



HEALTH & WELLNESS SERVICES



Health Insurance Requirement



- All students are required to have health insurance while attending CU Boulder.
- Those taking six (6) or more undergraduate credit hours or one (1) or more graduate credit hours are required to complete the health insurance requirement process.
- You are required to complete the insurance waiver process each fall.
- Your fall selection will carryover to spring.
- If you do not complete the insurance waiver requirement by the posted deadline, you will be default enrolled into the Gold Student Health Insurance Plan.
- Open enrollment begins in July and will close mid-September.
- There is not an option to add spouses or dependents to your plan.



Health Plan Options



Private Insurance

We will now be billing students' private insurance.



Gold SHIP

CU Gold Student Health Insurance Plan (SHIP)

Price: [see Health & Wellness Services](#)



BuffCare Supplement Program

Covers costs after 3rd party insurance is billed.

Price: [see Health & Wellness Services](#)



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Student Health Insurance Plan (SHIP)

Plan coverage

- The University of Colorado Boulder Gold Student Health Insurance Plan (SHIP) provides a full year of coverage.
- This plan provides comprehensive medical, mental health and prescription coverage. Vision and dental are also available through contracted providers in the Boulder community.
- Gold SHIP provides coverage for services on campus, as well as national and international coverage. Students can access care on campus through Health and Wellness Services, or off campus through a community provider.
- With Gold SHIP, select services on campus are available for little or no out-of-pocket costs, including primary care, counseling, physical therapy, nutrition and more.



Services available to you at the health center on campus



CU Gold SHIP provides 100% coverage for the following services provided by CU Boulder Health and Wellness Services:

- Primary care
- Labs and X-ray*
- Physical therapy
- Nutrition counseling
- Public health clinic
- Sexual and reproductive health
- Counseling appointments (limits may apply)
- Physical therapy visits (limits may apply)
- Chiropractic visits (limits may apply)

**Lab services must be ordered and managed by Medical Services. Labs sent to outside facilities may not be fully covered.*



In network vs out-of-network

Question:

What is the difference between in-network and out-of-network? I know it's more expensive to see a doctor who is out of my network, but why? How do I determine whether or not a given provider is in my network?

Answer:

In-network providers

Your health plan network includes doctors, specialists, hospitals, pharmacies, labs, and urgent care centers that are contracted by your health plan to provide you with care at lower rates. Providers in your plan are called [in-network](#), **participating**, or **preferred providers**. Anthem reviews doctors and facilities in your network to ensure they meet high standards of care. These contracted providers file your claims for you and help you request preapprovals, if needed.

Out-of-network providers

Healthcare professionals and facilities who are not contracted with your health plan are considered **out-of-network providers**. They can charge you any amount, which is generally higher than what in-network providers charge. You will typically have to file your own claims and request preapprovals, if needed.



How to find doctors in your network

- If you are enrolled in the Gold Student Health Insurance Plan (Gold SHIP), please visit [CU Gold Student Health Insurance Plan \(SHIP\) | Health & Wellness Services | University of Colorado Boulder](#) for details about how to find in-network providers.
- If you have private insurance, your carrier will have a “find care” tool to verify in-network providers.
- When you schedule an appointment, **always** confirm that the doctor or facility is in-network. Doctors who say they “accept” your coverage aren’t necessarily in your plan network, and you could end up paying more than you should.



Difference between urgent care vs. Emergency room

Urgent Care

Urgent care is ideal for when your doctor's office isn't open, and for treating your minor accidents and illnesses such as:



Minor fractures, sprains, and dislocations



Cuts or bad scrapes needing stitches or expert bandaging



Flu symptoms including nausea, high fever, body aches, sore throat and more

Emergency Room

Choose the ER if you think you have a life-threatening condition, such as:



Heart attack symptoms: chest pain, difficulty breathing, shooting pains down an arm or leg



Stroke symptoms: slurred speech, weakness or numbness on one side, loss of vision or difficulty balancing



Head trauma, severe cuts and abrasions with uncontrolled bleeding, serious allergic reactions



Which is better in case of emergency: Hail a cab or Call an ambulance?



Choose a cab or uber:

If you can get to the nearest health facility under 10 minutes.

If you can drive without worsening your current situation, then do it.



Choose an ambulance:

If you are suffering from pain and driving is beyond your capacity at the time.

If you are in a grave situation wherein one's life could depend on your decision.



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TIPS FOR YOUR COLORADO STAY!



- **DRINK WATER**

- Before your trip to Denver, and while you are here, drinking plenty of water is the number one way to help your body adjust easily to our higher altitude. The low humidity in Colorado keeps the air dry, like the desert, so you need about twice as much water here as you would drink at home.



- **MONITOR YOUR ALCOHOL INTAKE**

- Alcoholic drinks pack more of a wallop than at sea level. It is recommended that you go easy on the alcohol in the mountains and in Denver, as its effects will feel stronger here.



- **EAT FOODS HIGH IN POTASSIUM**

- Foods such as broccoli, bananas, avocado, cantaloupe, celery, greens, bran, chocolate, granola, dates, dried fruit, potatoes and tomatoes will help you replenish electrolytes by balancing salt intake.



- **WATCH YOUR PHYSICAL ACTIVITY**

- The effects of exercise are more intense here. If you normally run 10 miles a day at home, you might try 6 miles in Denver.



- **PACK FOR SUN**

- With less water vapor in the air at this altitude, the sky really is bluer in Colorado. But there's 25 percent less protection from the sun, so sunscreen is a must. Denver receives over 300 days of sunshine each year (more than San Diego or Miami). Bring sunglasses, sunscreen, lip balm... even in winter.



- **DRESS IN LAYERS**

- Two days before your trip to Denver, check the weather and use this information to pack appropriately. Because the sun is especially powerful in Denver, it can feel much warmer than the actual temperature during the daytime, but then become very chilly after sundown, particularly in the Spring and Fall. It is best to layer your clothing.



Claim vs Bill



What is a Claim?

Simply put, a claim is what a doctor submits to your insurance company so they can get paid. It shows the medical services that were provided to you.

What is a health insurance bill?

A health insurance bill shows what services were used and the total amount the insured individual needs to pay.

Need to dispute a bill?

If a provider does not agree with the outcome of a claim determination, the provider may appeal the decision by using the claim payment appeals process. If there is a full or partial claim rejection or the payment is not the amount expected, submit a claims appeal. The appeal must be received by Anthem Blue Cross (Anthem) within 365 days from the date on the notice of the letter advising of the action.



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Tips for Your Doctor Visit

- Write down a list of questions and concerns before your exam.
- Consider bringing a close friend or family member with you.
- Speak your mind. Tell your doctor how you feel, including things that may seem unimportant or embarrassing.
- If you don't understand something, ask questions until you do.
- Take notes about what the doctor says, or ask a friend or family member to take notes for you.
- Ask about the best way to contact the doctor (by phone, email, etc.).
- Remember that other members of your health care team, such as nurses and pharmacists, can be good sources of information.





Affordable Care Act (ACA)

- **What is the Affordable Care Act?**
 - In 2010, the Affordable Care Act (ACA) was created to help expand healthcare coverage and decrease healthcare costs.
- **What are the basics of the Affordable Care Act?**
 - To make affordable health insurance available to more people.
- **Where do I apply for health insurance under the ACA?**
 - Depending on where you live, you'll apply for benefits there through the ACA Health Insurance Marketplace or you'll be directed to your state's health insurance marketplace website. Marketplaces, prices, subsidies, programs, and plans vary by state.
 - [Connect for Health Colorado](#) is Colorado's Official Health Insurance Marketplace. Enrollment is now open for 2022 health insurance. Nov 1, 2021-Jan 15, 2022 is the time when you can sign up for a health insurance plan if you don't have coverage, or to change or renew your current health insurance coverage



Enrollment Period / Process

➤ Open Enrollment for fall

- Fall
- **Coverage period:** August 1–December 31
- **Open enrollment period:** mid June–mid September
- **Enrollment deadline:** [Please see Health & Wellness Services for enrollment dates](#)
- **Cost:** [Please see Health & Wellness Services for cost](#)

➤ Open Enrollment for spring

- Spring
- **Coverage period:** January 1–July 31
- **Open enrollment period:** mid December-early February
- **Enrollment deadline:** [Please see Health & Wellness Services for enrollment dates](#)
- **Cost:** [Please see Health & Wellness Services for cost](#)



Common Insurance Terms 101

Claim: A request by you for the insurance company to pay medical expenses that are covered under the insurance policy. If the provider of a medical service is in network, they will file the claim for you.

Coinsurance: A provision of the insurance by which the covered person and the insurance carrier share in a specified ratio the eligible hospital or medical expenses resulting from a sickness or accident, (e.g. 80%:20%; the insurance carrier paying 80%, the insured person paying 20%). Coinsurance typically comes after the deductible, but not always.

Copayment: A specified dollar amount a Covered Person must pay for specified services, typically for office visits, urgent care, and ER visits.

Covered Person: A Covered student and his or her dependent(s) insured under the Policy.

Deductible: The cumulative amount that you must pay annually before benefits will be paid by the insurance company. If the insurance policy indicates a "\$500 deductible," the insurance company pays as agreed after you pay the first \$500.

Explanation of Benefits (EOB): The statement you receive from the insurance company showing the services, amounts paid by the plan and total for which you are being billed.

In-Network: Defines providers or health care facilities that are contracted with a particular network and have negotiated discounts with the participants of that network.

Out-of-Network: Defines providers or health care facilities that are not contracted with a particular network and do not have negotiated rates or discounts with that particular network.

Preferred Provider Organization (PPO): A type of managed care health insurance plan that utilizes a network of physicians and facilities contracted by the insurance carrier to provide services for a negotiated price bound by contract. Utilizing PPO providers helps to keep the out of pocket costs lower to you overall and claims costs lower to the insurance plan.



If you have any questions, please reach out!

Student Health Insurance & Referrals

Wardenburg, Room 332

303-492-5107

studentinsurance@colorado.edu

For current information on **dates**,
deadlines, **costs**, and **more**, visit

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