Michigan Tech requires comprehensive health insurance for all international and graduate students.

Unexpected health care expenses such as those associated with unexpected illness, accidents, or mental health can destabilize a student’s financial situation and derail his/her progress toward a degree. These potential barriers to attendance and degree completion are reduced when students have health insurance.
What is the Affordable Care Act (ACA)?

- U.S. Congress passed the Patient Protection and Affordable Care Act (PPACA) on March 23, 2010 and President Obama signed it into law on March 30, 2010
- ACA was upheld by the U.S. Supreme Court in June, 2012
- The law requires all U.S. citizens to be enrolled in health insurance
- The law requires insurance companies offer *minimum essential coverage* and mandated that certain services be covered at 100%
- The law required each state to create a marketplace so citizens can shop for a health insurance policy. The official marketplace is [www.healthcare.gov](http://www.healthcare.gov)
I already have health insurance, do I have to enroll in the University’s Student Health Plan?

No. If your plan is a comprehensive health plan that offers minimum required coverage as found on the waiver worksheet, students may complete a waiver worksheet.

All waiver worksheets require a copy of the insurance card before it can be processed.
Who do I contact if I have questions about health insurance?

Student Insurance Office
2nd Floor, Lakeshore Center

• Faye Dompier
• Tammie Fraki

906-487-1088
Monday – Friday, 8:00 a.m. – 5:00 p.m.
studentinsurance@mtu.edu
What is the process to meet the health insurance requirement at Tech?
1. Register for Classes
2. Meet Insurance Requirements
3. Pay Tuition
4. Enrollment Confirmed
Common Health Insurance Terms and Definitions
Premium
The amount you pay for insurance coverage. Depending on where it’s purchased this can be paid monthly, per semester or annually.
Claim

Information that is sent to the insurance company requesting payment for medical services. Usually your provider sends the claim.
Annual Deductible

A fixed dollar amount you pay for your covered medical services before your health plan pays benefits.
Copay
A set dollar amount that you pay for your covered health care expenses.

Prescriptions have a $15 copay for generic or $30 copay for brand medication
Coinsurance

A percentage of your covered health care expenses that you pay.

Your coinsurance is 20% after deductible.
Preferred Provider (In-Network)
The group of doctors, hospitals, clinics that insurance companies contract with to provide services at a discounted rate. You will generally pay less for services from an in-network provider.

Non-Preferred Provider (Out-of-Network)
Health care professionals or hospitals who do not contract with an insurance company. You will generally pay more for services from an out-of-network provider.
Preventative Services

Services that are free of charge when performed with an in-network (preferred) provider.

- Annual physical
- Immunizations
- See Handout for full list
Explanation of Benefits (EOB)
(this is not a bill)
A brief report from your insurance company that explains what services your doctor billed your health plan for, and how the services were paid.
Current Student Health Insurance (AY 2014-15)
Aetna Student Health

Michigan Tech Group Number 846527
Aetna Customer Care 855-546-5417
Aetna Pharmacy 800-238-6279
On Call International 866-525-1956
www.oncallinternational.com
www.aetnastudenthealth.com
2014-15 Policy Details*

• $3000 deductible per person, per policy year
• Insurance covers 80% after deductible (preferred providers)
• Non-Preferred Providers coverage varies based on type of service
• Unlimited coverage for approved services
• Prescription drug coverage
  – Preferred Provider: $15 copay generic, $30 copay brand.
  – Non-preferred Provider: $60/$120 copay

*The above is general information and not a guarantee of benefits. See the policy brochure for specific details.
Register Online

www.aetnastudenthealth.com

✓ Print ID card
✓ Locate a network provider
✓ Review claim status
✓ View Explanation of Benefits (EOB)