

Understanding the Wayne State University International Student Health Insurance Requirement

Why am I required to have health insurance?

Due to the high cost of health care in the United States, Wayne State University (WSU) and federal regulations require that all Exchange Visitors, International Students and their dependents have insurance coverage for sickness and illness during their entire program period. Health insurance allows you to focus on your academic success, and not unexpected health care expenses.

What insurance plan can I purchase?

All international students and their dependents, residing in the United States, must enroll in the WSU-sponsored Student Accident and Sickness Plan administered by AIG Educational Markets. Coverage may be purchased either annually or each semester. A registration hold will be placed on your account each semester until coverage is verified. Please **DO NOT** purchase alternative health insurance; in most instances it will not meet the WSU Health Insurance Standards which are compliant with the U.S. Federal Health Care Reform Law known as the Patient Protection and Affordable Care Act (PPACA).

Students with health insurance provided through a Wayne State University fellowship or Graduate Assistantship (GRA/GSA/GTA) must purchase repatriation each academic year. This coverage is also mandatory for F-2 and J-2 dependents.

What does the plan cover?

AIG provides:

- A local and nationwide network of doctors, hospitals and specialists
- Routine health services covered at 100% when you visit the University's Campus Health Center
- Coverage for a wealth of services including doctor's office visits, emergency care, dental services and prescription drugs
- Travel Assistance and Worldwide Unlimited Medical Evacuation and Repatriation

How much does it cost?

International Student and Dependent Insurance Rates

Academic Year 2016/2017	Annual 8/1/16 – 7/31/17	Fall 8/1/16 – 12/31/16	Winter 1/1/17 – 5/6/17	Winter/Summer 1/1/17 – 7/31/17	Summer II 4/1/17 – 7/31/17
Students	\$1,276	\$550	\$455	\$751	\$441
Spouse	\$1,276	\$550	\$455	\$751	\$441
Each Child	\$1,276	\$550	\$455	\$751	\$441
Annual Stand-alone Medical Evacuation/Repatriation (Students with Fellowships or Graduate Assistantships)					
Per Person (All Ages)	\$26				

Though the price may seem expensive, it much more expensive not to have health insurance. For example, one visit to an emergency room can cost well over \$1,500. Typical hospital charges, not including a surgery or tests, may cost \$2,500 or more per day.

Where can I find more information?

Learn more about AIG at <http://www.studentinsurance.com/Apps/Schools/Default.aspx?ID=351> or call 1-866-622-6001. Enrollment questions can be answered by the University's Health Insurance Advocate. They can be reached by email at oissinsurance@wayne.edu or by phone at 1-313-577-3422.

**Student Group Accident and Sickness
Wayne State International Plan Policy
Group Number: CHH8036294
Effective Date: 8/1/2016**

SCHEDULE OF BENEFITS

**Annual Maximum Benefit:
(All Conditions Combined)** Unlimited

Deductible: \$150 per policy year per person

***Referral Requirement recommended (see Student Health Center Referral Section)**

Out-of-Pocket Limit: \$5,000 per Covered Person/\$10,000 per Family

This is a benefit that will apply in a Policy Year to a Covered Person who in that year reaches the Out-of-Pocket Limit shown above. The Out-of-Pocket Limit is reached when the amount of Eligible Expenses incurred by the Covered Person during the Policy Year for which no benefits are payable due to covered percentages less than 100%. The Out-of-Pocket Limit does not include charges in excess of Reasonable and Customary; expenses incurred for prescription drugs; charges in excess of any specified maximum or charges incurred for any services not covered under the Policy. When this benefit becomes applicable to a Covered Person during a Policy Year, covered percentages are increased to 100% for all Eligible Expenses incurred by the Covered Person in the remainder of that Policy Year up to any benefit maximum that may apply.

INPATIENT BENEFITS	IN- NETWORK	NON- NETWORK
Room and Board and general nursing care (except ICU, limited to the average semi- private room rate)	80% of Allowable Charges	60% of R&C Charges
Miscellaneous Hospital Expense Benefit (includes expenses incurred for anesthesia and operating room; laboratory tests and X-rays (including professional fees); oxygen tent, drugs, medicines (excluding take-home drugs); dressings; and other Medically Necessary and prescribed Hospital expenses)	80% of Allowable Charges	60% of R&C Charges
Maternity Care	Same as any other Sickness	Same as any other Sickness
Private Duty Nursing rendered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) provided such care is: (a) rendered during Hospital Confinement; (b) Medically Necessary; and (c) no other charge is made for such service	80% of Allowable Charges	60% of R&C Charges
Pre-Admission Testing (Hospital Confinement must occur within 3 days of testing)	80% of Allowable Charges	60% of R&C Charges
Within (3)-(14) days of testing	80% of Allowable Charges	60% of R&C Charges
Physiotherapy*, occupational therapy, cardiac/pulmonary therapy during Hospital Confinement	80% of Allowable Charges	60% of R&C Charges
Doctor/ Consultation Visits	80% of Allowable Charges	60% of R&C Charges
Mental or Nervous Disorders & Alcoholism and Substance Abuse Expense	Same as any other Sickness	Same as any other Sickness
Surgical Expense	80% of Allowable Charges	60% of R&C Charges
Assistant Surgeon	80% of Allowable Charges	60% of R&C Charges
Anesthesia	80% of Allowable Charges	60% of R&C Charges
OUTPATIENT BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Surgical Expense	80% of Allowable Charges	60% of R&C Charges
Assistant Surgeon	80% of Allowable Charges	60% of R&C Charges

Anesthesia	80% of Allowable Charges	60% of R&C Charges
Day Surgery Facility/Miscellaneous When scheduled surgery is performed in a Hospital, outpatient facility or ambulatory surgical center, including: use of the operating room; laboratory tests and x-ray examinations (including professional fees); anesthesia; infusion therapy; drugs or medicines and supplies; therapeutic services (excluding Physiotherapy or take home drugs and medicines)	80% of Allowable Charges	60% of R&C Charges
Non-Surgical Only (outpatient services performed in a Hospital including, but not limited to: diagnostic x-ray and laboratory services; radiation therapy and chemotherapy; diagnostic services and medical procedures performed by the Doctor (other than Doctor's visits, Physiotherapy, x-rays and laboratory procedures.)	80% of Allowable Charges	60% of R&C Charges
Hospital Emergency Room and Non-Scheduled Surgery (For use of Hospital Emergency Room, including attending Doctor's charges, operating room, laboratory and x-ray examinations, supplies	80% of Allowable Charges	80% of R&C Charges
Preventive Services includes Preventive Services such as screenings, exams, and immunizations as specified by the Patient Protection and Affordable Care Act. To view a list of covered preventive services, log onto: www.healthcare.gov/preventive-care-benefits/ All Preventive Services that are available and rendered at the Student Health Center will be paid at 100%, not subject to Deductible, Co-pay Amounts or Coinsurance	100% of Allowable Charges, not subject to Deductible, Co-pay Amounts or Coinsurance	60% of R&C Charges
Allergy Testing	80% of Allowable Charges	60% of R&C Charges
Laboratory and X-ray Examinations (not otherwise covered under Preventive Services)	80% of Allowable Charges	60% of R&C Charges
CAT Scan/MRI/PET Scan	80% of Allowable Charges	60% of R&C Charges
Radiation Therapy and Chemotherapy	80% of Allowable Charges	60% of R&C Charges
Mental or Nervous Disorders	Same as other Sickness	Same as other Sickness
Urgent Care Expenses	80% of Allowable Charges	60% of R&C Charges
Hospice Care Expenses (limited to 45 days per year)	80% of Allowable Charges	60% of R&C Charges
Prosthetic Appliances and Devices	80% of Allowable Charges	60% of R&C Charges
Rehabilitative Services/Habilitative Services (Physiotherapy, occupational therapy, chiropractic, cardiac/pulmonary)	80% of Allowable Charges	60% of R&C Charges
Home Health Care Expenses (limited to 45 days per year)	80% of Allowable Charges	60% of R&C Charges

Skilled Nursing Facility Expense (limited to 45 days per year)	80% of Allowable Charges	60% of R&C Charges
Infertility Services (Benefits are payable to diagnose cause of infertility, and services for or related to infertility treatment needed to correct an underlying cause of infertility. No coverage is available to Dependent Children.)	60% of Allowable Charges after a \$50 Co-pay per visit	40% of R&C Charges after a \$50 Co-pay per visit
Out of Hospital Doctor's Fees Expense (Includes routine physical examinations; TB skin tests and TSpot blood test when administered in the Doctor's office; infusion therapy; benefit for nutritional counseling; and evaluation and treatment for Eligible Expenses incurred for chronic pain.)		
Doctor (other than Specialist)		
Specialist	80% of Allowable Charges	60% of R&C Charges
	80% of Allowable Charges	60% of R&C Charges
Consultant's Fees Expense	80% of Allowable Charges	60% of R&C Charges
Alcoholism and Substance Abuse Expense- Outpatient and Intermediate Care Facility	Same as other Sickness	Same as other Sickness
Prescribed Medicine Expense. The Preferred Providers for prescriptions are through informed Rx of the Catamaran Corporation. For the complete listing of providers, go to http://www.studentinsurance.com/Schools/MI/Wayne/ Benefits include prescribed FDA approved birth control methods.	100% of Eligible Expenses subject to the following co-payment amount per 30-day supply Generic: \$25.00 Co-Pay Method Brand Name: \$50.00 Co-Pay The Co-Pay amount will be waived for prescribed FDA Approved birth control methods.	100% of Eligible Expenses subject to the following co-payment amount per 30-day supply Generic: \$25.00 Co-Pay Method Brand Name: \$50.00 Co-Pay The Co-Pay amount will be waived for prescribed FDA Approved birth control methods.
Maternity Care	Same as other Sickness	Same as other Sickness
Injections and/or Immunizations	80% of Allowable Charges	60% of R&C Charges
OTHER SERVICES/BENEFITS		
Ambulance Expense	80% of Allowable Charges	60% of R&C Charges
Durable Medical Equipment/Braces and Appliances (only upon A Doctor's written prescription)	80% of Allowable Charges	60% of R&C Charges
Dental Treatment Expense (Injury only)	80% of Allowable Charges	80% of R&C Charges
<i>Dental Treatment up to \$750 maximum per policy year, subject to \$750 maximum per policy year, subject to a \$25 deductible per policy year</i>		
Preventive Services	80% of Allowable Charges	60% of R&C Charges

Basic Services	50% of R&C Charges	50% of R&C Charges
Pediatric Dental Treatment Expense: (Covered Persons under Age 20 only) limited to 2 oral exams and 3 cleanings (one procedure during 4 month period) per Policy Year Preventive Services	100%	100%
<i>Pediatric Vision Care Expense: (Covered Persons under age 20 only) limited to 1 set of lenses and frames per Policy Year</i>		
Examinations	\$25 Co-pay per visit	\$25 Co-pay per visit
Materials	\$75 Co-pay per visit	\$75 Co-pay per visit
Maximum amount Per Policy Year	Unlimited	Unlimited
Standard Plastic Lenses: Single Vision, Bifocal, Trifocal, Lenticular, Progressive	\$50 Co-pay per visit	\$50 Co-pay per visit



www.studentinsurance.com

Wayne State University International Student Health Insurance Plan

Benefit Highlights for 2016:

- Unlimited medical coverage per policy year (applicable co-pays will apply)
- Unlimited prescription drug coverage per policy year (applicable co-pays will apply)
- Preventive services as specified by the Patient Protection and Affordable Care Act (PPACA) Covered at 100% with no co-pay at In Network Providers
- Preferred Provider Organization Network included
- Pharmacy Benefit Manager included

Service Highlights for 2016:

- Global Travel, Medical & Security assistance services. Includes assistance with physician referrals, prescription replacement, emergency travel arrangements and a host of other services *
- Student Health 101 - Health & Wellness Newsletter – access to monthly on-line interactive newsletter containing current health and wellness information related to college students

For additional information:

www.studentinsurance.com/schools/nc/wwc/

For more information or questions regarding the Plan contact us:

Toll-free phone: 1-888-722-1668

Web: www.studentinsurance.com



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www.studentinsurance.com

This document provides only a brief description of the coverage available under policy series S30494NUFIC-NC (Rev. 6-12). The Policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and the Policy, the Policy shall govern. Not all coverages are available in every state. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY. NAIC No. 19445

* Travel assistance services provided through Travel Guard

How to use your AIG Health Insurance Plan

Where should I go when I am sick or injured?

Make the Campus Health Center your first stop

- ✿ The Campus Health Center is located on the first floor of the Helen DeRoy Apartments. They can treat a variety of illnesses and minor injuries.
- ✿ Wellness services are covered at 100% with no co-pay
- ✿ The clinic can also provide you with a referral to receive specialized care from a doctor or hospital.
- ✿ They are open Monday – Friday 9:00 am - 6:00 pm. Call 313-577-5041 for walk-in hours or to schedule an appointment.
- ✿ Be sure to contact the Campus Health Center regarding services provided available to your dependents at their office. You may be responsible for some of the charges.

If you need to see a doctor and the Campus Health Center is closed, visit an Urgent Care Center

- ✿ Urgent Care Centers are extended hour providers that treat minor injuries and acute, non-life threatening illnesses.
- ✿ Patients are seen on a walk-in basis, so no appointment is necessary. The Urgent Care Centers closest to Wayne State's campus are:

Riverview Urgent Care

7733 E. Jefferson
Detroit, MI 48214
(5 miles)
(313) 499-4900
Hours: 12:00 pm - 8:00 pm daily

Conner Creek Urgent Care

4777 E. Outer Drive
Detroit, MI 48234
(9 miles)
(313) 369-5690
Hours: 8:00 am - 10:00 pm daily

Samaritan Urgent Care

5575 Conner
Detroit, MI 48213
(6 miles)
(313) 924-0000
Hours: 8:00 am - 10:00 pm daily

Woodland Urgent Care

22341 W. Eight Mile Rd.
Detroit, MI 48219
(15 miles)
(313) 387-8700
Hours: 8:00 am - 10:00 pm daily

A.M. Medical Center

13031 Conant
Detroit, MI 48212
(6 miles)
(313) 893-5490
Hours: Mon - Fri 9:00 am-8:00 pm
Sat 10:00 am - 3:00 pm

Concentra Urgent Care

2151 E. Jefferson Ave
Detroit, MI 48207
(30 miles)
(313) 259-7990
Hours: Mon-Fri 8:00 am - 11:00 pm
Sat 8:00 am - 6:00 pm

For major and life-threatening illnesses or injuries, go to the Emergency Room (ER)

- ✿ Call **911** for life-threatening emergencies and an ambulance will transport you to the nearest hospital.
- ✿ The three hospitals closest to Wayne State's campus are:

Detroit Receiving Hospital
4201 Saint Antoine
Detroit, MI 48201

Henry Ford Hospital
2799 West Grand Boulevard
Detroit, MI 48202

Harper Hospital
3990 John R Street
Detroit, MI 48201

Children's Hospital of Michigan
3901 Beaubien
Detroit, MI 48201

- ✿ Only visit the ER in the event of an emergency! No charges will be covered for non-emergency medical services received in the emergency room.

Who accepts my insurance plan?

Use the Preferred Provider Lookup tool to locate specialists,
Urgent Care Centers and Hospitals in the Cofinity Provider Network

1. Visit www.studentinsurance.com/schools/mi/wayne
2. Click on "Preferred Provider Lookup"
3. Select "Search Now"
4. Agree to the terms and conditions
5. Enter your location details
6. Choose the "Provider Type"
7. Click "Search"

Be sure to locate the Urgent Care Centers and Walk-in Clinics in your neighborhood *before* you need them.

Always present your insurance card when visiting a medical provider.

- ✿ You can login to your AIG account and print a copy of your insurance card within 24 to 48 hours of your online purchase.
- ✿ If you do not receive your permanent card in the mail within 2 to 3 weeks after purchasing your insurance, please contact the OISS Health Insurance Advocate, at oissinsurance@wayne.edu or 313-577-3422.
- ✿ If you lose your card, you can request a new card from AIG by calling 1-888-722-1668 or by going online to www.studentinsurance.com/schools/mi/wayne.



Office of International Students and Scholars

Campus Health Center

The Campus Health Center is an on-campus site managed and staffed by nurse practitioners who are nationally Certified in their specialty areas. The center provides our students quality, cost effective health care.

Health Care Services

- Acute Illness Care
(Sore throats, infections, rashes, etc.)
- Allergy Injections
- Chronic Illness Management
- Immunizations
- Travel health vaccinations
- TB testing
- Physical exams
- Pre-participation Physicals
- Medical Clearance for Health Profession Program
- Annual Exams for Women (PAP Testing)
- Women's health and Diagnostic Testing

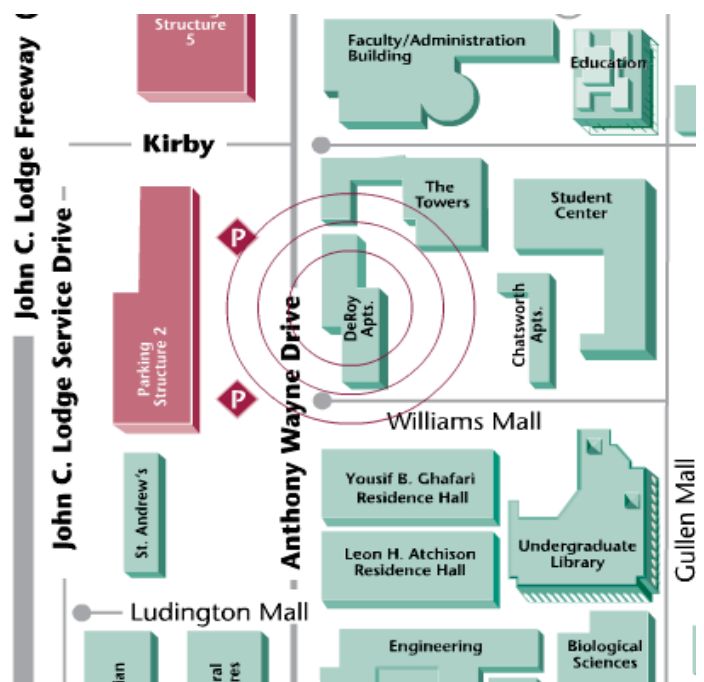
Location

Helen DeRoy Apartment Building
5200 Anthony Wayne Dr., Suite 115
Detroit, MI 48202
Phone: 313-577-5041
Fax: 313-577-9581
E-mail: campushealth@wayne.edu
Web: www.health.wayne.edu

*Note: You must dial 1-313 and the number, even if you are calling from the 313 area code.

Hours

Monday-Friday 9:00 AM - 6:00 PM



Remember: Make the Campus Health Center your first stop

- Wellness services are covered at 100% when you visit the Campus Health Center
- If you need to see a specialist, they can provide you with a referral.
- When you receive a referral, your annual \$150 deductible is waived.

Provider Cost Comparison – AIG International Plan

Provider	Campus Health Center	Specialist (In-Network)	Urgent Care Center (In-Network)	Emergency Room (In-Network and Out-of-Network)
Do I have to pay The deductible?	No	Waived with CHC referral	Yes	Yes
Copay	\$0	20% of the charges	\$50 + 20% of the charges	20% of the charges (Non-emergency services are not covered)

Only go to the emergency room in the event of true emergency.

If you have a minor illness or injury, try going to the Campus Health Center or an Urgent Care Facility.

Definitions

Copay

- This is a fee charged to a person for covered medical expenses.

Deductible

- The amount you have to pay for your medical services each year before the insurance company begins to pay their portion of the charges.

PPO

- A Preferred Provider Organization is a health plan that has contracts with group of preferred doctors and hospitals.

Network

- A group of doctors and hospitals who agree to a negotiated price for services they provide.

In-Network

- Health care provided by a doctor or hospital that is contracted with the provider network.

Non-Network

- Health care provided by a doctor or hospital that is not contracted with the Provider Network. (Please note you will have to pay more for these services.)

Referral

- A recommendation to receive specialized care from a doctor or hospital.