

2022-23 UToledo Student Health Insurance Plans

Anthem  | **STUDENT ADVANTAGE**

 **DELTA DENTAL**®

 **DavisVision**™


THE UNIVERSITY OF
TOLEDO

2022-23 UToledo Student Health Insurance Plans

Medical and Prescription Drug Insurance Plan Premiums

Semester:	Fall	Spring/Summer	Summer Only*	Full Year**
Coverage Begins:	Aug. 11, 2022	Jan. 1, 2023	May 16, 2023	Aug. 11, 2022
Coverage Ends:	Dec. 31, 2022	Aug. 10, 2023	Aug. 10, 2023	Aug. 10, 2023
Student	\$991	\$1,537	\$665	\$2,528
Student & 1 Dependent	\$1,982	\$3,074	\$1,330	\$5,056
Student & 2+ Dependents	\$2,973	\$4,611	\$1,995	\$7,584

*Summer only premium is available only for UToledo students newly enrolled for summer 2022.

**Students must enroll in both fall 2021 and spring/summer 2022 semesters to have coverage for the full year.



2022-23 UToledo Student Health Insurance Plans

Dental Insurance Plan Premiums

Coverage Period	Aug. 11, 2022 – Aug. 10, 2023
Student	\$188
Student & 1 Dependent	\$382
Student & 2+ Dependents	\$860

Students may enroll in the dental plan during any open enrollment period (Fall, Spring, or Summer-only) but the annual premium will remain the same no matter when you begin coverage.

The annual premium is not subject to a pro-rated premium for coverage beginning in Spring/Summer or Summer-only semesters.



2022-23 UToledo Student Health Insurance Plans

Vision Insurance Plan Premiums

Coverage Period	Aug. 11, 2022 – Aug. 10, 2023
Student	\$17
Student & Spouse	\$56
Student & Child(ren)	\$38
Student & Family	\$83

Students may enroll in the vision plan during any open enrollment period (Fall, Spring, or Summer-only) but the annual premium will remain the same no matter when you begin coverage.

The annual premium is not subject to a pro-rated premium for coverage beginning in Spring/Summer or Summer-only semesters.



COMMONLY USED INSURANCE TERMS

Health Insurance shouldn't be complicated. Here are some health insurance terms that you should be aware of. If you have any questions, please contact us.

Premium: The cost you pay for the insurance. The fall "premium" is \$991.

Deductible: The amount you must pay before the insurance company will start paying. There is no "deductible" for care obtained by a University of Toledo (UT) facility or provider.

Out of Pocket Maximum (OOPM): The maximum amount you are responsible for. Once you meet your OOPM the insurance will pay at 100%*. The individual OOPM is \$7,900.

Co-payment/Coinsurance: Copayment is a dollar amount and Coinsurance is a percentage you will be responsible to pay. The Emergency Room Copay for UT hospitals is \$250 vs \$350 for other hospitals. Coinsurance is between 30%-60% depending on provider status.

Provider Network (Anthem Blue Cross Blue Shield): The Provider Network is doctors and/or facilities that are contracted with Anthem and offer care at lower out of pocket cost.

Learn More about health care in the United States at
<https://student.anthem.com/student/healthcare-101/>

YOUR BENEFITS AT A GLANCE

For the lowest out-of-pocket cost please visit The University Health Center on Main Campus or The University of Toledo Health Science Campus Student Health and Wellness Center

Covered Services	Your cost if you use a University of Toledo provider/facility ²	Your cost if you use an in-network provider	Your cost if you use an out-of-network provider
Deductible	\$0 per covered person	\$1,500 per covered person	\$3,000 per covered person
Coinsurance	30%	40%	50%
Out-of-pocket maximum	\$7,900 student/ \$15,800 family	\$7,900 student/ \$15,800 family	\$7,900 student/ \$15,800 family
Primary care doctor visits	30% coinsurance after deductible	\$10 copay, then 40% coinsurance after deductible	\$15 copay, then 50% coinsurance after deductible
Preventive care screenings & immunizations	No charge	No charge	50% coinsurance after deductible
Specialist care visits	30% coinsurance after deductible	\$20 copay, then 40% coinsurance after deductible	\$30 copay, then 50% coinsurance after deductible
Urgent care	30% coinsurance after deductible	\$30 copay, then 40% coinsurance after deductible	\$45 copay, then 50% coinsurance after deductible
Emergency services: Facility services	\$250 copay per visit (waived if admitted)	\$350 copay per visit (waived if admitted)	
Emergency services: Doctor and other services <i>Deductible does not apply</i>	30% coinsurance	40% coinsurance	
Prescription drugs <i>Deductible does not apply</i>	Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$30 copay Tier 4: \$75 copay	Tier 1: \$10 copay and 40% coinsurance Tier 2: \$20 copay and 40% coinsurance Tier 3: \$40 copay and 40% coinsurance Tier 4: Not covered	Tier 1: \$15 copay and 50% coinsurance Tier 2: \$30 copay and 50% coinsurance Tier 3: \$60 copay and 50% coinsurance Tier 4: Not covered



For life-threatening or emergency situation, call 911

HEALTH CARE OVERVIEW

- Healthcare providers are not paid by the government. They are private businesses that bill for the services they perform.
- In general, you can expect to see approximate charges of:
 - Office visit: \$100–\$350
 - Emergency room visit: \$2,000-\$2,500
 - Hospital stay: \$3,000-\$5,000 per night

These costs do not include labs, x-rays, or other tests, which are extra.

- Prescription medications on average cost 2.5+ time more in the U.S. than for the same drug in other countries.
- Total approximate cost for typical services (including doctors, facility, prescriptions and ancillary services):
 - Childbirth: ~\$13,000
 - Diabetes management: ~5,750
 - Simple fracture: \$2,750



HEALTH INSURANCE OVERVIEW

- To cover the cost of these services, most people in the U.S. purchase health insurance.
- Health Insurance companies in the U.S. are highly regulated, both in terms of required benefits and patient protections. Policies are “filed” each year with regulatory agencies to ensure compliance with Federal and State Laws.
- Plans are that filed and approved in the U.S. generally will cover “essential health benefits” such as inpatient, outpatient, mental health, maternity, and prescriptions. In addition, there are rules that must be followed that protect the consumer.
- Health insurance policies do not cover all services. Health insurance companies use various tools to control cost, including:
 - *Cost sharing*: Deductible, coinsurance and copays are paid by the patient when accessing care.
 - *Network management*: Some plans require you to see certain providers or follow certain rules when accessing care.
 - *Policy exclusions*: It is common to exclude care that is not medically necessary, experimental, or not at the right “sight of service.



MARKET OVERVIEW

- Student Health Insurance plans are required to follow these regulations.
- Compared to other forms of health insurance, Student Plans
 - Have low deductibles
 - Utilize broad national networks that do not require “referrals”.
 - Have access to on campus student clinics
 - Include Medical Evacuation, repatriation, and other student friendly services.
 - Are generally lower premium than comparable plans.
- Insurance Plans that are marketed specifically for international students are NOT regulated in the same way as Student Insurance Plans are.
- As a result, most schools require students to have a plan that is “filed and approved” in the U.S. in order to waive the student health insurance to ensure student are adequately insured.

Insurance Pro Tip: Do not make decisions on health insurance based solely on cost. Look at benefit levels, networks, and exclusions.



Questions



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