support services. Follow these instructions to minimize out of pocket costs:

- 1) Go to Student Health Center first. If SHC is unable to assist, or they are closed, go to a doctor (a preferred provider is recommended).
 - a. You will find a list of all preferred providers at www.pghintlstudent.com
 - b. If medications are prescribed, always ask for the generic version instead of the name brand. This will save you money.
- 2) Check if your doctor can submit a claim directly/electronically on your behalf by showing them your ID card (ask for direct billing). If not, pay for any portion of your bill that you are required to pay upfront. Note that the Student Health Center will require full payment (direct billing isn't possible).
- 3) Immediately visit www.pghintlstudent.com to download and complete Claim Form.
 - a. Submit ALL receipts, statements/remaining bill to the claims administrator, as listed on the website.
 - b. You may check on the status of your claim form using the same website.
- 4) Receive reimbursement check generally within 30 days of complete submission.

Term Glossary:

Deductible – a flat rate of the first portion of expenditures each year that you are responsible for. This plan carries a \$100 deductible *per policy year* for in network doctors (see below); for out of network doctors, the deductible is \$500 *per policy year*.

Co-insurance – the portion of your bill that you are responsible for, after the deductible has been paid. The co-insurance on this plan is 80%. This means the insurance company will cover 20% of the remaining portion of the bill, according to the policy.

Copay – certain services require you to pay a portion of the service cost. See the full brochure for a list of services that require copays.

Preferred Providers – “preferred providers” have a signed agreement with the insurance company to accept the insurance, as listed out in the policy. **The Student Health Center is considered in network, and the deductible is waived for the SHC only.** For all other in network doctors, the deductible applies.

Out-of-Network Providers – providers “out of network” do not have a signed agreement with the insurance company to accept the insurance. The insurance will cover 70% of the “usual and customary” (average) expected amount for each procedure, according to the policy. If the doctor you chose charges a higher rate, you will be responsible for the difference. In other words, you **may still choose to use an out of network doctor but your costs may be higher.**

Exclusions – the incidences that the insurance plan will NOT cover. Review this list carefully, especially exceptions #8, #11, #14, #19, #22, #23, #27 and #28.

Example 1: A student has an infection and visits the doctor for antibiotics. The bill for the visit is \$75 at a preferred provider, and \$100 out of network. The medication costs \$75. The same visit would cost \$50 at the Student Health Center with medication costs of \$50.

| Student Health Center | Preferred Provider | Out of Network |
|--|--|---|
| <ul style="list-style-type: none"> • Visit Costs \$50 • No deductible is applied. • Insurance will cover 80% of the bill (\$40), according to policy. • You are responsible for the remaining 20% (\$10). • Note that copays for services are also waived at the Student Health Center. | <ul style="list-style-type: none"> • Visit Costs \$75 • Deductible is \$100 • Insurance will not cover any portion of the visit. You are responsible for \$75 visit cost. • This \$75 deductible is applied to future visits (reduces remaining limit to \$25 in out of pocket costs before full coverage at 80% applies). | <ul style="list-style-type: none"> • Visit Costs \$100 • Deductible is \$500 • Insurance will not cover any portion of the visit. You are responsible for whole \$100 visit cost. • This \$100 deductible is applied to future out-of-network visits (reduces remaining limit to \$400 in out of pocket costs before full coverage at 75% applies). |
| <ul style="list-style-type: none"> • Medication costs \$50. • Insurance company will not cover medication • You can ask for medication to be filled anywhere (including out of network doctors; see 3rd column). | <ul style="list-style-type: none"> • Medication costs \$75. • Insurance company will not cover medication. • You can ask for medication to be filled anywhere (including out of network doctors; see 3rd column). | <ul style="list-style-type: none"> • Medication costs \$75. • Insurance company will cover 70% of charge, up to \$1,000 in total cost per year (\$52.50). • You must cover remaining 30% (\$22.25) |
| Total Cost to You: \$10/60 | Total Cost to You: \$75/\$125 | Total Cost to You: \$122.25 |

Example 2: A student has a strong, lasting headache and visits the doctor for advice. The bill for the visit and routine tests is \$400 at a preferred provider, and \$550 out of network. The same visit would cost \$250 at the Student Health Center.

| Student Health Center | Preferred Provider | Out of Network |
|--|--|---|
| <ul style="list-style-type: none"> • Visit Costs \$250 • Deductible is waived. • Insurance will cover 80% of the bill (\$200), according to policy. • You are responsible for the remaining 20% (\$50). • Note that copays for services are also waived at the Student Health Center. | <ul style="list-style-type: none"> • Visit Costs \$400 • Deductible is \$100. Remaining qualifying bill: \$300. • Insurance will cover 80% of the remaining bill (\$240). • You are responsible for the remaining 20% (\$30). • No further deductible will be applied for future visits during the policy year. | <ul style="list-style-type: none"> • Visit Costs \$550 • Deductible is met at \$500. Remaining bill: \$50. • Insurance will cover 70% of the remaining "usual and customary charges" (estimated \$35). • You must cover remaining 30% (\$15). • No further deductible will be applied for future visits. |
| Total Cost to You: \$50 | Total Cost to You: \$130 | Total Estimated Cost: \$515 (assumes remaining charges are considered usual/customary; if higher, you pay the difference) |