



SUNY INTERNATIONAL HEALTH INSURANCE

Presented by the Student Health Center and
International Student Programs at SUNY New Paltz

Why Do You Need Health Insurance?

- **Health Care in the U.S.A:**
- Health Care in the U.S.A is very good and **VERY EXPENSIVE**
- Examples of Health Care costs in Central New York:
 - Repair of Soft Tissue in knee
- Surgeon \$5,200
- Facility \$1,800 (Outpatient)
- Anesthesia \$1,400
- Other \$1,000
- TOTAL \$9,400
- Hospital Costs might be \$3,000 per day
- MRI Test cost \$1,200
- Emergency Room visit \$500 Plus

COST OF INSURANCE

- Spring 2010 Cost: \$581
- Insurance valid:
1/15/10 - 8/14/10

INSURANCE PLAN OVERVIEW

- **\$200,000** per year for each injury or illness
- **\$10,000** for accidental death & dismemberment
- **\$50** deductible, waived if you receive a referral from the Student Health Center
- Pre-existing conditions are covered

INSURANCE PLAN OVERVIEW

- Dental treatment for accidental injury
- Prescription drug card
- Reasonable expenses for necessary treatment

Please note: This plan provides full policy benefits everywhere in the world except in your country of origin. In the participant's country of origin there is a once in a lifetime emergency-only benefit of US\$5,000.

DEPENDENT COVERAGE

- Cost:
 - Spouse \$178 per month
 - Child(ren) \$ 96 per month
- The deductible for dependents is \$50 per injury or illness. It cannot be waived by the Student Health Center.

When Should I Enroll My Dependents?

- **When you enroll at SUNY New Paltz**

OR

- **Within 31 days of:**
 - **Dependents' arrival in the U.S.**
 - **Date of marriage**
 - **Date of child's birth**

BENEFITS FOR DEPENDENTS

- Identical to student's benefits except:
 - Maximum coverage per illness or injury: \$100,000
 - \$50 deductible cannot be waived
 - Pre-existing condition covered only if enrolled within 31 days of eligibility as previously defined

HTH WORLDWIDE INSURANCE

- HTH Worldwide Insurance Services has a website designed just for students.

- Visit www.hthstudents.com to:
 - Determine if you or your dependents are enrolled with the insurance plan.
 - Check the status of submitted claims.
 - Print Insurance Cards.

What is Medical Evacuation and Repatriation (MEDEX)?

- All international students must have coverage for emergency evacuation and repatriation. Your health insurance charge includes MEDEX coverage.
- MEDEX Global Assistance covered benefits include:
 - The transportation of a sick or injured member back to his or her country of origin.
 - The repatriation of a deceased member's remains back to his or her country of origin.
 - Translation Services
 - Lost Passport Services
 - Eyeglass and Contact Lens replacement liaison services
 - Transportation of a family member to visit you

Student Health Center

- Hours: 8:30am-4:30pm
- Appointments / walk-in hours
- Health Report
- MMR and Meningitis compliance
- Tuberculosis testing
- What kinds of illnesses can be treated at the Student Health Center?

Student Health Center

- Prescriptions and medication
- Labs
- Chest x-rays
- How do I find a specialist?
- More information? Go to our website:
<http://www.newpaltz.edu/healthcenter/>

USING YOUR INSURANCE

- If you are ill or injured, you should seek medical attention from the Student Health Center. The Health Center will refer you to an off-campus provider if you require further specialty care. Remember to get the referral form stamped so that you do not have to pay the \$50 deductible.
- If it is a life-threatening emergency, call 911 or go to a hospital emergency room.

INSURANCE IDENTIFICATION CARDS

- You will receive an email from the HTH Worldwide insurance company with a copy of your insurance card. Keep this card with you at all times.
- You can also pick up a copy of your card from the International Student Programs office VH Annex 250.

What Do I Do If I Get Sick?

- Go to the Student Health Center

- If the Student Health Center refers you to an outside provider:
 - Obtain a claim form **STAMPED** by the Student Health Center.
 - This is proof of your referral. Without this form, you pay a \$50 deductible

What Do I Do If the Student Health Center is closed or it is an emergency?

- If you are in a life-threatening situation, dial 911, or go to a hospital emergency room immediately!
- If it is not a life-threatening situation, you can call the Student Health Center to talk to the doctor on call.
- You can also go to FIRSTCARE walk-in medical center in Highland (845)691 3627

INSURANCE IDENTIFICATION CARDS

- You should provide your Insurance Identification Card to medical providers at the time of service so they can bill your insurance company. If you forget your card, contact the provider and provide them with your insurance information allowing them to bill your insurance company on your behalf.
- If you don't have your card yet, you will be billed for the services. However, you can call the hospital or doctor's office later and give them the information on your Insurance Identification Card.

**STATE UNIVERSITY OF NEW YORK INTERNATIONAL STUDENT/SCHOLAR
HEALTH CENTER AUTHORIZATION & REFERRAL CLAIM FORM – FOR CLAIMS IN THE U.S.**

HEALTH CENTER AUTHORIZATION
Health Center Use Only

HTH Worldwide

Send completed form to: PO Box 968
Horsham, PA 19044

Telephone: 1.888.350.2002 Fax: 1.888.250.4121

Authorization Stamp
(or SHC Rego Initials)

Date of Service/Referral

Send completed form to the above address. Send supporting documentation (medical bills, receipts and/or statements) to the address on the back of this form. See the back of this form for more information regarding information on how to file a claim. Claims reimbursement is subject to a \$100 deductible for each medical condition. If the student FIRST seeks medical treatment at the campus Student Health Center, the deductible will be waived (participants on OPT/CPT have a \$50 deductible which can not be waived). The Health Center must stamp the top of this form for the waiver to be approved, and this form must be submitted to the above address. Dependents are subject to a \$50 deductible per condition, which cannot be waived. Dependents cannot be seen at the Student Health Center.

PLEASE TYPE OR PRINT - USE A SEPARATE FORM FOR EACH PATIENT

PATIENT INFORMATION				PRIMARY POLICY HOLDER INFORMATION (on ID Card)		
NAME Last	First	Middle	CERTIFICATE NUMBER	GROUP NAME SUNY	COLLEGE/ UNIVERSITY NAME	
BIRTH DATE	SEX M F	RELATION TO SUBSCRIBER <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter		NAME Last	First	Middle
DOES THE PATIENT HAVE OTHER HEALTH INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			ADDRESS			
NAME OF OTHER HEALTH INSURANCE COMPANY			CITY	STATE	ZIP CODE	
POLICY NUMBER of PRIMARY POLICY HOLDER			HOME PHONE NO. () area code	COLLEGE ID NUMBER		

MEDICAL REFERRAL INFORMATION

Please list the name and address of the doctor or facility to which you are being referred to and briefly describe the medical problem (illness/injury) and area of body affected:

INJURY QUESTIONNAIRE

If the condition related to this referral is a result of an accident/injury, please complete the following section

Date of accident or beginning of condition: _____

Month Day Year

Describe exactly how the accident took place: _____

Please indicate if the injury was related to any of the following:

- School related Injury Sports related injury Work related accident or illness Automobile/Motorcycle accident
- intercollegiate sport
 intramural sport

If the condition is a work related accident or a auto/motorcycle accident, please provide the following information:

Name of Employer:
(For work related accident) _____

Name of Insurance Carrier:
(For auto/motorcycle accident) _____

Policy #: _____

Address: _____

Phone Number: _____

Contact: _____

AUTHORIZATION

Certification and Release of Information: I certify that the information on this Claim Form is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim. This claim will be returned if this claim form is not signed. Applicants applying for accident and health insurance in New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

X _____

Signature of Insured Member

Date

Billing Issues

- If you gave your insurance card to the doctor or hospital off campus, you will receive a statement from HTH Worldwide telling you how much they paid to the healthcare provider(s) and showing whether you have to pay anything.
- Keep all bills and HTH statements

Bills and concerns

- You might also receive bills from the hospital or doctor. If you have any questions about bills, please come to our health insurance walk-in hours.
- Please bring all bills and HTH statements with you to the walk-in hours

STAY HEALTHY!

