

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 CHP Consolidated Health Plans. 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?

CHP 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 2018/2019	Annual 8/1/18 – 7/31/19	Fall 8/1/18 – 12/31/18	Winter 1/1/19 – 5/6/19	Winter/Summer 1/1/19 – 7/31/19	Summer I 4/1/19 – 7/31/19
Students	\$1271.00	\$547	\$459	\$749	\$441
Spouse	\$1271.00	\$547	\$459	\$749	\$441
Each Child	\$1271.00	\$547	\$459	\$749	\$441
Annual Stand-alone Medical Evacuation/Repatriation (Students with Fellowships or Graduate Assistantships)					
Per Person (All Ages)	\$24				

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 CHP at www.studentinsurance.com/Schools or call 1-877-657-5030. Enrollment questions can be answered by the University's Health Insurance Advocate. They can be reached by email at oisinsurance@wayne.edu or by phone at 1-313-577-3422.

**Student Group Accident and Sickness
Wayne State International Plan Policy
Group Number: ST0351SH
Effective Date: 8/1/2018**

SCHEDULE OF BENEFITS

Annual Maximum Benefit: Unlimited
(All Conditions Combined)

Deductible: \$150 per policy year per person

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.

BENEFIT FOR COVERED INJURY/SICKNESS	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Hospital Room & Board Expenses and miscellaneous services and supplies. Subject to Semi-Private room rate unless intensive care unit is required. Pre-Certification required	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Preadmission Testing	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Physician's Visits while Confined: Limited to (1) per day of Confinement when not related to surgery	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Inpatient Surgery:		
Surgeon Services	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Registered Nurse Services for private duty nursing while Confined	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Physical Therapy (inpatient)	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Skilled Nursing Facility Expense Benefit	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses

Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
OUTPATIENT BENEFITS		
	PREFERRED PROVIDER	NON-PREFERRED PROVIDER
Outpatient Surgery:		
Surgeon Services	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Anesthetist	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Assistant Surgeon	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Outpatient Surgery Miscellaneous (excluding not-scheduled surgery) – expenses for services & supplies, such as cost of operating room, therapeutic services, oxygen, oxygen tent, and blood & plasma	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Rehabilitation Therapy including cardiac rehabilitation, pulmonary rehabilitation, Physical Therapy, occupational therapy, Chiropractic Care and speech therapy	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Cardiac rehabilitation and pulmonary rehabilitation subject to combined limit of Unlimited visits per Policy Year	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Physical Therapy, Occupational therapy and Chiropractic Care	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
subject to combined limit of Unlimited visits per Policy Year Speech Therapy limited to Unlimited visits per Policy Year	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Habilitative Services Physical Therapy and Occupational therapy subject to combined limit of Unlimited visits per Policy Year Speech Therapy limited to Unlimited visits per Policy Year	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses

Emergency Services Expenses (For use of Hospital Emergency Room, including attending Doctor's charges, operating room, laboratory and x-ray examinations, supplies	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Urgent Care Centers or Facilities	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Outpatient Facility Fee	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Diagnostic Imaging Services	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
CT Scan, MRI and/or PET Scans	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Laboratory Procedures (Outpatient)	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Shots and Injections unless considered Preventive Services or otherwise covered under the Prescription Drug Benefit	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses

Prescription Drugs Retail Pharmacy

No cost sharing applies to ACA Preventive Care medications filled at a participating network pharmacy.

TIER 1 Generic	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$25	Not Covered
TIER 2 Preferred Drug	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$50	Not Covered
TIER 3 Non-Preferred Drug	100% of Preferred Allowance for Covered Medical Expenses after copayment Copayment: \$50	Not Covered

Specialty Prescription Drugs

TIER 4 Specialty Prescription Drug		
Outpatient Miscellaneous Expense for services not otherwise covered but excluding surgery	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Home Health Care Expenses	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Hospice Care Coverage	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Mental Health Disorder Benefit	Same as any other Covered Sickness	
Substance Use Disorder Benefit	Same as any other Covered Sickness	
Allergy Testing	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Allergy Injections/Treatment	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Ambulance Service ground and/or air, water transportation	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Braces and Appliances	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Durable Medical Equipment	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Maternity Care	Same as any other Covered Sickness	
Routine Newborn Care	Same as any other Covered Sickness	
Nutritional Counseling	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Consultant/Specialist Physician Services when requested by the attending Physician	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses

Covered Clinical Trials	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Accidental Injury Dental Treatment for Insured Person's over age 18	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Non-emergency Care While Traveling Outside of the United States	60% of Usual and Reasonable Charge for Covered Medical Expenses Subject to \$1,000 maximum per Policy Year	
Medical Evacuation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses Subject to \$50,000 maximum per Policy Year	
Repatriation Expense	100% Usual and Reasonable Charge for Covered Medical Expenses Subject to \$25,000 maximum per Policy Year	
Pediatric Dental Care Benefit (to the end of the month in which the Insured Person turns age 19) Preventive Dental Care Limited to 2 dental exams every 12 months The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:	See Benefit for limitations 100% of Preferred Allowance for Preventive Dental Care	See Benefit for limitations 100% of the Usual and Reasonable Charge for Preventive Services
Emergency Dental	80% Usual and Reasonable	80% Usual and Reasonable
Routine Dental Care	80% Usual and Reasonable	80% Usual and Reasonable
Endodontic Services	50% Usual and Reasonable	50% Usual and Reasonable
Prosthodontic Services	50% Usual and Reasonable	50% Usual and Reasonable
Medically Necessary Orthodontic Care	50% Usual and Reasonable	50% Usual and Reasonable
Adult Dental Care Benefit (age 19 and older) Preventive Dental Care Limited to 2 dental exams every 12 months The benefit payable amount for the following services is different from the benefit payable amount for Preventive Dental Care:	See Benefit for limitations	See Benefit for limitations
Emergency Dental	80% of Preferred Allowance for Preventive Dental Care	80% of Preferred Allowance for Preventive Dental Care
Routine Dental Care	50% Usual and Reasonable	50% Usual and Reasonable
Maximum benefit \$725 per Policy Year, subject to a \$25 Deductible per Policy Year	50% Usual and Reasonable	50% Usual and Reasonable

Pediatric Vision Care Benefit (to the end of the month in which the Insured Person turns age 19) Limited to 1 visit(s) per Policy Year and 1 pair of prescribed lenses and frames or contact lenses in lieu of frames and lenses, or if Medically Necessary, per Policy Year	100% of Usual and Reasonable Charge for Covered Medical Expenses	100% of Usual and Reasonable Charge for Covered Medical Expenses
Adult Vision Care (age 19 and older) Routine Eye Exam once every 12-months	100% of Preferred Allowance for Covered Medical Expenses Copayment: \$25	100% of Usual and Reasonable Charge for Covered Medical Expenses Copayment: \$25
Organ Transplant Travel and lodging expenses a maximum of \$2,000 per Policy Year or \$250 per day, whichever is Less while at the transplant facility.	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Telemedicine Service	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Chemotherapy and Radiation Therapy	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Infusion Therapy	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Treatment for Temporomandibular Joint (TMJ) Disorders	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Weight Loss Services Benefit, includes one (1) Bariatric Surgery per lifetime	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Reasonable Charge for Covered Medical Expenses
Autism Spectrum Disorder	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Breast Reconstructive Surgery	Same as any other Covered Sickness, subject to the limitations described in the Benefit	
Diabetes Treatment and Self-Management Training Benefit	Same as any other Covered Sickness, subject to the limitations described in the Benefit	



www.chpstudent.com

Wayne State University International Student Health Insurance Plan

Benefit Highlights for 2018:

- 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 2018:

- 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:

<https://www.studentinsurance.com/Schools/?Id=351>

For more information or questions regarding the Plan contact us:

Toll-free phone: 1-877-657-5030

Web: www.chpstudent.com



Awesome tips on fitness, nutrition, health care
and more. Check us out at
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 CHP 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 - 5:30 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:

DMC Urgent Care-MI

8282 Woodward
Detroit, MI 48202
(1.3 miles)
(313) 874-3440
Hours: Mon-Fri 9:00 AM-5PM

The Wellness Plan

4909 E. Outer Drive
Detroit, MI 48234
(8.5 miles)
(313) 366-2000
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 - 8:00 pm daily

UCM Urgent Care Centers

22341 W. Eight Mile Rd.
Detroit, MI 48219
(17.5 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.cofinity.net
2. Click "Cofinity PPO"
3. Agree to the terms and conditions
4. Enter your location details
5. Choose the "Provider Type"
6. 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 CHP 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 CHP by calling 1-877-657-5030 or by going online to www.studentinsurance.com.



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

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

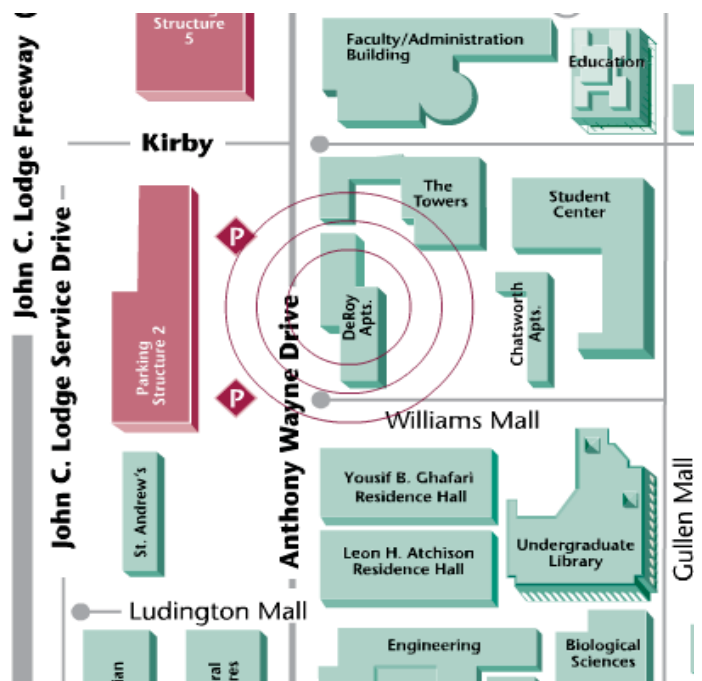
Location

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 - 5:30 PM



Remember: Make the Campus Health Center your first stop

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

Provider Cost Comparison – CHP 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

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

Deductible

- X 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

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

Network

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

In-Network

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

Non-Network

- X 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

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