Mandatory Insurance

In these modules, we will discuss insurance in the US and your requirements as a student at SD Mines.

Module 1 – Short Video

Health care in the US is very expensive. This video is a great overview of the healthcare system. There is a transcript of the video to help you with words or phrases you might not understand.

We would like to thank International Student Insurance for the use of this valuable video.


Module 2 - Insurance at SD Mines

As described in the Module 1 video, you must get insurance since the U.S. government does not pay for healthcare and costs can be very expensive.

South Dakota School of Mines and Technology is one university under the South Dakota Board of Regents. The South Dakota Board of Regents or BOR for short, requires all international students to have a specific insurance called GeoBlue Insurance. You must be signed up for each semester by the end of your first week of classes. You must pay the insurance company directly. This is not added to your school charges.

There are two GeoBlue Student plans to choose from, Basic and Enhanced. There are a couple of items to keep in mind: the costs for insurance depends on your age and if you are paying for one semester or one year. Spring enrollment also includes summer so it will be more expensive. If you leave the US for the summer break, you may be eligible for a refund at that time. You should contact the Ivanhoe International Center staff for more information.

There is no coverage for dental or eye care unless it is an accident. If you want dental or eye care insurance, you pay for this separately. We do not have recommendations for vision or dental insurance plans.

There are ways to keep your medical bills to a minimum. Visit the Student Health Center on campus. This is free for students only. You must have your student ID card with you when you go. You can also make an appointment.

The Urgent Care centers are cheaper than a doctor’s office or the hospital.

Emergency Rooms are for emergencies only. Don’t go to the emergency room unless it is a true emergency. You could pay up to three times more than the Urgent Care center or doctor’s office.

What is covered? Download the facts sheets from the documents folder.

Module 3 - Terminology

Insurance is expensive and confusing, even for U.S. citizens. Here we will explain some terminology that will be important during your time in the US if you need to utilize the Healthcare system. You can download the terminology worksheet from the documents folder.
Premium

A Premium is the price of the insurance plan. It usually depends on your age. The older you are the more it costs. Higher premiums usually mean more insurance coverage. If you have a pre-existing condition such as asthma, you might consider a higher-level plan.

Plan Year

A Plan Year is the period of time for coverage and usually is for group plans. The South Dakota Board of Regents (or BOR) has a mandatory group insurance plan for international students, and the plan year is from August 1 to July 31.

Deductible

A Deductible is the amount you must pay before the insurance company pays any charges. It may be paid once per year or once per illness, condition or event.

For example: Your deductible is $500 for the year. You must pay up to the $500 and then the insurance company will start paying for a portion of the bills.

In-Network or Provider Network

In-network means a group of medical providers that contract with the insurance company to charge a little less for a visit or procedure. They may accept direct payments from the insurance company.

If a medical provider states that they will bill the insurance company first, that means they will send the bill to the insurance company, the insurance company will pay a portion, then you will pay the rest.

Do not forget to pay! It could be bad for your credit. Bills from the medical provider may arrive 2-3 months after your visit.

Out of network providers

This is opposite of In-Network providers. If you go to a medical provider that does not contract with the insurance company, you will pay more for the visit.

It is important to check on the insurance website for a list of providers that accept the insurance.

Co-Insurance

Co-insurance is any additional amount you must pay after the deductible is met. If you are in-network, most co-insurance costs are 20% of the bill. The co-insurance will be higher out-of-network, perhaps 30-40%, rather than 20%.

Co-Pay
Co-pays are sometimes used instead of a deductible, such as a set amount for a doctor visit. They may also be used in addition to the deductible. This option is usually not available in student plans.

Usual, Reasonable and Customary

Usual, Reasonable and Customary, also called URC and is based on the average cost for a geographic area. Insurance companies often use a regional index to determine URC.

Pre-Existing Conditions

Pre-Existing Conditions are any condition or injury you had prior to purchasing the insurance plan. Some companies will not cover at all; others might cover if a specific amount of time has passed. Six months is a common time frame.

Module 4- How does it work

So how does this look in a real-life situation? Here are a couple of examples:

Here is what your insurance looks like with an annual deductible and a 20% co-insurance. Your insurance has an annual deductible of $500.

- You went to the doctor on March 15 and was charged $150. You would have to pay the full amount and subtract $150 from your deductible. Now your deductible is $350.
- You had to go to the doctor again in April and they charged you $350. You must pay the $350 but you have met your deductible.
- When you went to the doctor in May, you were charged $500. Your co-insurance now comes into effect and you only pay 20% of the $500 and the insurance pays the rest.

What if your insurance is a per incident deductible and a 20% co-insurance? Your insurance has a deductible of $100 per incident.

- You went to the doctor on March 15 and was charged $150. Your deductible would be $100 (you must pay) and the co-insurance of 20% is $10 (you must pay). Your insurance pays $40 and you pay the rest.
- Your deductible now ‘resets’ for the next visit you make for a different incident or ailment.
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