

# **POLYTECHNIC UNIVERSITY COMMONLY ASKED QUESTIONS ABOUT HEALTH INSURANCE**

The questions and answers below are divided up into the following categories:

- ◆ General Enrollment and Waivers
- ◆ Obtaining medical care and PPO network questions
- ◆ Plan coverage and Mental Health questions
- ◆ Prescription drug coverage
- ◆ Other insurance questions

## **GENERAL ENROLLMENT & WAIVER QUESTIONS:**

### **WHAT IF I DON'T WANT HEALTH INSURANCE?**

All international students are automatically enrolled in the school sponsored insurance plan. There is no waiver available.

All domestic students taking 9 or more units or who are considered a full-time student at Polytechnic, must carry valid accident and sickness insurance that is comparable to the university plan. HMO plans that do not have local coverage will not be considered adequate coverage. If you do not show proof of existing coverage through the WAIVER process, you will be automatically billed and enrolled in the school plan.

### **HOW CAN I WAIVE THIS COVERAGE?**

Only domestic students may waive the school sponsored plan. Poly is utilizing an on-line enrollment/waiver process this year. You can go to Poly's website, [www.poly.edu/studentinsurance](http://www.poly.edu/studentinsurance), and click on "Insurance" to go directly to the insurance site. Select enrollment/waiver and follow the instructions. In order to waive coverage under the school's program, you must have comparable personal coverage, which will provide full coverage in the local area. You will be required to provide us with the name, policy number, phone number, and who is the primary insured for your policy. You will also be asked to complete a few other required questions, so that our insurance carrier and we can properly identify you and contact you, if necessary.

### **IF I WAIVE, WHEN WILL THE FEES BE REMOVED FROM MY TUITION BILL?**

If you waive enrollment, and your waiver is accepted, your insurance fees will be removed from your tuition bill within 10 business days.

### **WHY WOULD MY WAIVER NOT BE ACCEPTED, AND HOW WILL I BE NOTIFIED.**

If you are in a HMO which does not provide local coverage, or if, upon review, your plan does not provide adequate (equal or better coverage) to the university plan, we would not approve your waiver. You will be notified within 5 days of completing your waiver request of this decision via email and/or US mail.

### **WHAT DOES IT COST AND WHEN DOES IT COVER ME?**

The cost for students with 9 or more units or those considered full-time is \$700 for the year. The cost for students who are taking less than 9 units or are considered part-time is \$935/year. Coverage will be for a full year from 8/24/06 to 8/24/07.

### **WILL MY FAMILY INSURANCE COVER ME WHILE AT POLYTECHNIC?**

In most cases, your family medical coverage will provide you with adequate coverage while attending Polytechnic University. However, it is a good idea to call your benefits administrator, tell him/her that you will be studying in Brooklyn, NY, and ask how benefits will be administered if you need care while on campus. Most 'out-of-area' HMO-style plans will only pay for local treatment in the event of an emergency, (requiring that you return home for the treatment of any non-emergency conditions). If that is the case with your coverage, you **MUST** enroll in the School's plan.

### **IF I ENROLL IN THE PLAN WHEN WILL MY COVERAGE BECOME EFFECTIVE UNDER THE POLICY?**

Your coverage would begin August 24, 2006. Your insurance identification card will list the beginning and ending dates of coverage.

### **IF I DO NOT ENROLL IN THE STUDENT INSURANCE PLAN DURING THE OPEN ENROLLMENT PERIOD AT THE BEGINNING OF THE YEAR (UNTIL SEPTEMBER 29<sup>TH</sup>), WHAT WILL HAPPEN?**

If you are taking 9 or more units or are considered full-time, the fees will be included with your tuition. You will be charged for the insurance and will be automatically enrolled. If you are taking less than 9 units or are considered part-time, enrollment is voluntary. You will not be enrolled, and will not have the option of enrolling in the insurance plan until next fall.

### **IF I DO NOT ENROLL IN THE STUDENT INSURANCE PLAN DURING THE OPEN ENROLLMENT PERIOD AT THE BEGINNING OF THE YEAR, CAN I ENROLL LATER?**

As a general rule you have only one opportunity to enroll at the beginning of the fall semester, or at the beginning of the spring semester if that is when you first enter the college. There are exceptions so please ask us for a decision concerning your specific situation.

### **WHAT IS AN ACCIDENT & SICKNESS POLICY?**

This type of policy is one that provides benefits for a medical expense resulting only from a covered accident or sickness. For example, it would not cover a routine annual physical since no accident or sickness is involved.

## **OBTAINING MEDICAL CARE & PPO NETWORK QUESTIONS**

### **WILL DOCTORS REQUIRE THAT I PAY THEM BEFORE TREATMENT?**

As Poly's plan utilizes a national preferred provider organization (PPO), MultiPlan, if you go to a MultiPlan provider, they will then bill your carrier for treatment, and bill you for any balance remaining. If you go to an out-of-network provider, it will be up to the individual provider's individual policy.

### **WHAT IS A PREFERRED PROVIDER ORGANIZATION (PPO) NETWORK?**

A PPO is a listing of independent doctors, hospitals and health care professionals organized into a network for the purpose of delivering quality health care at affordable prices. PPO's should not be confused with Health Maintenance Organizations (HMO). Very simply stated, an HMO is a group of medical providers controlled by a common employer. An HMO requires that all of your care be managed by an appointed primary care physician or gatekeeper. A PPO is a group of independent medical providers affiliated simply by a common agreement to discount the price of their services to individuals insured under specified insurance policies.

**HOW DOES A PPO DIFFER FROM AN HMO?**

A PPO differs primarily from an HMO in that the patient has the ability to go to any doctor for their treatment. They do not need referrals to see specialists. When they go to a PPO provider, they receive a higher benefit, than when they go to a non-network provider. With an HMO, the member/patient must go to a Primary Care Physician (PCP) first, and then be referred to a specialist. They can only see providers that are within the HMO.

**DO ALL STUDENT INSURANCE PLANS INVOLVE PPO NETWORKS?**

No. If your plan refers to in-network and out-of-network benefits, then it includes a PPO Network. PPO-type plans pay substantially higher benefits, with substantially lower out-of-pocket expenses than do plans that do not involve PPO's.

**ARE PPO NETWORK PROVIDERS JUST LOCATED IN THE AREA AROUND MY COLLEGE CAMPUS?**

No. Your PPO has both a strong local presence and national representation. While most of your care is expected to be in the area of the college, we also know you may need medical attention when you are at home or traveling. To find network providers anywhere within the country, go to MultiPlan's website, [www.Multiplan.com](http://www.Multiplan.com).

**HOW DO I FIND A PPO NETWORK PHYSICIAN OR HOSPITAL?**

There are usually a variety of sources to obtain information about who is a Network approved provider. You can go to MultiPlan's website directly, to search for network providers, [www.Multiplan.com](http://www.Multiplan.com). You can also access this site via Poly's webpage, at [www.poly.edu/studentinsurance](http://www.poly.edu/studentinsurance). The best, most up-to-date and flexible method is to access the PPO's Web Site. The address is also printed on your brochure and ID card. You can also contact the PPO by telephone at 1-800-672-2140. They are available 24 hours a day, seven days a week.

**DO I NEED TO BE REFERRED FROM A FAMILY OR PRIMARY PHYSICIAN BEFORE I CAN SEE A PPO NETWORK PHYSICIAN?**

No. Referral from a primary physician is a common requirement of an HMO but not of a PPO.

**DO I NEED A REFERRAL TO SEE A SPECIALIST?**

No.

**HOW DOES A PPO PROVIDER KNOW THAT MY PLAN HAS ACCESS TO THE NETWORK?**

You should show your student insurance identification card to the provider at the time of service.

**IS THERE A LIST OF DOCTORS FROM WHICH I MUST CHOOSE?  
MUST I PICK A "GATEKEEPER" OR "PRIMARY CARE PHYSICIAN"?**

No. The Polytechnic school plan leaves the choice of physician up to you. However, Poly's plan does utilize a national preferred provider organization (PPO), MultiPlan. You can go to the MultiPlan website, [www.MultiPlan.com](http://www.MultiPlan.com) to select a network provider to receive the highest level of benefits and reduce your costs. You can also contact MultiPlan by calling their toll-free customer service center at 1-800-672-2140.

## **HOW CAN MY CHARGES BE LOWER BY USING A PPO NETWORK APPROVED PROVIDER?**

Network providers have already signed agreements discounting their standard charges for insureds associated with a specific insurance plan. Typically you will see a discount between 20-40% from the providers standard fees.

## **IN A PPO-TYPE PLAN, MUST I USE A PPO PROVIDER?**

No, you can use any provider you wish. However, plan benefits and out-of-pocket expenses are more favorable if you do.

## **PLAN COVERAGE & MENTAL HEALTH QUESTIONS**

### **WHAT TYPE OF MEDICAL EXPENSES ARE COVERED BY THE POLICY?**

Usually those that are medically necessary, that do not exceed reasonable & customary charges and that are not specifically excluded in the policy.

### **WHAT DOES THE PLAN COVER?**

If network providers are utilized, there is \$0 deductible for either injuries or sickness and 90% of the negotiated fee with the provider is paid up to \$50,000 per incident. If a non-network provider is utilized for injuries (accidents), 100% of the first \$2,500 is paid and then 75% of the remainder up to the \$50,000 maximum. If a non-network provider is utilized for a sickness, after a \$100 deductible per condition, 75% of usual and customary charges are paid up to the \$50,000 per condition.

The plan generally covers medically necessary care for conditions that are not specifically excluded. Please see the brochure on-line for a complete description of benefits and exclusions.

### **PLANS SAY THEY PAY FOR USUAL, CUSTOMARY & REASONABLE (UCR) OR REASONABLE & CUSTOMARY (R&C) CHARGES. WHAT DOES UCR & R&C MEAN AND HOW IS IT DETERMINED?**

UCR and R&C are interchangeable terms. They refer to a method by which the insurance industry determines what most providers' charge for a specific service in a specific area of the country. These standards are developed based on actual charges and are up-dated constantly based on current pricing.

### **WHAT IF A CONDITION EXCEEDS THE BENEFIT PERIOD OR MAXIMUM AMOUNT PAYABLE?**

No more benefits are payable for that condition under the insurance plan.

### **IS MENTAL HEALTH COVERED UNDER THE PLAN?**

Yes, both inpatient and outpatient mental health care is covered up to specific limits.

### **DO I NEED A REFERRAL TO SEE A MENTAL HEALTH PROFESSIONAL?**

No.

## **WHAT ARE THE LIMITATIONS ON MENTAL HEALTH CARE?**

For outpatient mental health, you are covered at the standard level of coverage (as for any Sickness) for 20 visits. Utilization of a MultiPlan, network provider will provide you with the lowest out of pocket costs, as reduced rates have been negotiated with the providers in the network.

Inpatient mental, nervous or emotional disorder expenses are covered the same as any other Sickness for a maximum of 30 days per Sickness.

## **I SEE THE TERM PROVIDER OR MEDICAL PROVIDER USED QUITE FREQUENTLY. WHAT DOES THIS MEAN?**

A medical provider is a general term used to describe a person or entity licensed to deliver health care. The term includes physicians, hospitals, clinics, group practices, pharmacies, radiology, and lab facilities.

## **PRESCRIPTION DRUG COVERAGE**

### **DOES MY STUDENT INSURANCE PLAN INCLUDE A DRUG CARD PROGRAM?**

Yes. Your plan utilizes Medco, which is a national pharmacy program.

### **HOW DO I USE THIS PLAN BENEFIT?**

At the end of the on-line enrollment process, you will be able to print your ID card. Keep this with you, as it will identify you to providers. Show your participating pharmacist your insurance identification card. Your plans provide up to a \$1,000 annual discounted benefit after a \$10 co-pay for generic or \$20 copay for brand name medications.

### **WHAT IS A PARTICIPATING PHARMACIST?**

This is a pharmacy that has an agreement with the drug card company to provide you with medications at a discount as outlined in your student insurance plan. You will find that the majority of pharmacies around the country participate in your network.

### **HOW DO I IDENTIFY A PARTICIPATING PHARMACY, OR FIND OUT IF THE PHARMACY THAT I USE IS PART OF THE NETWORK?**

There are usually a variety of sources to identify network pharmacies. Medco has a toll-free telephone number that you can contact to verify if your pharmacy is in their network. It is 1-800-400-0136. This toll-free phone number is also listed on your insurance brochure and insurance identification card. The best way is to access the drug company web site at [www.medco.com](http://www.medco.com). The Prescription Drug Card Program section of this web site allows you to hot key to their site. Their Internet address is also printed on your brochure and identification card. PLEASE NOTE: In order to access their web site - your group, member number and name must be in their network computer system if you have not received your insurance identification card yet, this has not taken place.

### **IS HOME DELIVERY SERVICE AVAILABLE?**

Yes. Your Student Accident and Sickness Insurance Plan includes an option for Home Delivery of maintenance prescriptions that are medically necessary to treat chronic conditions. This service is not available to one-time only prescriptions. One-time only prescriptions should be filled at a participating pharmacy as outlined in the brochure.

Use of the Home Delivery service can provide a 3-month supply of medically necessary medications at a reduced co-pay amount. Covered prescriptions may be refilled until the annual policy CAP maximum benefit has been reached. Please refer to the brochure for specific maximum benefit information relevant to your plan. The medication will be delivered to your home within 14 days after you mail your order. Orders placed via the

Internet, telephone fax may be received even faster. Standard shipping is free. Express shipping is available for an added charge.

*Using the Home Delivery Service*

- BY MAIL:** Ask your doctor to write a new prescription for up to the days supply permitted, plus refills (if appropriate) for up to one year. Mail the new prescriptions along with an “order Medications” form and the appropriate co-payments to Medco Health at the address shown on the form.
- BY FAX:** Ask your doctor to write a new prescription for up to the days supply permitted, plus refills (if appropriate) for up to one year. Give your doctor your Member ID number, which is on your prescription ID Card. Ask your doctor to call 888-EASY-RX1. Your doctor will be given instructions for faxing your prescription to Medco Health. You will be billed later.
- ONLINE:** Register with Medco Health at [www.medcohealth.com](http://www.medcohealth.com). Follow the prompts to register. **When registering online to use Home Delivery Service you must use the Mail Registration Group Identifier “ACIMAIL”.** Once you are registered and logged in, select the “My Benefits” tab at the top of the page.

## **OTHER INSURANCE COVERAGE OR QUESTIONS**

### **WHAT ABOUT DENTAL INSURANCE?**

The school plan does not cover routine dental treatment. To receive separate information on dental coverage, call Special Risk Consultants, Inc. (SRC) at 1-800-322-9901 or 1-610-489-6100. Or, you can look on SRC's website at [www.visitSRC.com](http://www.visitSRC.com) for more information.

SRC is now offering a discount program through Best Benefits which provides discounts on dental, vision, prescriptions, hearing, chiropractic care, alternative medicine, and fitness programs. The cost is \$30 per year. You can learn more about this plan by visiting SRC's website at [www.visitSRC.com](http://www.visitSRC.com).

### **WHAT ABOUT VISION INSURANCE?**

All participants in the student insurance plan have access to a discount vision plan offered through Systemed LLC and Cole Managed Vision. You can find out more about this plan by visiting their website, [www.colemanagedvision.com](http://www.colemanagedvision.com), or calling 1-800-804-4384. You should refer to the Plan number, which is 47106.

This plan provides discounts on frames, lenses, contact lenses and eye examinations at selected providers. Cole Managed Vision's network includes thousands of Independent Providers as well as the following quality names you know for convenient access: Pearle Vision, Sears Optical, Target Optical, JCPenney Optical. Typical discounts are between 20-50% off retail prices.

#### **To use the program:**

- ◆ Visit a participating provider;
- ◆ Identify yourself as a Systemed LLC member;
- ◆ The provider will assist you, and no claim forms are necessary;
- ◆ Use your discount as often as you want

### **WHAT OTHER INSURANCE COVERAGE IS AVAILABLE?**

There are a number of other insurance policies available to students. They include:

- ◆ Personal Property Insurance
- ◆ Dental
- ◆ Vision
- ◆ Major Medical
- ◆ Travel Abroad Insurance
- ◆ Short Term Insurance

Please call Special Risk Consultants at 1-800-322-9901 or 1-610-489-6100 for more information.

### **OTHER QUESTIONS?**

Feel free to call our insurance broker, Special Risk Consultants at 1-800-322-9901 or 1-610-489-6100.