SUNY INTERNATIONAL STUDENT MEDICAL INSURANCE PROGRAM

Frequently Asked Questions

1. Who is eligible for International Student Medical Insurance?
   Any student who is not a U.S. Citizen or Permanent Resident is automatically enrolled in the SUNY International Insurance Program when they register for one credit hour or more. Visiting Scholars, F-1 students on Optional Practical Training and J-1 students on Academic Training through UB are also eligible. International students on an official Leave of Absence from the UB who were insured by the program at the time of their Leave may purchase no more than two (2) semesters of insurance while on Leave. Spouses and/or children of enrolled students are also eligible for the program.

2. What do I do if I get sick?
   If it is a life-threatening emergency, you should go to the emergency room at a hospital or call 645-2222 or 829-2222 on campus, and 9-1-1 for an ambulance off-campus. If it is not an emergency, you should go to the Student Health Center. If they cannot treat you there, they will give you a referral to an outside doctor. The phone number for the Student Health Center is (716) 829-3316; this number will connect you to a nurse for consultations even if the Student Health Center is closed on nights and weekends. You also have the ability to visit doctors off-campus, should you decide to do so.

3. What happens if I do not go to the Student Health Center and it is not an emergency?
   You will have to pay the $50 deductible using your own money for each injury or illness you had treated without a referral from the Student Health Center.

4. Where can I go for prescriptions if the Sub-Board Pharmacy in Michael Hall is closed?
   The prescription drug program provided to all SUNY international students enrolled in the health insurance plan provides a universal RX card for prescriptions. This prescription drug card allows students to obtain up to a one-month supply of a prescription drug covered by the insurance at any participating pharmacy, and pay a $10 co-pay for generic drugs and $20 co-pay for brand-name drugs. To locate a participating pharmacy, students should sign onto the www.hthstudents.com website, click on “Doctors, Hospitals and Pharmacies” and then click on “United States Pharmacy Search.”

   Universal RX contracts with almost all national pharmacy chains and a large number of local pharmacies as well. Dependents are not eligible for the prescription card. They must pay the full price of a prescription drug at any pharmacy and then apply for reimbursement using the Prescription Reimbursement form available at www.healthinsurance.buffalo.edu. During the academic year, it is recommend that both students and dependents obtain prescription drugs only at UB’s Pharmacy as there is no co-payment required for prescriptions purchased at UB.

5. Where can I go for medical treatment if I am unable to visit the Student Health Center?
   You can go to any doctor outside your country of origin, BUT you should try to use health care providers that participate with HTH Worldwide. (Note: There is a small lifetime allowance for EMERGENCY ONLY medical care in your home country.) To find these providers, use the search function available at www.HTHstudents.com.
Emergency medical attention does not require a referral; however, if you opt for non-emergency medical treatment without a referral, you will have to pay the $50 deductible (see question 3). If the Student Health Center is closed and it is not an emergency, you can either set up an appointment with an off-campus doctor, or you can wait until the Student Health Center opens. If it is a medical emergency, you can visit any medical facility.

6. Where is the Student Health Center?
The Student Health Center is located in Michael Hall on the South Campus. The Health Center services are available seven days a week during the academic year. You can contact the Student Health Center for an appointment at (716) 829-3316. There is a medical professional available by phone even when the Student Health Center is closed.

7. What should I do if I do not have an insurance card but need medical treatment?
Visit www.HTHstudents.com and print off a temporary insurance card (your insurance certificate number is required to create the online account) or go to the SBI Student Medical Insurance Office, Suite 315, Student Union for the same service. If you are already at the health care provider’s office, have them call HTH Worldwide Insurance Services at (888) 350-2002 or the SBI Student Medical Insurance Office at (716) 645-3036 to verify coverage.

8. What should I do if I already have private medical insurance?
If you already have insurance, you can request a waiver form from the SBI Student Medical Insurance Office, Suite 315, Student Union. Waivers are only accepted up to the first tuition bill due date on which the insurance charge appears. Only insurance policies that meet or exceed the SUNY plan benefits are eligible for a waiver. **Note:** ICICI Lombard and the Oriental Insurance Company LTD are not considered comparable coverage with which to waive the SUNY International Health Insurance plan.

9. What do I do if I get a bill from my doctor?
If you receive a bill from a healthcare provider and do not understand it, you may visit the SBI Student Medical Insurance Office, Suite 315, Student Union and request a Student Claim Assistance Packet. This packet contains detailed instructions and all the forms you must complete for the office to help follow up on your claim. If you went to the Student Health Center before visiting your doctor but were still charged the $50 deductible, bring all materials to the SBI Student Medical Insurance Office along with the bill from your doctor. The bill will then be sent in to the insurance company for processing. It usually takes four to six weeks for claims to be reprocessed.

10. How do I know if a claim has been paid?
When a claim is processed, the insurance company will send you an Explanation of Benefits form. This form will show you how much the insurance company paid on your claim, and whether or not you have any further financial responsibility for the claim. You can also look up your claim at the insurance company’s website: www.HTHstudents.com. It is important that you create a user profile on this site. An
Explanation of Benefits sheet for each claim is required by the SBI Student Medical Insurance Office in order to assist you with processing and follow-up.

11. I submitted a claim, so why am I still getting bills from my doctor?
   Many doctors will continue to send out bills for services until payment is received from the insurance company. You only need to submit the bill once for the insurance company to process it. Please keep in mind that it can take four to six weeks for the insurance company and health care providers to receive, process and pay your medical bills. Please note that you may have some financial responsibility if you visit an out-of-network doctor. You should always utilize in-network providers whenever possible.

12. How do I enroll my spouse and/or my children in the International Student Medical Insurance Plan?
   You may print the dependent enrollment form off of the Student Medical Insurance Office webpage at www.healthinsurance.buffalo.edu. You must complete the form and mail it directly to the insurance company with your payment. When you purchase coverage for your dependent(s) for the first time, the dependent enrollment form must be reviewed and signed by the International Student & Scholar Services office, Talbert Hall 210, North Campus.

13. How much does the insurance cost?
   The insurance costs for the 2014-2015 academic year are $105.27 per month for students, $221.25 per month for spouses and $120.55 per month for children living in the household with the parent. The rate for children remains unchanged regardless of the number of dependent children insured.

14. What does the insurance cover?
   The insurance covers a wide variety of medically necessary treatments, including hospital visits, prescriptions, surgery and mental health. For a policy brochure explaining your coverage, please visit www.healthinsurance.buffalo.edu. For specific benefit questions or information, you should contact HTH Worldwide directly at (888) 350-2002.

15. How do I contact the insurance company?
   The insurance company is named HTH Worldwide Insurance Services. You can contact them free by phone at (888) 350-2002. They also have a website designed for students to monitor the status of submitted claims, search for in-network doctors around the world, print off temporary insurance cards and e-mail insurance company representatives. This extremely useful website is www.HTHstudents.com.

16. To whom should I speak regarding problems or concerns with my insurance?
   You can contact the insurance company (see question 15) or you may speak to anyone in the SBI Student Medical Insurance Office, Suite 315, Student Union or e-mail asksmi@buffalo.edu.

17. I do not understand my Explanation of Benefits form.
The Explanation of Benefits form has all claims information broken into sections and columns. The row beneath the column headings includes your name, the name of the healthcare provider, the claim number in question and the patient’s certificate number (insurance ID number). The next section, divided into eleven columns, contains information about your specific claims. The first section, Dates of Service, lists the date(s) you received medical attention. The Amount Charged column lists the total amount the healthcare provider billed to the insurance company. The Deductible column lists your deductible for the medical service; if you are a student with a Student Health Center referral, this should be zero (Note: Dependents of students and students on Academic Training or Optional Practical Training have a $50 deductible per condition that cannot be waived). The Co-insurance column not applicable to anyone with SUNY International Health Insurance. The Co-payment column lists any out-of-pocket payment due for a particular type of service. The Provider Responsibility column lists the amount of the claim that is discounted from your bill by a contracted PPO discount due to the healthcare provider’s “in-network” status. The Code column explains how the insurance company has dealt with your claim up to this point. Any codes listed will be explained in the section below the chart labeled “Explanation of Responsibility Codes and Comments”. Patient Responsibility is the total dollar amount that is not covered by the insurance policy and that the patient must pay out-of-pocket; it is the sum of the Deductible and Co-Payment columns. The final column, Benefit Amount, shows the total dollar amount the insurance company covered on your behalf. If the patient responsibility reads zero (0), the insurance company has settled the claim and paid the healthcare provider. If you continue to receive bills from the healthcare provider 30 days after the insurance company completed your claim or your claim is denied and you desire assistance, please bring your complete documentation to the SBI Student Medical Insurance Office, Suite 315 Student Union.