Understanding the Costs of Medical Care

This guide is designed to help you gain a basic understanding of potential out-of-pocket costs after receiving medical care and provides an overview of the University of Chicago’s requirements, fees, and health care services, as well as common health care terminology.
Out-of-Pocket Costs

Each year all registered students* are enrolled in the University Student Health Insurance Plan (U-SHIP)—unless they waive coverage by providing proof of alternate comparable coverage.

The deductible, out-of-pocket maximum, co-insurance, co-payment, and other rates will vary by insurance plan as well as by the number of family members covered under the plan. U-SHIP, for example, has a $500 per insured person deductible for in-network providers, and a $1,500 annual out-of-pocket maximum per insured person. Once a student on U-SHIP meets the $500 deductible, the plan pays 90% of in-network costs, until the student reaches the $1,500 out-of-pocket maximum. Students who enroll dependents in U-SHIP will incur additional out-of-pocket costs.

FOR MORE INFORMATION VISIT: studentinsurance.uchicago.edu.

The following chart compares students’ out-of-pocket expenses for a $5,000 medical bill for individuals on U-SHIP and two other plans that meet the University’s comparable coverage requirements.

<table>
<thead>
<tr>
<th></th>
<th>U-SHIP</th>
<th>BCBS of IL PPO Silver</th>
<th>Cigna PPO Gold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Billed</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$500</td>
<td>$3,000</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Amount Remaining after Deductible</strong></td>
<td>$4,500</td>
<td>$2,000</td>
<td>$3,800</td>
</tr>
<tr>
<td><strong>Co-Insurance Owed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Percentage of Amount Remaining After Deductible is Paid)</td>
<td>10 percent, or $450</td>
<td>20 percent, or $400</td>
<td>30 percent, or $1,140</td>
</tr>
<tr>
<td><strong>Total That You Pay</strong></td>
<td><strong>$950</strong></td>
<td><strong>$3,400</strong></td>
<td><strong>$2,340</strong></td>
</tr>
</tbody>
</table>

*Some part-time and evening academic programs are not U-SHIP eligible. For more information, contact your Dean of Students.*
## Your Options for Care

<table>
<thead>
<tr>
<th>What It Is</th>
<th>Nurse Line</th>
<th>Telemedicine</th>
<th>Convenience Care Clinic</th>
<th>Urgent Care Center</th>
<th>Emergency Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-campus same-day (urgent) and primary care (ongoing) appointments and mental health needs</td>
<td>Access to a registered nurse anytime, anywhere who can answer health care questions and offer potential care options</td>
<td>Easy, online access to a doctor for minor health needs</td>
<td>Non-urgent care when you can't get to the doctor's office. Walk-in patients are welcome, but wait times can vary.</td>
<td>Care for non-life-threatening injuries or illnesses needing immediate attention</td>
<td>Immediate treatment of very serious or critical conditions</td>
</tr>
</tbody>
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</thead>
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<tr>
<td>Most services are included as part of the Student Services Fee. Some services incur a fee.</td>
<td>Free for UChicago students</td>
<td>Free of charge for students on U-SHIP. If not on U-SHIP, students can use the service for a modest fee but should contact their insurance company, as many plans offer a similar service.</td>
<td>$65 per average visit* (check with your insurance company for which clinics are covered)</td>
<td>$190 per average visit* (check with your insurance company for which clinics are covered)</td>
<td>$1,700 per average visit*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>May Be Appropriate For...</th>
<th>SHS: Routine care, lab testing, screening tests, immunizations</th>
<th>After-hours questions and advice about health concerns</th>
<th>Allergies, bronchitis, colds, fevers, flu, pinkeye</th>
<th>Earaches, strep throat, minor skin conditions</th>
<th>Minor burns, lacerations, sprains</th>
<th>Bleeding, breathing difficulties, broken bones, chest pain, sudden changes in vision, sudden trouble breathing, sudden weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS: Psychotherapy, psychiatric consultation and medication management, support groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours</th>
<th>SHS: M–F, 8 a.m.–6 p.m.</th>
<th>24/7</th>
<th>Varies by location</th>
<th>Varies by location</th>
<th>24/7</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS: M–F, 8:30 a.m.–5 p.m.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact</th>
<th>SHS: Call 773.702.4156 for an appointment.</th>
<th>Visit telehealth4students.com to set up an account, or call 855.866.0895.</th>
<th>Varies by location</th>
<th>Varies by location</th>
<th>Go to the nearest emergency room or contact 911 in the event of an emergency.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS: Call 773.702.9800 for an appointment during business hours. Students experiencing a crisis may call 773.702.3625 after hours to speak with a therapist on call.</td>
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<td></td>
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</tr>
</tbody>
</table>

* Information about treatment costs are estimates and reflect the average costs of guidance and care delivered through UnitedHealthcare owned and contracted service providers to members of UnitedHealthcare plans. Costs for specific guidance and treatments may be higher or lower than the costs represented here. Emergency room cost estimates include facility charge and initial physician consultation.
Basic services at Student Health and Counseling Services are covered by the Student Services Fee, but you may incur medical expenses should you receive services that are not covered by the Student Services Fee. Health insurance allows you to receive health care when necessary without undue financial burden.

**Services covered**

**Student Health Service**
- Routine physicals
- Acute and chronic care
- Cervical and anal PAP procedures
- STI (sexually transmitted infection) testing
- Urine dipstick and pregnancy testing
- Rapid strep testing
- PPD (tuberculosis) testing
- Flu and school-required immunizations
- Allergy injection visits
- Travel health consultations
- Contraception consultations
- Sports medicine consultations

**Student Counseling Service**
- Diagnostic assessment
- Crisis intervention
- Short-term psychotherapy
- Individual and couples counseling
- Substance abuse counseling
- Support groups
- Academic/study skills counseling (and workshops)
- Medication consultation and management
- Referral services

**Health Promotion and Wellness**
- Campus-wide wellness events
- Alcohol and other drugs risk screening
- Wellness programs, workshops, and education
- Health counseling and referrals
- Sexual health education and condoms
- RSO and student group advising

**Services not covered**
- Pharmacy prescriptions/medications
- Consultation and/or treatment by sub-specialists outside of the SHCS clinical staff
- Select immunizations (yellow fever, polio, and typhoid)
- Emergency room care
- Hospitalization
- Select laboratory tests
- Radiology procedures
- Medical supplies
- Medical record copying or certificates
- Heart station procedures (EKGs, holter monitors)
- Other services not listed here
An Explanation of Benefits, or EOB, is a statement sent by your health insurance company to explain what services or treatments were paid on your behalf. It’s letting you know the health care provider that filed a claim, what it was for, whether it was approved, and for how much. The most important thing to remember is that an **EOB is not a bill**. You should always review your EOB to make sure it’s correct.

### Table of Charges

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Service</th>
<th>Dates of Service</th>
<th>Proc Code</th>
<th>Amount Claimed</th>
<th>Ineligible</th>
<th>Discount</th>
<th>Total Covered</th>
<th>Co-Pay</th>
<th>Policy Deductible</th>
<th>Total Benefits</th>
<th>Patient Balance</th>
<th>Remark Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMERGENCY ROOM LABORATORY</td>
<td>06/04/10-08/04</td>
<td>87340</td>
<td>845.03</td>
<td>100.00</td>
<td>20.00</td>
<td>845.03</td>
<td>300.00</td>
<td>436.02</td>
<td>409.01</td>
<td>409.01</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>06/04/10-08/04</td>
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</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td></td>
<td></td>
<td>945.03</td>
<td>925.03</td>
<td></td>
<td>300.00</td>
<td>516.02</td>
<td></td>
<td>409.01</td>
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</tr>
</tbody>
</table>

**Remarks:**

642 - This service was provided by Preventative Care in your policy.
Discount: Payment has been made in accordance with United Healthcare or United Behavioral Health.
Patient Balance: Co-pay, Policy Deductible, Co-insurance & All Amounts Over Policy Limits

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**LEARN MORE at studentinsurance.uchicago.edu**
Health Insurance: Learning the Lingo

**Annual out-of-pocket maximum:**
The total amount paid each year by the individual for the deductible and co-insurance. After reaching the out-of-pocket maximum, the plan pays 100 percent of the allowable charges.

**Co-insurance:**
The money that an individual is required to pay for services, after a deductible has been met. For example, the policy-holder pays 20 percent of the charges while the health plan pays 80 percent.

**Co-payment:**
An arrangement where an individual pays a specified dollar amount for covered health care services and the health plan or insurance company pays the remainder.

**Deductible:**
The plan deductible is the amount an individual pays during a calendar year before the health plan reimburses any medical expenses.

**Explanation of Benefits:**
A statement that details what the health insurance plan covers, what the plan does not cover, how much money needs to be paid, and more.

**In-Network:**
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

**Out-of-Network:**
Providers who don’t contract with an individual’s health insurance or plan.

**Premium:**
The amount the individual pays to the health plan each month for health insurance.

**Primary Care Provider:**
A physician, nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps an individual access a range of health care services.

Dental and Vision

Dental and vision care are typically not covered as part of many insurance plans, but can be purchased separately. Visit [studentinsurance.uchicago.edu](http://studentinsurance.uchicago.edu) for options available to students registered at UChicago.

For More Information

Visit [studentinsurance.uchicago.edu](http://studentinsurance.uchicago.edu) for more information.

In addition, two on-campus insurance representatives are available to answer questions regarding U-SHIP.

**UnitedHealthcare StudentResources Advocates**
950 E. 61st St., 3rd Floor
773.834.4543 (option #2) or [uchicagoadvocates@uhcsr.com](mailto:uchicagoadvocates@uhcsr.com)

For general questions about health insurance, contact [studentinsurance@lists.uchicago.edu](mailto:studentinsurance@lists.uchicago.edu).