

OSU International Student Health Insurance

Helpful Hints and Q&A

OSU Student Health Services Welcomes You!

As you prepare to begin your academic studies in a new place, it is important to note that health care and medical practices in the U.S. can differ from those used in one's home country. Here are some common questions and answers regarding care at OSU Student Health Services, receiving care outside of Student Health and how your International Student Insurance works.

Helpful Healthcare and Insurance Tips

Where can I go if I need medical care?

As an OSU student, it is helpful to think of healthcare on three different levels:

- Student Health Services Clinic (SHS) on campus
- A medical clinic or private doctor's office in the community
- A hospital

This section will help you understand which level and type of care is right for you.

Student Health Services Clinic (SHS): SHS is a full service clinic located on campus in the Plageman Building and is open to all students attending OSU. The Student Health Fee you pay each term as part of your tuition/fees allows you to see SHS healthcare providers with no office visit charges, though there are still charges for services provided. The Student Health Fee is not insurance. As an international student, it will still be necessary to purchase the OSU International Plan or have a waiver approved by the student insurance office. There may not be a fee for your visit at SHS, but some charges may occur on your account because of tests or other services that were necessary to diagnosis or treat your illness or injury.

Examples of SHS services with charges include:

- lab tests and X-rays
- casts, splints and wound dressing
- immunizations and allergy injections
- medications
- physical therapy treatments
- acupuncture/massage/chiropractor



SHS charges are generally much lower compared to services in the local community. You can see a list of common service fees on the SHS website at the [Fees for Services page](#)

Clinic or doctor's office visits off campus: Even though most of your health care needs can be handled on campus by SHS providers, there may be times when you will need to be seen off campus. The clinic may be closed or you may be traveling and not in Corvallis. If it is a non-emergency, then you should make an appointment with a local clinic or doctor's office. Many local offices have appointments the same day or a "walk-in" clinic where you can be seen without an appointment. There is also the option of what is called an "Urgent Care or Immediate Care" clinic which is available for those too ill or injured to wait for an appointment. These clinics are much less expensive compared to the emergency room.

Hospital Emergency Room (E.R.): Hospital emergency rooms treat life-threatening conditions. They are the most expensive place to receive care. Ambulances are also very expensive and should be called only if you have a serious injury or life-threatening ailment. If your ailment is not serious or life threatening, you may decide to have someone drive you to the hospital or call a taxi instead of calling an ambulance. If you have an OSU ID card, you can ride the Corvallis Bus system to the hospital for free. If you have a life threatening emergency, you can call 911 to reach the Police, Fire Department, and/or Ambulance.

Does My Insurance Company care who I see for health care?

Office visits can vary a little from office to office but you can use this description as a general guide. You will need to find a doctor who works with your insurance company, this is called a Preferred Provider in most insurances. OSU's Student Health Services is a Preferred Provider for both the OSU International Student Plan and the PacificSource graduate plan but, probably, is not a preferred provider for any other insurance.

If you use a doctor who works with your insurance company, you get the most money back from your insurance company. This money back is called reimbursement. Your costs are less when you go to a preferred provider than when you go to a non-preferred provider. Many times the preferred provider list can be found online. The preferred provider list for International Student Health Insurance plan (not PacificSource) can be found online [here](#), PacificSource's can be found [here](#) . If you are not sure who to see, call the phone number of your insurance company. The phone number and email should be listed on the plan booklet or the insurance card your insurance gives you.

All students can be seen on campus at the Student Health Services no matter what insurance plan they have, however, Student Health Services may or may not be on your insurance company's list of preferred providers. If you have a different insurance, you will need to check directly with your company.

You will also need to know what kind of doctor you will like to see. A Primary Care Physician/Family Practice doctor sees patients for most simple sickness and injuries. Pregnant women should see obstetricians. Women who need to have their yearly gynecological exam should see a gynecologist. These doctors are often listed as OB/GYN doctors. OB/GYN is a short way of writing Obstetrics/Gynecology.

Do I need to make an appointment?

Appointments can be made by calling SHS at 737-9355 and then choosing menu option 2. When you call SHS to make a medical appointment to see one of our clinicians, you may request either a male or female clinician if that is important to you. Scheduling an appointment can prevent long wait times.

Urgent care (walk-in care with no appointment) is also available to those too ill or injured to wait for an appointment. Sometimes, it is hard to decide if you need to visit a doctor or if the illness or injury will improve on its own. If your health concern is not life-threatening and you are not in need of immediate care, you can call the SHS Advice Line at 737-2724 during office hours. The after-hours nurse advice line can be reached by calling 1-800-607-5501. A nurse can advise you about whether you need medical care and where to find it.

For most students, the first few months at OSU can be exciting, but also challenging. Your orientation to OSU is a process that will probably continue over the next year. It's not uncommon to experience some physical or emotional health problems while adjusting to a new culture and way of doing things. If you are **having trouble sleeping, eating, concentrating or are experiencing other health concerns**, call 737-9355 to make an appointment to check it out. Good health is essential to your academic success. By taking care of small problems before they become big ones, you will be able to stay on track. It is not always obvious whether a health concern needs attention by a medical professional or can be managed, with a little advice, at home.

What happens on the day of my appointment?

On Campus Appointments (at SHS)

On the day of your appointment, you should arrive a few minutes early and check in at the front desk of Student Health Services. The person who checks you in may ask you what your insurance plan is but you do not need to show your card. (If you go to the pharmacy on campus you should show your card) Once you have been checked in you will be asked to wait in the waiting area. Note: Dependents cannot use SHS, only current students can. Dependents should find a preferred provider in the community.

When it is your turn, a nurse will call your name. It is the nurse's job to gather information about your health and the reason for your visit before you see the doctor. The doctor will see you in a private room.

During a visit, you may be assisted by a team of several medical professionals. A nurse may take your blood pressure or temperature and gather information about your visit before you see the doctor. Laboratory or radiology technicians will assist you when having various tests performed. Each professional will report medical findings in your medical chart so the clinician can make a diagnosis.

Off Campus Appointments

On the day of your appointment, you should arrive a few minutes early because the office will have some papers for you to fill out. The papers will ask you your name, address, and insurance information. There will also be some papers that inform you of privacy laws in the USA. Most doctor offices will also ask you for your insurance card so they can photocopy it. If they do not ask for your card, you should ask them if they need a copy. If you do not have a card for your dependents (other people you have insured on your insurance plan), the doctor's office can use your card because your dependents are insured through you and your ID number. Once you have filled out the paperwork, you will be asked to sit in the waiting area until it is your turn. When it is your turn, a nurse will call your name. The nurse's job is to get you ready to see the doctor and gather information for the doctor. The nurse will take you into a different area of the clinic and write down information in your medical record such as your height, blood pressure and weight. They will also ask you for a short description of what symptoms you are having. After the nurse gathers this information, the doctor will come into your room and talk more with you. The doctor will listen to your symptoms and then will make some recommendations or suggestions. Here are some common suggestions.

Common suggestions for further care or follow up

LAB WORK: The doctor may suggest lab work to help diagnose your problem. Sometimes insurance plans have limits. You should read your handbook or call a customer service agent if you have questions.

X-RAY: If you have an injury, the doctor may suggest X-rays. The doctor can do simple X-rays at their clinic. If you have a serious injury, the doctor may suggest an MRI Scan or CAT scan. These procedures are done by RADIOLOGY offices and are very expensive, so you should make sure the office that does the MRI or CAT scan is listed as a preferred provider with your insurance. If the office is not a preferred provider ask your doctor to refer you to a radiology office on your preferred provider list. Sometimes insurance plans have limits. You should read your handbook or call a customer service agent if you have questions.

REFERRAL TO A NEW DOCTOR: If you have a complicated illness or injury, the doctor may suggest you visit another doctor who specializes in treating that kind of illness or injury. These types of doctors are called specialists. Even though the doctor suggests another doctor, it does not mean the new doctor works with your insurance. You should still check with the insurance company to make sure the new doctor is a preferred provider. If the new doctor is not a preferred provider, ask your doctor to refer you to a doctor on your preferred provider list.

PRESCRIPTIONS: Your doctor may give you a prescription. You cannot get prescription medication without a prescription from a doctor. The pharmacy may or may not participate with your insurance plan. Check with your insurance plan to find a pharmacy that works with your insurance.

PHYSICAL THERAPY: You should check to see that the office you are visiting for physical therapy is listed as a preferred provider with your insurance. If the office is not a preferred provider, ask your doctor to refer you to a physical therapy office on your preferred provider list. Sometimes insurance plans have limits. You should read your handbook or call a customer service agent if you have questions.

How is my doctor's bill paid?

Charges from OSU's Student Health Services

Most office visits with a doctor or nurse are free at OSU's Student Health Services. Certain visits, however, such as acupuncture, massage, and dermatology may have a charge. All lab work, X-rays, and immunizations also have a fee. Most charges at SHS are much less than they would be in the community.

All health-related charges by SHS will automatically be added to your student account. Be sure to review your student account information regularly as OSU sends all charges to your student account (such as tuition, fees, housing, dining, and healthcare) each month.

If you have an OSU insurance plan (Aetna International or the PacificSource Graduate Asst. plan), SHS will send a copy of the bill to the insurance company for you. You will still see the charges on your student account and OSU may ask you to pay them before the insurance pays their portion. It usually takes 1-2 months after SHS sends your charges to the insurance company for the insurance company to pay for the charges. The best thing to do, if you can afford to, is to pay your charges on your student account so as not to incur interest from the University. The money from the Aetna International Insurance plan will then be credited to your student account. If you have the PacificSource insurance plan, the reimbursements will be mailed to the member and you are required to pay off your student account. Don't forget that you have a \$200 deductible before PacificSource pays any charges.

SHS only bills the OSU insurance plans. Most of the time, the billing office only sends billings to Aetna International plan and PacificSource once a month, however, we do attempt to send them more often. They do not bill other private insurance companies for you. If you have other health insurance, you can receive a detailed print out of the charges from SHS (Room 110) and mail it directly to your insurance company.

Charges from doctors or hospitals off campus

Doctors' offices generally will send a copy of your charges to the insurance company. As a courtesy, most doctors' offices will allow you to pay after the insurance company submits their portion of the payment. This is not true at all doctors' offices, though, so it is a good idea to ask the doctor's office if you can wait until your insurance pays. (Note: Most doctors' offices will only bill insurances that have USA addresses. If your insurance has an address in another country, they will usually set you up as "Self-Pay" and you will need to bill your insurance yourself.)

The insurance company usually pays their portion of the bill before you receive your second billing statement from the doctor's office. If you receive more than two billing statements from your doctor's office and the insurance company has not paid their portion, then there could be a problem. You should call your insurance company to make sure they received the claim.

If they did not receive the claim, call your doctor's office and ask them to re-send the claim to your insurance company. Sometimes your insurance company will need more information from you before they will pay a claim. You may be able to give them this information over the phone.

Most doctors' offices will not continue to wait if the insurance does not send payment. They will want you to begin paying your bill. Most doctors' offices consider your bill your responsibility even if you have insurance. If your insurance does not seem to be paying, do not wait. Find out what information your insurance company needs (new claim, medical records from the doctor, information from you, etc.) and then try to help them get it.

Once your insurance company receives a claim from the doctor, they will send a copy of the information submitted on that claim to you so you will be informed of various things, such as what your doctor is charging,

and how they are paying the claim. This information sheet from your insurance is called an EOB or Explanation of Benefits because it explains your insurance benefits. EOB's usually say, "THIS IS NOT A BILL" on the top so that you are not confused about the charges they list.

EOB's are for your information and records. EOB's give you important information such as how much the insurance company pays, or if the insurance company needs more information from you. If the insurance company needs more information from you, you can call them and give them this information. Reading your EOB when it arrives helps you to help the insurance company pay your claim faster. If you have questions about how to read your EOB you should call your company and ask them to explain it. Once your insurance company pays the doctor, you should pay for the rest of the charges. If you cannot pay for the entire amount at one time, call the doctor's office. Sometimes the doctor's office can work out a payment plan for you that will make it easier to pay for your charges.

International Student Insurance Questions and Answers

Can I use a different insurance plan to satisfy the insurance requirements at OSU?

Some students purchase insurance from other companies, or have insurance provided for them. Students may use alternate insurance as long as that insurance meets federal, state, and university requirements. If the insurance does not meet the requirements, students are required to enroll in the OSU Health Insurance Plan.

What am I required to do if I want to use other insurance?

Students who wish to use their own insurance must file for a waiver of the OSU Health Insurance before the third Friday of the term. If students do not file for a waiver, OSU is required to enroll them in the OSU Health Insurance Plan and charge them for it. Once they submit their waiver application and the appropriate documents (listed below), the waiver will be reviewed to make sure the insurance meets the requirements. Waiver applications received after the deadline will not be approved.

If students wish to purchase insurance from a private company, they are strongly advised to have their plan pre-approved with the OSU health insurance office before they purchase it.

Warning: Some companies will claim their plan meets OSU requirements. OSU does not contract with any insurance other than the OSU Insurance Plan and does not support claims made by other companies. If you have any questions, the OSU Student Health Insurance representative is happy to help you.

You may contact the Insurance Office at 541-737-7600.

What kind of insurance meets the requirements?

In order to waive the mandatory OSU plan, you must show that you have insurance that is equal or better than what you are waiving.

1. Download and complete the Insurance Waiver Form

2. Attach copies of your documents. Your documents need to be in English and In US Dollars.

3. Your documents need to clearly show:

- The company's name and address for billing
- Your policy number
- The begin and end date of the policy (must cover you from the first day of the term through the last day of the term)
- Maximum amount of coverage per accident and illness in US dollars

4. You must clearly show your coverage is equal to the following:

- \$1,000,000 USD medical coverage for accidents and illness
- Coverage must compare to the OSU plan for the following:

Office Visits	On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers.
Outpatient Lab & X-ray	On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers.
Hospital Room & Board, Surgeon, Anesthesia,	On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers. No daily limit.
Physical Therapy	On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers.
Mental Health and Substance Abuse	Outpatient: 100% Inpatient (In Hospital): 100% for first 10 days at Preferred Provider after deductible paid. 100% for day 11-45 if approved.
Prescription Drugs	On Campus: 70% Off Campus: 70% at Preferred Provider after deductible is met. Claims must be submitted through OSU Insurance Office.
Emergency Room	Off Campus: 100% at Preferred Providers after deductible and \$50 Co-pay paid
Pregnancy/Voluntary Termination of Pregnancy	Off Campus: 100% after deductible at Preferred Provider

- Coverage must include \$50,000 or more coverage for Repatriation of Remains
- Coverage must include \$50,000 or more coverage for Medical Evacuation
- If your plan has a deductible, it can be no greater than \$500 per accident or illness
- If you have a co-payment for services, it cannot be greater than 25% of total charge
- Any time period imposed by your insurance before they will cover a pre-existing condition cannot be longer than 6 months
- If your insurance is provided by another group, company, government or embassy it must:
 - Be backed by the full faith and credit of your home country or government, **OR**
 - Be part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor, **OR**
 - Be offered through or underwritten by a federally qualified HMO

5. The deadline for submitting this information is the third Friday of the term.

You can have your insurance plan pre-approved by contacting the OSU Insurance Liaison.

What if I am insured on a family member's insurance policy? Can I use it instead?

Some students have family members who receive insurance through an employer. If a student is covered by a family member's insurance, they may submit a waiver using that insurance as long as the insurance meets the requirements. Please keep in mind students must still have coverage for repatriation of remains and medical evacuation. Many health insurance plans available through employers do not include this coverage. If the plan does not contain coverage for repatriation of remains and medical evacuation, the student will need to purchase

a supplemental travel insurance which provides this coverage. The student should submit both insurances together with their waiver application. If the student does not show proof of this coverage, their waiver will not be approved.

Need more help? You may contact the Insurance Office by calling 541-737-7600 or stop by Room 110 Plageman Bldg.

OSU Student Insurance Office
110 Plageman Building (Student Health Services)
Corvallis, OR 97331
541-737-7600 phone
541-737-7914 fax

[Email OSU Insurance Office](#)

Hours: 9:00 a.m. – 5:00 p.m. Monday through Friday

Closed most major holidays

Reduced hours during winter, spring, and summer break weeks