

What you need to know about Health Care/Insurance in the US

Health care in the United States is very expensive, and issues of access and payment are the responsibility of the individual. Therefore, health insurance is an absolute necessity for anyone spending time in the U.S.

Student Insurance Requirements

Earlham requires all students to be covered by health insurance. If you are on an F-1 visa and purchase the Earlham student insurance plan, the plan will provide insurance coverage as soon as you register for classes and pay your tuition and fees. Earlham Student insurance provides coverage for minor illness and injury but does not cover major medical expenses. While it is each individual's choice as to whether or not to purchase additional insurance coverage, we strongly recommend that you do so.

If you are in the US on a J-1 visa, you must secure health insurance at the rates of coverage determined by the United States Information Agency. The insurance required for those on J visas covers major medical expenses and not minor illnesses.

It is always the student/scholar's responsibility to find out the extent of the coverage and the limitations of the policy.

Cost of Care in the US*

- ❖ Doctor visit \$50-75
- ❖ Urgent care clinic visit, average \$200
- ❖ Emergency room visit \$600+
- ❖ Typical hospital charges/day not including tests, surgery \$2500
- ❖ Appendectomy \$11-19,000

* Aetna Navigator, Cost of Care Tool, 5/06 and Blue Cross Blue Shield, Health Care Cost Estimator 8/07

Insurance Coverage

There is no such thing as a "perfect" insurance policy that covers 100% of all health related expenses. Such a policy would be too costly. The individual is expected to share the cost of treatment even when they have insurance. You should read your policy carefully to know what is expected of you before you need to use your insurance.

Filing a Claim

If you have Earlham student insurance, you may obtain forms from the Business Office. After you have completed the form, the Business Office staff will submit the claim to the insurance company on your behalf. If you purchase insurance from another provider, you are responsible for understanding how claims are to be filed, and for making sure they are filed in a timely manner. Staff in IPO is happy to consult with you about this process.

Accessing Health Care

Earlham Health Services is usually the first place you should go for health care. For most medical conditions, Health Services can either provide treatment or make a referral to another treatment facility. Many insurance companies will reduce the portion of the bill you are required to pay if you visit Health Services first, even if you must be treated elsewhere later.

Hospital emergency rooms are traditionally reserved for critical medical emergencies. They are very expensive forms of medical attention and should only be used when there is concern for loss of life, a critical situation (like uncontrolled bleeding, broken bones, etc.) or in emergencies when other health facilities are closed.

Good Health = Good Grades

Students who know how to stay physically and mentally healthy typically perform well academically. If you experience physical problems or adjustment difficulties at Earlham, you are encouraged to take advantage of the services available to you at Health Services and/or the Counseling Center. You should visit the appropriate center as soon as you become aware of the problem and not wait until difficulties persist. The staff in IPO is happy to consult with you if you have difficulties.

See glossary of terms on reverse

Glossary of Health Care terms

Claim: A written request by the insured individual for payment by the insurance company for a cost covered by the insurance policy.

Co-insurance: the portion of a covered expense, after the deductible is paid by the insured individual. This is usually expressed in a percentage, for example, if the insurance company pays 80% of covered charges, the co-insurance is 20%.

Co-payment: Specific dollar amount that is paid by the insured individual at the time services are provided by a health care professional.

Covered Expense: Any expense for which complete or partial payment is provided under the insurance policy.

Deductible: A specified amount, which must be paid by the insured person before the insurance company pays its part of the expense.

Exclusion: Any condition or expense for which, under the terms of the insurance policy, no payment will be made.

Pre-existing Condition: A condition that existed prior to the commencement of coverage of the insurance policy. Depending on the policy, a pre-existing condition may be defined as:

- a condition that had its origins prior to the commencement of the coverage;
- a condition that exhibited symptoms prior to the commencement of the coverage;
- a condition for which treatment was sought prior to the commencement of the coverage;
- a condition that was diagnosed prior to the commencement of the coverage; or
- a condition for which treatment was received prior to the commencement of the coverage.

Preferred Provider Organization/Network:

A specified list of health care professionals. The insured person pays a reduced rate when receiving care from a professional on this list.