

Insurance FAQs

1. What are some of the different types of insurance plans?

Exclusive Provider Organization (EPO): A managed care plan where services are covered only if you use doctors, specialists, or hospitals in the plan's network (except in an emergency).

Health Maintenance Organization (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Point of Service (POS): A type of plan where you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans require you to get a referral from your primary care doctor in order to see a specialist.

Preferred Provider Organization (PPO): A type of health plan where you pay less if you use providers in the plan's network. You can use doctors, hospitals, and providers outside of the network without a referral for an additional cost.

Medicaid: A type of health plan that limits coverage to care from doctors who work in your home state. A Medicaid plan will only cover emergencies outside of your home state.

2. What are some key concepts you should know about health insurance? (co-pay, co-insurance, deductibles, etc.?)

Coinsurance means the percentage of Covered Expenses that will be paid by the plan. The coinsurance is separate and not part of the deductible.

Copayment means a specified dollar amount a member must pay first for a specified covered expense.

Deductible means the dollar amount of a Covered Medical Expense that must be paid by the member before benefits are payable under the plan. Unless otherwise specified, the deductible applies to all services.

Usual and Customary charge means the amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

3. Where can I find my health insurance information? How can I obtain a physical health insurance card? Where can I find an in-network provider?

For students on the College-sponsored insurance plan, Insurance information, in-network providers, and ID cards may be accessed at (<https://www.studentinsurance.com/Client/1030>). For students with private insurance, the student can typically find information on their insurance company's website.

4. Do I need health insurance to use Connecticut College Student Counseling Services or Student Health Services?

All students need to have insurance coverage while attending Connecticut College. There is no charge for a student to meet with a counselor however if the student needs to meet with our consulting psychiatric APRN there is a fee (\$240 for an evaluation and \$152 for follow-up appointments). If a student has private insurance that fee will be billed to the student's bursar account. The student will be sent a claim form which

may be submitted to their insurance plan for any portion they reimburse. A student with the College-sponsored plan will only have a \$10 co-pay for each visit with the psychiatric nurse practitioner.

There is no fee to meet with an SHS provider. If a student needs an in-house procedure, lab, or medication, then there are nominal fees. If a student has private insurance that fee will be billed to the student's bursar account. The student may go online to the SHS [web portal](https://connc.studenthealthportal.com/) (<https://connc.studenthealthportal.com/>) to print a receipt which may be submitted to their insurance plan for any portion they reimburse. A student with the College-sponsored plan will have those fees covered at 100%. Students who require outside labs or medications will have their insurance billed directly and will be responsible for any remaining balance.

5. *Does my insurance plan cover dental or eye care?*

If you have private insurance, you will need to call your insurance provider or look through your plan document. If you have the College-sponsored plan, there is coverage (please see below).

CONNECTICUT COLLEGE 2023 - 2024 STUDENT HEALTH INSURANCE PLAN

PEDIATRIC AND ADULT DENTAL AND VISION CARE	
Pediatric Dental Care Benefit (thru age 26 subject to the termination date provision)	See the Pediatric Dental Care Benefit description in the Certificate for further information.
Preventive Dental Care Limited to 2 dental exams every 12 months	100% of Usual and Customary Charge for Covered Medical Expenses
The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:	
Emergency Dental	50% of Usual and Customary Charge for Covered Medical Expenses
Routine Dental Care	50% of Usual and Customary Charge for Covered Medical Expenses
Endodontic Services	50% of Usual and Customary Charge for Covered Medical Expenses
Prosthodontic Services	50% of Usual and Customary Charge for Covered Medical Expenses
Periodontic Services	50% of Usual and Customary Charge for Covered Medical Expenses
Medically Necessary Orthodontic Care	50% of Usual and Customary Charge for Covered Medical Expenses
Claim forms must be submitted to Us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	
Pediatric Vision Care Benefit (thru age 26 subject to the termination date provision)	100% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Limited to 1 vision examination per Policy Year and 1 pair of prescribed lenses and frames or contact lenses (in lieu of eyeglasses) per Policy Year	
Claim forms must be submitted to Us as soon as reasonably possible. Refer to Proof of Loss provision contained in the General Provisions.	

6. Healthcare in the US is expensive, especially when going to the emergency room. When should I go to the emergency room? How much will my insurance cover for the trip?

Reasons to go to the Emergency Room:

- Sexual violence
- Severe shortness of breath, loss of consciousness/change in consciousness/seizure
- Sudden, severe pain (abdominal, chest, head) which is not relieved with over-the-counter medication
- A major injury
- Bleeding that does not stop after 10 minutes of direct pressure, or a deep cut which may need stitches to stop the bleeding
- Poisoning or overdose
- Severe or worsening reaction to an insect bite or sting, or to a medication, especially if breathing is difficult
- Severe or persistent vomiting
- Suicidal or homicidal feelings
- Severe vaginal bleeding which may indicate a miscarriage or ectopic pregnancy

If you have private insurance, you will need to call your insurance provider or look through your plan document.

Here is the in-network and out-of-network breakdown for emergency/urgent care services through the Connecticut College-sponsored Student Health Insurance Plan:

EMERGENCY SERVICES, AMBULANCE AND NON-EMERGENCY SERVICES		
Emergency Services in an emergency department for Emergency Medical Conditions.	\$175 Copayment per visit after Deductible then the plan pays 100% of the Negotiated Charge for Covered Medical Expenses Copayment waived if admitted	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Urgent Care Centers for non-life-threatening conditions	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Emergency Ambulance Service ground and/or air, water transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	Paid the same as In-Network Provider subject to Usual and Customary Charge.
Non-Emergency Ambulance Expenses ground and/or air (fixed wing)transportation	80% of the Negotiated Charge after Deductible for Covered Medical Expenses	50% of Usual and Customary Charge after Deductible for Covered Medical Expenses
Pre-Certification Required for non-emergency air Ambulance (fixed wing)		

7. *What is the process for scheduling a visit with a health care provider (hospital, specialist)? How to get reimbursed?*

To schedule an appointment with a provider a student just needs to call the provider's office unless their insurance requires a referral. In this case, one of our providers at SHS may be able to provide that, after a scheduled visit.

When choosing an outside provider, a student should try to find one that is in-network to incur the least out-of-pocket expense (see the link in question 2 to find an in-network provider). If a student sees a provider that does not bill directly to the insurance plan and the student has to pay entirely out-of-pocket, they should keep a copy of the receipt and then visit <https://www.studentinsurance.com/Client/1030> to complete an online claim form and track the status.

More questions? Just email SHS@conncoll.edu.