



HOW TO USE YOUR INSURANCE

2023-2024

Policy for International Students, Scholars, and OPT status





How to enroll and who is Compass Student Insurance?

You are automatically enrolled through your school; no action is needed to enroll yourself in the plan. Enrollment and document fulfillment is administered by Compass Student Insurance.

Once enrolled, you will receive instructions on how to create an online MyInsurance Account. Once you do so, you will be able to enroll your dependents and pay for them with a credit card. Your dependents (spouse, or children under the age of 18) must be enrolled before the start of the term or within 31 days of marriage, birth, adoption, or arrival in the U.S.

For questions about enrollment, contact **Compass Student Insurance** at:

(781) 356 -1999

(Monday–Friday, 9:00 a.m. to 8:00 p.m. Eastern Time)



Who is Wellfleet?

Wellfleet is the claims administrator. You will contact Wellfleet for all medical benefit and claim inquiries. You can also access the Wellfleet claims portal through the Compass MyInsurance account, or you can login here:

<https://www.studentinsurance.com/Client/2249>

The Wellfleet claims portal contains a great deal of important information and all students are highly encouraged to register and create an account.



Your Insurance ID-Card

You will receive an email from Compass Student Insurance at the start of each semester/term notifying you to download your ID card.

You may set up an account at:

<https://www.esecutive.com/MyInsurance/>

to access all of your documents, including ID card.

Carry your ID card with you at all times! You will need your card when you visit any medical provider - TechCare, doctor's office, urgent care, hospital, or pharmacy.



Where to seek Medical Care?

If you experience a sickness or an injury, you will need to seek care at one of the following types of medical providers. Each option is detailed on the following pages.

- TechCare, for minor illness or injuries
- Doctor's office, for medical concerns and sick visits
- Urgent care center, for non-emergency illnesses or injuries that need immediate care when TechCare is closed
- Hospital, for a medical emergency, scheduled surgery or hospitalization



What Does “In-Network” Mean and Why Does It Matter?

In-network means providers such as doctors, specialists, and hospitals that accept this insurance plan. *Note: Sometimes it is also called “PPO” or “Preferred” network.* The network for this plan is **Cigna Choice Fund PPO**.



If you use a Cigna Choice Fund PPO provider, medical providers will bill the insurance direct and not ask you to pay at the time of service. Eligible medical expenses are paid by the insurance company at 100%. If you use an out-of-network provider, you may be asked to pay at the time of service. It will be your responsibility to file a claim for reimbursement. Medical providers who are out of network (do not participate in the Cigna Choice Fund PPO), their covered medical expenses are paid at 80%. *Deductibles and copays are not included in what the insurance company pays.*



Your responsibility to pay

- You must pay the insurance premium each term, which is \$304.55
- A \$200 deductible per policy year (waived at TechCare). Deductible means the dollar amount of a Covered Medical Expense that must be paid by the member before benefits are payable under the plan. Unless otherwise specified, the deductible applies to all services.
- A \$25 copay after deductible when you go to a Cigna Choice Fund PPO doctor's office (waived at TechCare). A copayment means a specified dollar amount a member must pay first for a specified covered expense.

- A \$25 copay after deductible when you go to a Cigna Choice Fund PPO urgent care center when TechCare or the doctor's office is closed
- A \$50 copay after deductible when you visit a Cigna Choice Fund PPO hospital
- A \$150 copay after deductible if you go to a Cigna Choice Fund PPO emergency room (waived if you are admitted to the hospital)
- 25% of the cost of prescription medication
- 20% out-of-network coinsurance if you do not use a Cigna Choice Fund PPO provider. Coinsurance means the percentage of Covered Expenses that will be paid by the plan. The coinsurance is separate and not part of the deductible.
- Full amount for any services not covered by insurance (see exclusions and limitations in the Member Guide)



Find a doctor or facility

1. Visit [Cigna Provider Search - PPO Choice Fund](#). You will need to select 'PPO Choice Fund'.
2. Enter Address, City, or Zip where you need to search. We recommend you add zip code only.
3. Select Doctor by Type, Doctor by Name, or Health Facilities and Group Practices
4. Select from the drop-down menu or add a Physician's name; click Search
5. Click on Continue as Guest
6. Make your selection from the list and call to make an appointment. Confirm with the provider that they are in network with Cigna Choice Fund prior to making the appointment.
7. It is best to locate a Cigna Choice Fund PPO doctor, urgent care center, and emergency room near you before you get sick or injured. Always verify the provider is part of the Cigna Choice Fund PPO Network before you receive treatment.



What's covered?

(Treatment must be Medically Necessary)

- \$250,000 benefit year maximum for all eligible medical expenses
- Most doctor visits and hospital charges, paid at 100% (after copay and deductible) when you use a Cigna Choice Fund PPO provider; or 80% (after deductible) when you use an out-of-network provider
- Emergency expenses
- Surgery, in- and outpatient
- Tests, procedures, and lab services, such as X-rays and blood draws
- Physiotherapy, subject to \$25 co-payment per visit
- Wellness Medical Benefit up to \$250 per Policy Term
- Maternity and Pre-Natal Care covered as any other Sickness
- Prescriptions, covered at 75% of actual charge after deductible

Limitations, deductibles, coinsurance, and copays may apply. Please see the Plan Certificate for full benefit details.



What's not covered?

- Dental care or treatment other than care of sound, natural teeth and gums due to a covered Accident
- Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore
- Weak, strained or flat feet, corns, calluses, or toenails
- Expenses incurred during a Hospital emergency room visit which is not of an emergency nature
- Injury sustained while taking part in: motorcycle riding; snow skiing; snow boarding; surfing; white water rafting (see policy for all excluded hazardous activities)
- Elective or Cosmetic surgery and Elective Treatment
- Charges that are not medically necessary
- Pre-Existing conditions

Please see the policy for the full list of policy exclusions. This is only a partial list.



Pre-Existing Conditions

Pre-existing Condition means any disease, illness, or condition which was diagnosed or treated by a legally qualified physician within six (6) months prior to the coverage date for the covered person.

Pre-existing Conditions are covered for returning students who were insured under the 2022-2023 Louisiana Tech University plan, and for new students with prior creditable coverage. Pre-existing conditions are covered after six (6) months of being covered on the 2023-2024 Louisiana Tech University plan.



TechCare

For general medical care, please visit TechCare as there are no copays or deductible. The staff can treat many conditions or refer you to another doctor or specialist, if necessary.



TechCare

Located in the Lambright Sports & Wellness Center
921 Tech Dr, Ruston, LA 71270
(318) 257-48

Hours

Monday – Friday 7:30 a.m. – 4:30 p.m.
Closed 12:00 p.m. – 1:00 p.m.



Doctor Visits

When you have a health care need, such as a sickness, injury, or other medical concern, schedule an appointment to see a doctor.

- Use a Cigna Choice Fund PPO doctor whenever possible. Note: You are not required to see Cigna Choice Fund PPO doctors; however, if you choose to see a doctor who is not a Cigna Choice Fund PPO provider, you will have to pay 20% of charges.
- Call the doctor's office to make an appointment. Tell them you have Cigna Choice Fund PPO insurance.

- Arrive 15 minutes early for your appointment.
- Bring your insurance ID card with you.

Every visit to a health care professional, whether at TechCare, the doctor's office, emergency room, urgent care center, etc., is treated confidentially. No information will be released without your express written consent.



Urgent Care Center

Do not go to the hospital for minor illnesses or injuries! If you need to see a doctor immediately and cannot wait for a scheduled appointment, please go to an urgent care center. Hospital emergency rooms typically charge 2-3 times more than a doctor's office or urgent care center. Use an urgent care center instead of an emergency room to save time and money.

Here are some Cigna Choice Fund PPO urgent care centers close to campus:

- Coastal Urgent Care, LLC 1009 S Service Rd W Ruston, LA 71270
(318) 242-1440
- Southstar Urgent Care 117 N Service Rd E Ruston, LA 71270
(318) 406-036



Hospital Emergency Room

In the case of a life-threatening emergency, call 911 for an ambulance or go to the nearest hospital emergency room (ER).

Examples of life-threatening emergencies:

- Car accident
- Severe pain or excessive bleeding (especially from the head)
- Heart attack
- High fever or rash after surgery
- Broken bones
- Coughing up blood
- Signs of miscarriage

These are only a few examples of emergency medical conditions. These examples do not constitute medical advice. Please contact a medical professional if you have questions about any medical condition.



Where to get your Prescription Medications

If your doctor prescribes a medication, you must fill it at a Wellfleet Rx participating pharmacy. The list of participating pharmacies is here:

<https://wellfleetrx.com/students/pharmacy-network>

Points to consider:

- ALWAYS ask for the generic form of the drug, if available; this will decrease the cost.
- Eligible Prescriptions: The policy reimburses 75% based on a 30-day supply per prescription. This means you have to pay 25% when you pick it up at the pharmacy.

Ruston, LA pharmacies to choose from:

Walgreens, Walmart, Prescription Shoppe Pharmacy, Green Clinic Pharmacy, Sterling Pharmacy, Ruston Apothecare



Claims

After your visit, the doctor or provider will send a bill to the insurance company for the charges. The insurance company will review the doctor's statement and determine the payment for each itemized procedure. The insurance company will then send you an Explanation of Benefits. This is not a bill. It is a notification of what the insurance company will pay your doctor.

The doctor will receive payment from the insurance company and then bill you for any amount not covered by the insurance. You must pay for any amount the insurance company does not cover. If you do not pay, it will affect your credit and possibly your visa status. Note: Most charges are covered at 100% (after copay and deductible) if you use a Cigna Choice Fund PPO provider.

In most cases, the provider will submit the claim for you. If you are required to pay for services up front, you will need to complete a claim form to be reimbursed by the insurance company. Download a claim form from

<https://www.studentinsurance.com/Client/2249>

and send the completed form with all bills and receipts for medical treatment to:

Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369



What if I am outside Louisiana or the U.S. and need medical treatment?

Coverage is worldwide; however, any treatment, services, or supplies incurred or received in your Home Country are not covered.

Questions? We are happy to assist!

Please contact Compass if you have any questions about **enrollment, eligibility or fulfillment** at:

(781) 356 -1999

(Monday–Friday, 9:00 a.m. to 8:00 p.m. Eastern Time)

For any **medical benefit or claim questions**, please contact Wellfleet at:

(877) 657-5030