

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.



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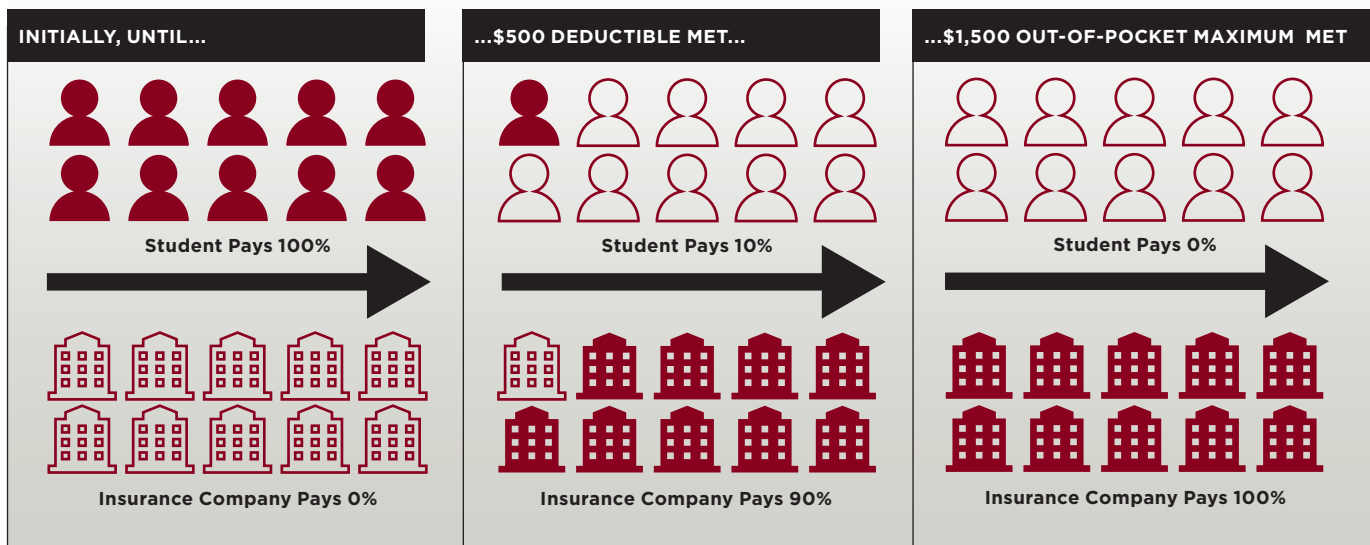
**Campus and
Student Life**

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.

	U-SHIP \$500 deductible 10% co-insurance	BCBS of IL PPO Silver \$3,000 deductible 20% co-insurance	Cigna PPO Gold \$1,200 deductible 30% co-insurance
Total Billed	\$5,000	\$5,000	\$5,000
Annual Deductible	\$500	\$3,000	\$1,200
Amount Remaining after Deductible	\$4,500	\$2,000	\$3,800
Co-Insurance Owed (Percentage of Amount Remaining After Deductible is Paid)	10 percent, or \$450	20 percent, or \$400	30 percent, or \$1,140
Total That You Pay (Deductible + Co-Insurance)	\$950	\$3,400	\$2,340

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

What's Covered by the Student Life Fee

Basic services at UChicago Student Wellness are covered by the Student Life Fee, but you may incur medical expenses should you receive services that are not covered by the Student Life Fee. Health insurance allows you to receive health care when necessary without undue financial burden.

Services covered

Medical

- 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

Counseling and Psychiatry

- 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

- Campus-wide wellness events
- Alcohol and other drugs risk screening
- Wellness programs, workshops, and education
- Wellness coaching
- Sexual health education and condoms
- Student group advising
- Student wellness lounge

Services not covered

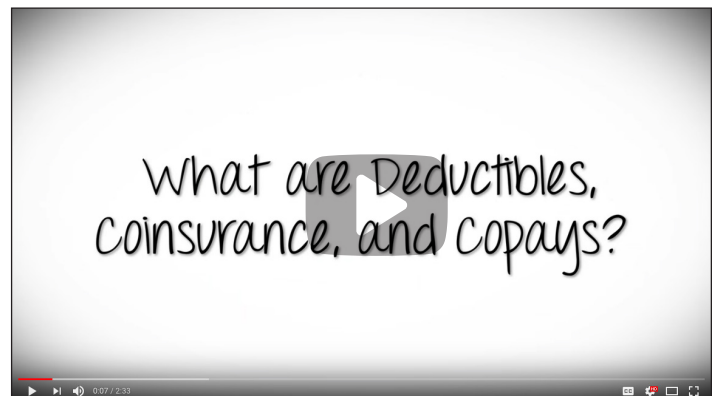
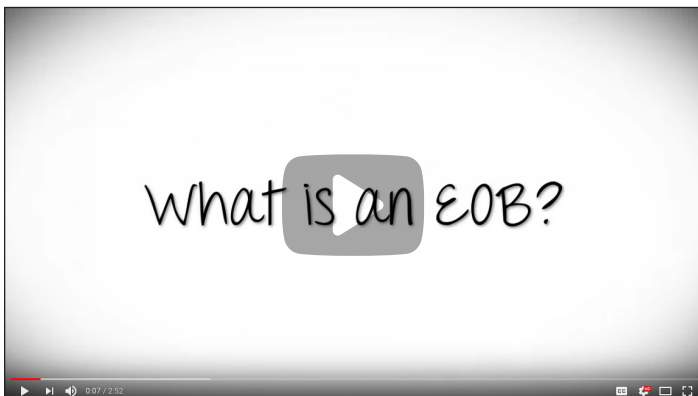
- Pharmacy prescriptions/medications
- Consultation and/or treatment by clinicians outside of the SHCS clinical staff
- Select immunizations (yellow fever, polio, and typhoid)
- Emergency room care
- Hospitalization
- Select laboratory tests
- Radiology procedures
- Medical supplies
- Medical record copying or certificates
- Heart station procedures (EKGs, holter monitors)
- Other services not listed here

Understanding the EOB: Explanation of Benefits

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.

Dollar amount for covered benefits .												
Dollar amount you're required to pay for certain Covered Medical Expenses.												
Dollar amount required to be paid before benefit payment is made.												
Total paid by your insurance.												
Dollar amount owed by insured.												
Network discount if applicable.												
Charges for services not covered by your policy.												
The dollar amount claimed by your provider.												
Also called CPT Code, used to document medical procedures performed.												
Ref #	Service	Dates of Service From To	Proc Code	Amount Claimed	Ineligible	Discount	Total Covered	Co-Pay	Policy Deductible	Total Benefits	Patient Balance	Remark Code
	EMERGENCY ROOM LABORATORY	06/04/10-08/04 06/04/10-08/04	87340	845.03 100.00		20.00	845.03 80.00		300.00	436.02 80.00	409.01	642
Totals:				945.03			925.03		300.00	516.02	409.01	
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												

LEARN MORE at studentinsurance.uchicago.edu



Your Options for Care

	UChicago Student Wellness	Nurse Line	Telemedicine	Convenience Care Clinic	Urgent Care Center	Emergency Room
What It Is	On-campus same-day (urgent) and primary care (ongoing) appointments and mental health needs	Access to a registered nurse anytime, anywhere who can answer health care questions and offer potential care options	Easy, online access to a doctor for minor health needs	Non-urgent care when you can't get to the doctor's office. Walk-in patients are welcome, but wait times can vary	Care for non-life-threatening injuries or illnesses needing immediate attention	Immediate treatment of very serious or critical conditions
Typical Costs	Most services are included as part of the Student Life Fee. Some services incur a fee	Free for UChicago students	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	\$65 per average visit* (check with your insurance company for which clinics are covered)	\$190 per average visit* (check with your insurance company for which clinics are covered)	\$1,700 per average visit*
May Be Appropriate For...	Routine care, lab testing, screening tests, immunizations, psychotherapy, psychiatric consultation and medication management, support groups	After-hours questions and advice about health concerns	Allergies, bronchitis, colds, fevers, flu, pinkeye	Earaches, strep throat, minor skin conditions	Minor burns, lacerations, sprains	Bleeding, breathing difficulties, broken bones, chest pain, sudden changes in vision, sudden trouble breathing, sudden weakness
Hours	Medical: M-F, 8 a.m. - 5 p.m. Counseling and Psychiatry: M-F, 8:30 a.m.-5 p.m.	24/7	24/7	Varies by location	Varies by location	24/7
Contact	Call 773.834.WELL for an appointment. Students experiencing a crisis may call 773.702.3625 after hours to speak with a therapist on call	773.834.WELL	Visit telehealth4students.com to set up an account, or call 855.866.0895	Varies by location	Varies by location	Go to the nearest emergency room or contact 911 in the event of an emergency

* 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.

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 policyholder 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 for options available to students registered at UChicago.

For More Information

Visit 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

For general questions about health insurance, contact studentinsurance@lists.uchicago.edu.



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