

# Member Guide

## TEXAS SOUTHERN UNIVERSITY



### 2019–2020 International Student Insurance Plan

This document represents an abbreviated overview of your plan of insurance. Terms, conditions, exclusions, and limitations to coverage may apply. For a detailed listing of plan benefits, limitations, and exclusions, please see the Policy. If there are any discrepancies between this document and the Policy, the Policy provision(s) will govern.

### SUMMARY SCHEDULE OF BENEFITS

Benefit	In Network	Out of Network
Maximum Benefit	\$500,000	
Deductible (Per Person, Per Policy Year)	\$100	\$500
Coinsurance	80% of the Negotiated Rate*	70% of Usual and Customary*
Student Health Center Copay (Per Visit)	\$0 for Eligible Benefits	
<b>Hospital Services</b>		
Inpatient Room & Board Expenses, Intensive Care, or Coronary Care Unit	80% of NR, \$100 Copay per Visit	70% of U&C, \$100 Copay per Visit
Hospital Miscellaneous Expense	80% of NR	70% of U&C
Emergency Room Treatment	80% of NR, \$200 Copay Per Visit	70% of U&C, \$100 Copay Per Visit
Outpatient Hospital Miscellaneous	80% of NR, \$200 Copay Per Visit	70% of U&C, \$100 Copay Per Visit
<b>Physician Services</b>		
Surgery/ Assistant Surgeon	80% of NR	70% of U&C
Physician Assistant	80% of NR	70% of U&C
Anesthesia / Anesthesia Administration	80% of NR	70% of U&C
In-Hospital Visits	80% of NR	70% of U&C
<b>Outpatient Services</b>		
Outpatient Office Visits	80% of NR, \$30 Copay Per Visit	70% of U&C, No Copay
Urgent Care	80% of NR, \$50 Copay Per Visit	70% of U&C, \$50 Copay Per Visit
X-Rays/ CT Scans and MRIs/ Radiation/ Chemotherapy	80% of NR	70% of U&C
Laboratory Tests	80% of NR	70% of U&C
Wellness Expense Benefit —Up to \$1,000 Maximum Benefit Per Policy Year	100% of NR	No Benefits
Pregnancy, Complications of Pregnancy, and Prenatal Expense Benefit	80% of NR	70% of U&C
Elective Therapeutic Termination of Covered Pregnancy —Up to \$1,000 Maximum	80% of NR	70% of U&C
Outpatient Back and Spine Treatment—Including Acupuncture, and Physiotherapy	80% of NR, up to 20 Visits	70% of U&C, up to 30 Visits
<b>Other Services</b>		
Ambulance Services	80% of NR	70% of U&C
Medical Equipment Rental	80% of NR	70% of U&C
Dental Services—Injury to Natural Teeth Only; \$100 per Tooth/\$500 per Accident Max	80% of NR	70% of U&C
<b>Mental and Nervous Disorders Treatment</b>		
Inpatient Expenses—Up to 30 Days Maximum Per Policy Year	80% of NR	70% of U&C
Outpatient Expenses—Up to 30 Visits Maximum Per Policy Year	80% of NR, \$20 Copay per Visit	70% of U&C, \$20 Copay per Visit
<b>Alcohol and Drug Treatment</b>		
Inpatient Expenses—Up to 30 Days Maximum Per Policy Year	80% of NR	70% of U&C
Outpatient Expenses—Up to 30 Visits Maximum Per Policy Year	80% of NR, \$20 Copay per Visit	70% of U&C, \$20 Copay per Visit
<b>Prescription Drugs</b>		
Outpatient Prescription Drugs <i>Southern Scripts is the In-Network Pharmacy Benefits Manager.</i>	Copays: \$20 Generic Drugs \$50 Brand Drugs \$75 Specialty Drugs	No Benefit

\*Negotiated Rate is referred to NR in this Schedule; Usual and Customary is referred to as U&C in this Schedule.

## FREQUENTLY ASKED QUESTIONS

### ► What does "In Network" mean?

"In Network" means the provider has a contract with the insurance company. If care is received from an In-Network provider, Covered Medical Expenses will be paid at the In-Network level of benefits. Reduced or lower benefits will be paid when an Out-of-Network provider is used. The network for this plan is PHCS/ Multiplan.

### ► How do I find an In-Network Provider?

1. Visit [www.multiplan.com/ISHPHCSMPI](http://www.multiplan.com/ISHPHCSMPI) and click on "Select Network" then "PHCS."
2. In the search box, enter the type of doctor or other provider you are looking for, such as "Primary Care Physician" or "Urgent Care."
3. Click the link after "Near" to open a box where you can key in your zip or current location.
4. You will see a list of medical providers near you. Select one, then call the provider's office to make an appointment. You don't need an appointment for urgent care.

### ► What should I do if I need medical treatment?

If you experience a sickness or injury, choosing the appropriate care is important. Here are some guidelines:

1. Seek treatment from your campus health center for things like colds and coughs, flu symptoms, minor sprains, and other non-emergency health conditions.
2. If the health center is closed, go to an urgent care center or a doctor's office. Find a doctor or urgent care by visiting [www.multiplan.com/ISHPHCSMPI](http://www.multiplan.com/ISHPHCSMPI) (see above).
3. Do not go to the hospital unless you have a very serious or life-threatening condition, or are referred by another doctor. **If you have a very serious or life-threatening condition, go the nearest hospital Emergency Room or call 911 immediately for an ambulance.**
4. If you need to fill a prescription, use a Southern Scripts network pharmacy. Most drugstores, such as Walgreens, Rite-Aid, and CVS, as well as retail stores such as Walmart, Target, and some grocery chains accept Southern Scripts.

### ► What is an EOB?

After your doctor or hospital visit, you will receive an EOB in the mail. An EOB, or *Explanation of Benefits*, shows the charges, discounts, and any amounts that you owe the provider after the insurance has paid its share. An EOB is not a bill. The provider will bill you separately for any amount owed.

For questions or concerns about medical bills or claims, please contact WebTPA at (800) 407-0620.

### ► What are Exclusions?

Exclusions are tests, treatments, or activities that are not covered by insurance. Exclusions include:

- Cosmetic surgery or treatment
- Eyeglasses, contact lenses, hearing aids, braces, and appliances
- Injury while participating in:
  - High-risk activities such as mountaineering, hang gliding, parachuting, paragliding, zip lining, parasailing, bungee jumping, etc.
  - Riot, civil disorder, or felony
- Injury that occurs while playing, practicing or traveling to/ from a professional sports contest or competition
- Injury while intoxicated
- Self-inflicted injury
- Dental treatment, other than for a covered injury
- Treatment for sleep disorders or learning disabilities
- Treatment by a family member

***This is a short summary and not the full list of exclusions. Please refer to the Policy for complete list of Exclusions and Limitations pertaining to this plan.***

*If you have questions about whether or not something is covered, call WebTPA at (800) 407-0620.*

### ► Do I have Evacuation and Repatriation Coverage?

Medical Evacuation or Repatriation of Remains are covered by this plan up to \$50,000 each. Family Reunion is covered up to \$5,000. Services must be arranged through On Call International.

- From the U.S. or Canada: +1 (844) 884-0958
- From anywhere in the world: +1 (603) 952-2661
- Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

