Health Insurance 101
An Introduction to the University of Maryland Student Health Insurance Plan
1. Basic Insurance Terms
Basic Insurance Terms

Premium
- The amount you pay for your health insurance

Deductible
- The amount you pay for covered health care services before your insurance plan starts to pay

Coinsurance
- The percentage of costs of a covered health care service you pay after you've paid your deductible

Copayment
- A fixed amount you pay for a covered health care service after you've paid your deductible

Your UMD Student Insurance Plan with CareFirst

<table>
<thead>
<tr>
<th>Premium</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Copayment</th>
<th>University Health Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,555 annually</td>
<td>$250</td>
<td>20%</td>
<td>$25</td>
<td>$0 for covered services – deductible does not apply</td>
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Basic Insurance Terms

Maximum Lifetime Benefit

- Lifetime maximum benefit – or maximum lifetime benefit – is the maximum dollar amount a health plan will pay in benefits to an insured individual during that individual’s lifetime.
- Most plans have an unlimited lifetime benefit, but, this is subject to change due to health care reform.
- You can find this information at the top of the Schedule of Benefits section of your plan’s brochure or Master Policy.

Your Student Health Insurance Plan has an Unlimited Maximum Lifetime Benefit.
Basic Insurance Terms

In-Network (or Network)

• A fixed amount you pay for covered health care services to providers who contract with your health insurance or plan. In-network services usually are less than out-of-network copayments.

Out-of-Network (or Non-Network)

• A fixed amount you pay for covered health care services from providers who don’t contract with your health insurance or plan. Out-of-network services usually are more than in-network copayments.

Insurance tip: When scheduling an appointment, make sure the provider is in-network. The University Health Center is always in-network with your UMD Student Health Insurance Plan. This should be your first stop for non-emergency services.
2 Insurance Highlights
UMD University Health Center Services

- Nutrition Services
- Planned Parenthood Chat
- Pharmacy
- Behavioral Health
- Substance Use Intervention and Treatment
- Women's Health
- Lab
- Allergy Clinic
- Walk-In Services
- Primary Care
- xray
- Advocacy Services
Mental Health Parity

- Mental and physical health are treated the same and must be covered the same in your insurance policy
- Mental and behavioral health services are essential health benefits
- All plans must cover:
  - Behavioral health treatment, such as psychotherapy and counseling
  - Mental and behavioral health inpatient services
  - Substance use disorder (commonly known as substance abuse) treatment

Your UMD Health Center covers a wide range of behavioral health services including:
- Urgent scheduled Crisis Intervention
- Medication Management
- Substance use Treatment and Referral
- ADHD
- Eating Disorders Assessment & Referral
Preventive Services

• Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems
• Most plans must cover preventive services without charging you a copayment or coinsurance

Insurance tip: When getting an annual check-up at your physician’s office, be sure to state that you are there for the covered preventive service and anything that could be charged must be discussed with you prior to the service being performed.
Preventive Services

Examples of preventive services:

• Annual physical examination
• Alcohol misuse screening and counseling
• Blood pressure screening
• Cholesterol screening for adults of certain ages or at higher risk
• Depression screening
• Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
• Diet counseling for adults at higher risk for chronic disease
• HIV screening for everyone ages 15 to 65, and other ages at increased risk
• Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:
  • Diphtheria
  • Hepatitis A, B and C screening
  • Herpes Zoster
  • Human Papillomavirus (HPV)

• Influenza (flu shot)
• Measles
• Meningococcal
• Mumps
• Pertussis
• Pneumococcal
• Rubella
• Tetanus
• Varicella (Chickenpox)
• Lung cancer
• Obesity screening and counseling
• Sexually transmitted infection (STI) prevention counseling for adults at higher risk
• Syphilis screening Tobacco use screening for all adults and cessation interventions for tobacco users
Prescription Drugs

- ACA preventive, oral chemo, and diabetic/Tier 0 - $0
- Generic/Tier 1 - $20
- Preferred Brand Name/Tier 2 - $40
- Non-Preferred Brand Name/Tier 3 - $60
- Preferred Specialty/Tier 4 - $100
  - Generally prescribed for use in limited patient populations or diseases.
- Non-Preferred Specialty/Tier 5 - $100

You can find if your specific medication is covered through your plan’s Prescription Drug List, or formulary.
Pre-Existing Conditions

• A health problem, like asthma, diabetes, or cancer, you had before the date that new health coverage starts. Insurance companies can't refuse to cover treatment for your pre-existing condition or charge you more.
Supplemental Coverage

Vision Coverage for children (up to age 19) includes:
  • One no-charge in-network routine exam per benefit period
  • No copay for frames and basic lenses for glasses or contact lenses in the Davis Vision collection

Vision Coverage for adults (19 and over) includes:
  • One no-charge in-network routine exam per benefit period
  • Discounts on eyewear and contact lenses

Dental coverage for children (up to age 19) includes:
  • Preventive services
  • Diagnostic services

Optional Dental Coverage for adults (19 and over)
  • Choose from 4 plans starting at $12 / month

For more information, go to umd.myahpcare.com/benefits.
Telemedicine

• Latest trend in health care that continues to grow every year
• Live consultation between you and a doctor, psychologist or counselor
• Accessible through text communications, live chat, phone or video

CareFirst Video Visit through your UMD Student Health Insurance Plan
With CareFirst’s Video Visits you can securely connect with a doctor whenever and wherever using your smartphone, tablet or computer. The cost for Video Visit varies based on individual benefits, but will never be more than $49.
Open Enrollment Periods

- Period when people can enroll in a health insurance plan.
- These periods differ between plans. Most times, you are given at least a month to enroll.

Qualifying Events

- A change in your situation that can make you eligible for a special enrollment period, or qualifying event enrollment period, allowing you to enroll in health insurance outside the open enrollment period
- Basic types of qualifying life events:
  1. Loss of health coverage due to aging off parent’s plan (at age 26), loss of job
  2. Changes in household due to getting married or divorced, having a baby, adopting a child or death in the family
  3. Changes in residence due to moving to a different ZIP code or county, becoming a U.S. citizen or leaving incarceration
3 Important Health Documents
Insurance ID Card

View your card
From your computer or mobile device, go to carefirst.com/myaccount and log in. On the home screen, select ID Card(s).

If you have more than one type of coverage with CareFirst, for example medical and dental coverage, you may see more than one card.

Print or email your card
First, select the card(s) you would like to print or email.

Then, choose Share. A PDF document will open in your web browser.

Order or replace a card
If you have misplaced your card, or if you would like an additional card, log in to My Account and choose ID Card(s).

From that screen, select Request Now to order a replacement card.
Important Health Documents

Summary of Benefit Coverage (SBC)

• Four-page benefit summary
• Helps insured easily compare costs and coverage between health plans
• Required for all individual, insured and self-insured group medical plans
• This document will be laid out the same for all states and all insurance carriers

Explanation of Benefits (EOB)

• Statement sent by a health insurance company to covered individuals explaining what medical treatments and/or services were paid for on their behalf.

Insurance tip: Review your EOB to make sure claims correctly reflect the treatments you received and were paid according to your Policy benefits.
Important Health Documents

Master Policy

• Contains all of the provisions, limitations, exclusions and qualifications of your insurance plan benefits
• Approved by your state’s Department of Insurance
• More detailed than the Summary of Benefit Coverage
Questions?

Visit umd.myahpcare.com or help.myahpcare.com