

Student Health Insurance Program



How Does Insurance Work Here?

 In the USA, medical expenses are very costly and without medical insurance, you can owe exorbitant amounts for healthcare.

 The SUNY International Health Insurance Plan will help pay for medical bills that you will incur when you go to the doctor, hospital, or pick up prescription medication.



How Do I Enroll?

- This insurance policy is mandatory and is included in your SUNY tuition fees for your protection.
- This plan includes:
 - -Preventative (Wellness) Care and Sickness/Injury Coverage
 - -Medical, Security, Political, and Natural Disaster Evacuation/Repatriation
- Coverage is available voluntarily for your spouse and for your child(ren)



What Does This Plan Cover?

- Preventative Care
- Primary Care Office Visits
- Urgent Care Visits
- Emergency Care
- Inpatient/Outpatient Hospital Care
- Mental Health Services
- Required Immunizations

- Prescription Drugs
- Labs and Imaging
- Ambulance
- Maternity and Nursery Care for a Covered Pregnancy
- Tel-A-Doc (refer to brochure)
- Medical, Political, Natural Disaster Evacuation and Repatriation



What Is My Out of Pocket Expense?

- **Deductible** The amount you must pay annually before the insurance kicks in. The deductible for this policy is \$100 for innetwork care when you are seen outside of the student health center.
- Coinsurance The cost you are required to pay each provider. The coinsurance amount for this policy is 0% for in-network care.
- Co-Pay A fixed amount you pay directly to the provider at the time of service. This amount varies depending on the type of covered service.
- In-Network Group of providers you must go to for the most costeffective pricing.

HAYLOR, FREYER & COON

Please see video <u>here</u> for explanation of common insurance terminology

Summary of Plan Benefits

Plan Design (Per Person, Annually)	In-Network Benefits	Out of Network Benefits
Annual Deductible	\$100 (student pays this 1 time, annually, not with each visit)	\$400 (student pays this 1 time, annually, not with each visit)
Coinsurance	0%	10%
Preventative Care Services	Covered in full (annual physical, OBGYN)	10% after deductible
Primary Care Visit	\$0 after deductible	\$50 copay then 10% coinsurance after deductible
Urgent Care Visit	\$0 after deductible	\$50 copay then 10% coinsurance after deductible
Emergency Room	\$0 after deductible	\$0 after deductible
Ambulance	\$0 after deductible	\$0 after deductible
In-Patient Hospital Care	0% after deductible	10% after deductible
Prescription Drugs	\$10 (tier 1)/\$20 (tier 2)/\$20 (tier 3)	\$10 & 10% coinsurance (tier 1), \$30 & 10% coinsurance brand



How Do I Get Started?

You will receive an email from notifications@uhcsr.com that an ID card is available for you.

To view, download or request a hard copy ID Card, please visit here (https://myaccount.uhcsr.com/)



This is what the email looks like ©

Dear Member,

Welcome to your Student Health Insurance Plan.



An ID card is now available for you and/or a covered member of your family. Access your Health Insurance ID card by creating or logging into your My Account at https://myaccount.uhcsr.com. *A card will not be mailed to you automatically.

In your My Account, you have access to several tools to help manage your healthcare benefits:



- · Check status and review claims
- · Find providers and cost estimates
- · Appoint Personal Representatives (PRA)
- · If available, access to virtual physician visits
- · Request a hard copy of your ID card (card will be sent in the mail to the current address we have for you in our system)

Quick and convenient access is also available on our mobile App. Download it through: App Store or Google play







Check out our videos page at https://www.uhcsr.com/video for more helpful information.

Our Notices of Privacy Practices describes how we will use, store, and protect your health information.

Our Notices of Privacy Practices documentation is available electronically (after opening the document, scroll to Health Plan Notices of Privacy Practices). To request a paper copy, please call (888) 714-6544.

The Company does not discriminate based on sex, age, race, color, disability or national origin in health programs and activities. Please review our Non-Discrimination Notice for further information.

- ATTENTION: If you speak English, language assistance services, are available to you free of charge. Please call 1-866-260-2723.
- ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.
- 請注意:如果您說中文 (Chinese),我們免費為您提供語言協助服務。請致電:1-866-260-2723.

For other languages, please review our Language Assistance Program.

Please do not reply to this e-mail. If you have questions, please call Customer Service at the toll-free your member ID card or the number displayed when using the UHCSR Mobile App. If your ID card is not available, please call Customer Service at (888) 714-6544 (Available 24/7



Let's get you registered

Create your <u>HealthSafe ID</u>* to help protect the security of your personal health information.

All fields are required unless marked as optional.

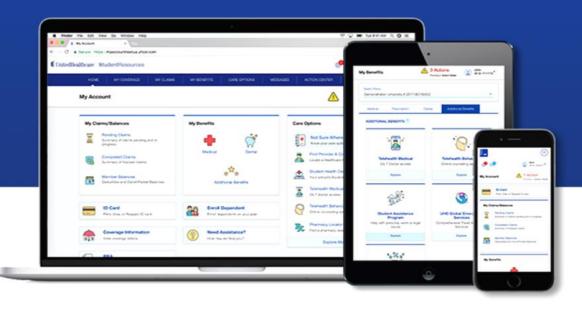
First Name Last Name Date of Birth (mm/dd/yyyy) mm/dd/yyyy Identification Type Relp SR ID Student ID / Civil ID / National ID (SACM) Student ID / Civil ID / National ID (SACM) Continue

This is what the screen looks like to create your account for the first time so that you can grab your Health Insurance ID Card

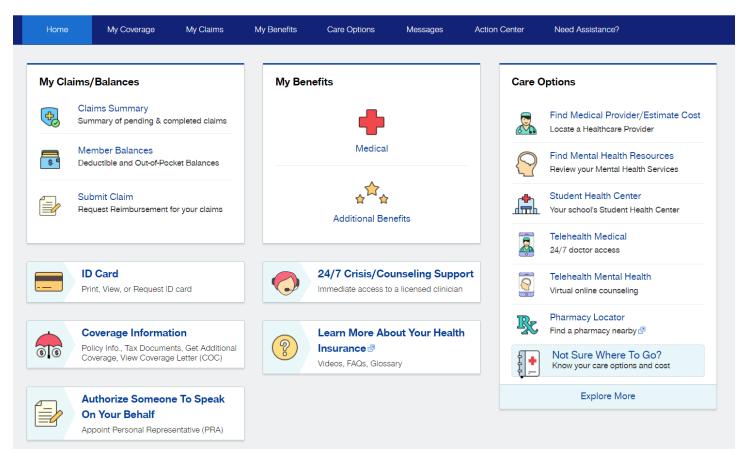
You Can Access Your Account from Your Computer, iPad or SmartPhone 24/7

Welcome to the new My Account.

Healthcare is in your hands.



Here's What You Can Do In Your UHC Account





Telehealth Services- Mental & Physical

Process: member visits the *HealthiestYou* app and completes a questionnaire. Member provides their UHCSR insurance information from UHCSR ID card, emergency contacts and their goals for the service. The questionnaire will also ask for counselor preferences (gender, specialty, etc.) to ensure member is matched with a practitioner that can help meet their goals

Within 24 hours after completing the questionnaire, the member will be contacted by a counselor to schedule an appointment and decide on a communication method that

Talk to a doctor

best suits their needs





Landing Page For Physical & Mental TeleDoc Services



Sign In *

What you should know about the Coronavirus. Learn more



Care that keeps up with your life

When life is always on the go, your healthcare should be, too. HealthiestYou makes sure you have access to the care you need all from one convenient place so you can be your healthiest you, always.

Get started now

Get the app







Login to your account

Please enter email address Password Please enter password Remember email Register Now Login

If you have questions, please contact us at +1 (866) 703-1259



What Will My Health Insurance ID Card Look Like?

UnitedHealthcare[®]

2018-19 Academic Year

StudentResources

Insured: @@FullName@@ SR ID #: @@SIDID@@

Policy #: 2018-601842-1

Group Name: Demonstration University 3

For Members: 1-888-714-6544 For Providers: 1-888-224-4875

For telehealth services visit telehelp4students.com or call

1-855-870-5858 for 24/7 doctor access.

UnitedHealthcare Options PPO Network

24/7 Student Assistance Program: 1-877-862-1172

.≱i MultiPlan.

OPTUMRX

Rx Bin: 555555 Rx PCN: 5555 Rx Group: ABCDEFG00

ID5:18S Underwritten by UnitedHealthcare Insurance Company of New York

Travel Assistance Services

Insured: @@FullName@@

SR ID #: @@SIDID@@ Policy #: 2018-601842-1

Group Name: Demonstration University 3

If you require medical assistance and are more than 100 miles from your permanent residence, campus or are traveling abroad, call UnitedHealthcare Global at:

1-844-249-0748 (toll-free) or 1-410-453-6330

or email: assistance@uhcglobal.com

Reference ID Number: 902490431



Summary of Dental Plan Benefits

- Dental coverage for all enrolled students and voluntary option to enroll their dependents
- Ameritas Nationwide Network

Plan 1: Dental Plan Summary		Effective Date: 8/15/2024
Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80%	50%
Type 3	50%	50%
Deductible	\$50/Calendar Year Type 2 & 3	\$100/Calendar Year Type 2 & 3
	Waived Type 1	Waived Type 1
	3 Family Maximum	3 Family Maximum
Maximum (per person)	\$2,000 per calendar year	\$1,250 per calendar year
Allowance	Discounted Fee	80th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included



Thank You, On Behalf Of The HFC Collegiate Team

