

Highlights of the Caltech Student Insurance Program

Compiled by the Quality of Life Committee

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Disclaimer: *The Quality of Life Committee makes no guarantees as to the accuracy of this document. We have done our best to present the most important aspects of the health insurance plan as accurately as possible. Please contact the Student Health Center or the insurance company directly if you have questions or concerns beyond the scope of this document.*

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What is a PPO? (and summary of insurance benefits)

A PPO (Preferred Provider Organization) is a panel of medical professionals, including physicians and hospitals, which has agreed to charge a discounted rate for medical insurance. In the case of our PPO, the doctors charge 70% of their total cost. The insurance company then pays the doctors' charges, leaving you with no net balance, assuming you have already paid your \$150 deductible. Unlike an HMO which requires you to obtain a referral from your primary physician, a PPO allows you to see any doctor on the plan without a referral. You just need to make sure your doctor is on the plan in order to receive full coverage.

Remember that in the case of Caltech student insurance, insurance payment is contingent upon the payment of your \$150 deductible. In other words, you are liable for the first \$150 of medical aid of the year, unless otherwise noted. The deductible is only paid once.

If you see a doctor who is not on the plan, the insurance company will still pay 70% of the total costs, but since these doctors do not discount their rates, **you will be responsible for the remaining 30%**. The exceptions to this rule are prescription drugs and medicines, anesthesiologists, ambulance service, or travel outside the United States, which are payable at 80%).

Prescriptions may be filled at a pharmacy or ordered in three month supplies via mail through Merck Health. Three month prescriptions cost \$20 for brand names and \$12 for generic drugs. The order form for this service can be obtained at the health center. If you decide to use the pharmacy, you pay for the prescription when it is filled but get reimbursed 80% by submission of a claim form, available in the health center.

Hospitalization requires pre-authorization (**1-800-572-5508**). If you have an emergency and must go directly to the hospital, someone must call the preauthorization number within 48 hours.

A word of caution: In order to receive full coverage, you must make sure everyone you see is on the PPO, this includes, doctors, hospitals, labs (for x-rays, bloodwork, etc), etc. Doctor's often do not realize that the lab they are sending you to may not be on the plan. If you find the lab/hospital you are interested in going to is not on the plan, speak to your doctor about recommending another one. Also, just because a hospital is covered on the plan **DOES NOT** mean that every doctor or lab in that hospital is on the plan. Before you get any service from anyone, make sure that the person/lab/hospital is on the network.

How do I know if my doctor is on the PPO?

There are only two ways to guarantee that your doctor is on the PPO:

1. Call **1-888-685-7774** (they will ask you what school you belong to)
2. Check online at <http://www.ccnusa.com/dol/index.html> (under group health, select PPO)

The health center also has a list of doctors, but this list can be out of date (as the network is updated daily). To be sure your charges will be covered to their fullest, please either check online or call.

What if the doctor I want to see is not on the PPO?

If the doctor you wish to see is not on the PPO, Guarantee Life Trust health insurance will cover 70% of the incurred costs. If there is a specialists that you must see **AND** s/he is not on the network, contact DeAnn Lewis (see contact info below) and explain your situation. DeAnn can contact the specialist and negotiate for acceptance of the PPO payment of 70%. **THIS FEATURE OF THE HEALTH INSURANCE CAN ONLY BE USED IF MEDICALLY NECESSARY AND NO OTHER OPTION IS AVAILABLE.** Please do not call DeAnn if your desire to see an uncovered doctor is solely based on personal preference. This kind of negotiation is something that only applies to medical doctors (MD). It is illegal for Ph.D's of psychology to partake in such negotiations. For

counseling information, see the counseling information presented by the GSC QOL committee.

What if I have an insurance question/billing problem?

If you have insurance or billing questions, contact 1-800-468-4343. Tell the operator you are from Caltech, and ask to speak to Kenneth.

Many students have encountered a great deal of difficulty when they have tried contacting the insurance company about billing inquiries. We have found that Kenneth is the proper person with whom you should speak if you need to contact the insurance company for any reason. Kenneth is very experienced at dealing with Caltech students and is the most adept at answering questions regarding our insurance. If he is not available, you can speak to anyone who answers, but you will most likely receive faulty information. If you still have problems, contact DeAnn Lewis (x6393 or dlewis@caltech) at the Health Center or Kevin Austin (x8130 or kpa@its.) in the counseling center.

How much does the Student Health Center cost?

Doctor/Nurse Visit

Seeing a doctor or nurse in the student health center is free to all students enrolled at Caltech. (Spouses can enroll in the health center for \$75/term). Any labwork (bloodwork, x-rays, etc) can be charged to you in two ways:

1. Billed to the insurance as regular health care
2. Charged to your student account as a non-profit health care

If you choose to have the labs billed to the insurance company, it will be charged as regular health care (pap-smears cost ~\$50) and **will count towards your deductible**. If the labwork is eligible and you choose to have it billed to your student account at a discounted rate and as non-profit health care, (pap-smears cost ~\$25) **it will not count towards your deductible**. In other words, if you have not yet paid your deductible and have labwork done at the health center, you will still have to pay the full deductible at a later date if you use the insurance. If you have your labwork billed to the insurance and have not paid your deductible, you will be liable for the first \$150, but after that, everything should be covered with no further cost to you. Choosing between these two options depends on how sick you think you'll get over the course of the year.

Medications

Most prescription medications that the health center gives you will be charged to your student account (some are free samples, so ask before accepting anything).

You have three options for obtaining medications:

1. Have the medication billed directly to your student account at the health center's discounted rate.

2. Get a prescription and fill it at the pharmacy (you will be reimbursed 80% IF YOUR DEDUCTIBLE IS MET).
3. Order a 3 month supply from Merck Health.
 - a. \$20 for a brand name drugs
 - b. \$12 for generic drugs

Again, which option is the most economically advantageous for you depends on several factors: how much the drug costs, how much the health center charges for it, if you have met your deductible (drug costs can also count towards your deductible, as long as you submit your receipts so that the insurance company has record of how much you paid), and if the drug is something you will need for three months.

If you choose to have your prescription filled at the pharmacy, pay for the prescription when it is filled. To get reimbursed, simply submit a claim form available at the health center.

To obtain your prescription medication through mail-order delivery, fill out Merck Health form available at the health center.

How much will using the Health Plan Cost me?

Once you have met your \$150 deductible:

1. Doctors on the PPO should cost you nothing (the doctor will charge 70% of the incurred cost and the insurance company will pay 70% of the incurred cost as long as the doctor charges a “reasonable” amount for services. We have never heard of a doctor who charges an amount designated, “unreasonable” by the insurance company, but that doesn’t mean it can’t happen)
2. Doctors not on the PPO will cost you 30% of the total cost (the doctor will not give a discount and the insurance company will pay 70% of the total cost). If you need to see a specialist not on the PPO (**AND THERE IS NO DOCTOR ON THE PPO WHO CAN HELP YOU**) you can contact the health center for assistance. In especially rare and extenuating circumstances, the health center can TRY to negotiate with the specialist to give the student a discount (so that the student has to pay less than 30% of the cost). Contact DeAnn Lewis (x6393) for details.
3. Prescriptions drugs and medicines, anesthesiologist, ambulance service, or illness treated while outside the United States are reimbursed at 80%
4. **Pre-Authorization For Hospital Stays**
You are responsible for obtaining pre-authorization for all hospital stays. If you are admitted to the hospital in an emergency, you, a family member or the hospital must call the pre-authorization number within 48 hours. The number to call is **1-800-572-5508**.

Contact Information

DeAnn Lewis, Health Center Administrative Assistant (x6393) dlewis@caltech.edu

Kevin Austen (x8331) kpa@its.caltech.edu