

Maricopa County Community College District International Student Health Insurance Plan (ISHIP)

Why do I need health insurance?

Medical care in the U.S. is expensive and complicated. There is no free medical care. A typical doctor visit averages \$150, and an overnight hospital stay can cost thousands of dollars. When an unforeseen accident or illness occurs, it is important that you have insurance to help cover these high costs. When used in accordance with the guidelines, the insurance policy provided by your school is designed to cover 100% of the cost (after applicable copays) of necessary medical treatment as well as 65% of the cost for medications.

We know the health care system in the United States may be very different from what you are used to, so please call Relation Insurance Services with any questions you might have at **(800) 537-1777** (Monday–Friday, 8:00 a.m. to 5:00 p.m. Pacific Time).

How do I enroll? Can I enroll my dependents?

You are automatically enrolled through your school; no action is needed to enroll yourself in the plan.

Visit www.4studenthealth.com/mcccd to enroll your dependents online with a credit card, or you can download an enrollment form to pay by check or money order. Your dependents (spouse or children under the age of 26) must be enrolled before the start of the term or within 31 days of marriage, birth, adoption, or arrival in the U.S.

For questions about enrollment, contact Relation Insurance Services at **(800) 537-1777** (Monday–Friday, 8:00 a.m. to 5:00 p.m. Pacific Time).

How do I get my Insurance ID card?

Once you are enrolled in the plan, you may download your insurance ID card at www.4studenthealth.com/mcccd. To access your insurance ID card, you must first click on the insurance ID card link and create an account. You will need your school ID number and school email address to set up the account.

If you go to a physician's office, urgent care center, hospital, or pharmacy, you will be asked for your ID card.

Keep your ID card with you at all times!

What should I do if I need to see a doctor?

You should go to the nearest PPO doctor's office, urgent care, or hospital. While you are allowed to visit any provider of your choosing, if you use a PPO doctor or facility, you will pay less money out-of-pocket.

Visit www.cigna.com to access general providers, specialists (such as mental health providers), and other medical facilities and providers. Remember, only go to the emergency room (ER) when it is a life-threatening situation. In severe but non-life-threatening cases, go to an urgent care center. You will save money and time if you go to an urgent care center over the ER. In all other instances, schedule an appointment with a doctor.

What if it is an emergency, such as an accident or life-threatening situation?

In the case of an emergency go to the nearest hospital or call **911**. You may receive treatment at any hospital. There is also a \$250 copay for emergency services expenses (waived if you are admitted to hospital).

What does "in-network" or "PPO" mean?

In-network means providers such as doctors, specialists, and hospitals that accept this insurance plan. *Note: Sometimes it is also called "PPO" or "Preferred" network.* The network for this plan is **Cigna PPO**.

If you use an in-network provider, covered medical services are paid by the insurance company at 100% of Preferred Allowance. If you use an out-of-network provider, meaning a provider who is not in-network, covered medical expenses are paid at 60% of Usual and Reasonable charges. *Copays are not included in what the insurance company pays.*

All providers listed on the Cigna Member website www.cigna.com are available to you for consultation and treatment.

Always check with the doctor or medical facility directly to confirm that they are still participating in the network before you receive treatment.

It is best to locate an in-network doctor, urgent care center, and emergency room near you before you get sick.

What if it is not an emergency but the doctor's office is closed?

If it is not a life-threatening condition but you need to see a doctor right away and cannot wait for a scheduled appointment, it is a good idea to visit an urgent care center, rather than a hospital emergency room. Hospital emergency rooms generally charge more for services than doctor's offices or urgent care centers. Using an urgent care center instead of a hospital emergency room will save you money. Urgent care centers provide medical treatment for sicknesses and minor injuries or when immediate care is needed.

You must pay a \$25 copay at an urgent care center.

How much do I have to pay?

After you are enrolled in the plan, the insurance will pay for most covered treatment and services, but you will be required to pay for applicable copays yourself. There is no deductible for PPO providers; \$50 deductible for non-PPO providers. There is a \$25 copay at a doctor's office. There is also a \$250 copay for emergency services expenses (waived if you are admitted to hospital).

You must also pay 40% of charges (your coinsurance) for out-of-network providers. The coinsurance for prescription drugs is 35% of the cost of the drug.

You will also be responsible for any charges you incur for treatment or services that are *excluded or limited* under this plan, so please read the Plan Certificate carefully before seeking treatment. *Note: Exclusions and Limitations are also described in the Maricopa Snapshot and Brochure.*

How do I find a PPO doctor, hospital, or urgent care center?

1. Go to www.cigna.com and click “Find a Doctor” in the upper right corner.
2. Click on link that reads, “**Plans through your employer or school.**”
3. Under “**Search Location**” enter your city and state or ZIP code.
4. Under “Select a Plan” choose “**PICK.**” Expand the Medical Plans option and select “**PPO**” then click on “**Choose**”; click “Search.”
5. Select a doctor from the list.

What do I need to bring with me for a scheduled visit with a doctor or hospital?

Always bring your insurance ID card and photo identification. In addition, be sure to bring cash or a credit card to pay your copay directly to the provider.

Does the plan cover preventive care?

Yes, this plan covers recommended immunizations, routine physical exams, and certain tests and screenings at 100% at an in-network provider, with the copay waived. There is also 100% coverage with no cost sharing for contraceptive medications, services, and devices.

Are prescription drugs covered?

Yes, prescription drugs are covered at 65% (contraceptives are covered at 100%). You should always ask for the generic form (not brand name) of the drug, if available, as this will decrease the cost.

To fill a prescription, visit any Express Scripts network pharmacy and pay your portion of the cost. If you visit a non-network provider, you will need to pay for the prescription in full at the time of pickup, then submit a claim for reimbursement. To locate an Express Scripts pharmacy, visit www.express-scripts.com or call **(800) 447-9638**. Present your ID card to the pharmacy when the prescription is filled.

Is vision or dental coverage provided under this plan?

Coverage for dental treatment is available as the result of an accidental injury. Additionally, pediatric dental and vision are covered for persons under the age of 19. Please see the policy for further details.

Where do I send my bills, claims, or any other important information?

If you are billed for medical services (not including your copays), you must send copies of the bills to the claims department. The claims department may require further information to process your claim; send such information as soon as possible so there will be no delay in processing your claim. Download a claim form from www.4studenthealth.com/mcccd, and send the completed form with all bills and receipts for medical treatment to:

**Relation Insurance Administrators
P.O. Box 6040
Agoura Hills, CA 91376-6040**

To check the status of your claim, you may contact Relation at **(800) 468-4343**.

Always keep copies of claim documents for your records.

What if I’m outside Arizona or the United States and need medical treatment?

Any treatment received outside Arizona is covered at 100% of Preferred Allowance in-network and 60% of Usual and Reasonable charges out-of-network. However, Emergency treatment received in an Emergency Room is paid at the in-network level of benefits.

Treatment received outside the United States is covered at 60% of Usual and Reasonable charges.

All medical bills, receipts, and other information should be sent to the claims department address.

What if my visa status changes?

If your visa status changes or if you terminate your F-1 status, you are no longer eligible for coverage under this insurance plan. Your coverage will be terminated. If you have not used the insurance and you are returning to your home country, you may request a refund from the school for the number of full months remaining in the term.

Am I still eligible for coverage if I graduate and go on an Optional Practical Training work permit?

Yes, you are still eligible, but you cannot enroll through the school. You must contact Relation Insurance Services at **(800) 537-1777** to obtain an enrollment form. In addition, students who are on Optional Practical Training must provide a Verification of Practical Training Letter to be eligible for this insurance coverage and must purchase OPT coverage within 30 days of the expiration date of their prior coverage.

Where can I find additional information on the plan?

Visit www.4studenthealth.com/mcccd. There you can review your insurance plan benefits and coverage dates, download claim forms and instructions for filing a claim, search for a doctor, and much more!