

OVERVIEW OF HEALTH BENEFITS

for Fulbright Visiting Scholars

Medical insurance in the United States is organized on a private, fee-paying basis, and medical treatment can be quite expensive. Under the Fulbright educational exchange program, you are entitled to an exclusive health care program designed by the U.S. Department of State (USDOS) and administered by Seven Corners, Inc. This program, the Accident and Sickness Program for Exchanges (ASPE), is intended to cover medical expenses related to accidents, sicknesses, and emergencies that occur while you are participating in the Fulbright Program.

This handout is designed to give you a very basic introduction to using the ASPE plan. Please review the booklet *Your ASPE Guide to Health Care Coverage* for more detailed information. This reference booklet is included in your grant packet and is available online at www.usdos.sevencorners.com

Benefits in brief

Your ASPE health benefits start on the effective date of the grant as printed on your ID card. The ASPE health benefit plan is not an all-purpose health policy; it only covers treatment for accidents or illnesses that occur while you are on an active grant. It does not cover general check-ups, physicals, dental maintenance, or treatment for pre-existing conditions (i.e., conditions that existed prior to your ASPE coverage, even if you never sought treatment before). Please carefully review the benefits and exclusions of coverage, which are explained on pages 9-14 of *Your ASPE Guide*.

Please note that ASPE is for grantees only; accompanying dependents are not covered. However, you are required to obtain health insurance for any family members who will accompany you to the United States on a J-2 visa. See section 11 of the *Guide for Visiting Fulbright Scholars* for more information.

Important concepts in U.S. healthcare

In addition to understanding the benefits, procedures, and limitations of your ASPE coverage, you need to be aware of the following concepts related to health benefits coverage in the United States.

Co-pay

You are responsible for a \$15 co-pay for all office visits, emergency room (ER) visits, urgent care, and hospitalizations. All providers will require you to submit the \$15 co-pay during your medical visit. The co-pay amount is pre-printed on your ASPE identification card. During your grant period, the maximum cumulative amount you that you can be responsible for in paying in co-pays is \$500. You will be refunded any co-pays that exceed this limit (once you submit receipts as proof of payment).

Preferred Provider Organization (PPO)

The ASPE health benefit plan contains a Medical Provider Network inside the United States. A Medical Provider Network or Preferred Provider Organization (PPO) is a network or group of doctors and hospitals that have entered into an agreement with Seven Corners to accept discounted fees for medical services. It is in your best interest to go to a provider in the Network because you will not have to pay out-of-pocket fees and your claims for services will be billed directly to Seven Corners. In addition, if you use a provider in the PPO with your ASPE coverage, the provider cannot bill you for any covered benefits except the \$15 co-pay for office visits, ER care, urgent care, or hospitalizations.

If you go to a provider outside of the network, you will be responsible for any charges beyond the \$15 co-pay. You may have to submit full payment at the time of service, and then submit a claim to ASPE. Your reimbursement will be based on what are known as usual, customary and reasonable charges.

Usual, customary, and reasonable charges (UCR)

Any time you go to a health care provider outside the PPO network associated with your ASPE coverage, UCR charges apply. These charges are the “going rate” that providers in your area charge for a service. Specifically, a *usual* fee is the amount regularly charged for a specific procedure; a *customary* fee is a fee that falls within the range of fees that most doctors in the area charge; and a *reasonable* fee is one that is justifiable considering any extraordinary circumstances or unusual conditions involved. If you receive care from an out-of-network provider that is determined to be beyond what is usual, customary, and reasonable, you may incur additional charges.

To care for a sore throat, for example, you may go to an out-of-network provider who charges \$150 for the office visit. You would pay the \$15 co-pay and, if the provider requests full payment at the time of service, you would pay the remaining \$135 during your visit as well. You would then submit a claim to ASPE for reimbursement. If the actual UCR charges for the office visit are only \$90, ASPE would send you a check for that amount. You would not be reimbursed for the other \$45. In the same example, the out-of-network provider may submit a claim directly to ASPE for the \$135 (after your \$15 co-pay) instead of requesting full payment from you at the time of service. ASPE would pay the provider \$90 to cover the UCR charges, and the provider will likely then send you a bill for the remaining \$45. In either case, the \$45 is your out-of-pocket expense for going outside the network. To avoid such charges, it is in your best interest to seek care only from providers in your PPO network.

Using ASPE coverage

Prior to your arrival in the United States, CIES will mail your ASPE identification (ID) card to you in care of your faculty associate at your host institution. Please use the ID card when making appointments with providers, using Urgent Care or ERs, and when filling a prescription at a pharmacy.

In the U.S., for all states except *Colorado, New York, New Jersey* and *Utah*, when you call a doctor’s office for an appointment or present your ID card to a provider, it is important for you to say:

“My healthcare coverage utilizes the ChoiceCare PPO Network.
Are you a ChoiceCare Provider?”

In *Colorado, New York, and New Jersey*, when you call a doctor’s office for an appointment or present your ID card to a provider, it is important for you to say:

“My healthcare coverage utilizes the Beechstreet PPO Network.
Are you a Beechstreet Provider?”

For providers in *Utah* please call Seven Corners customer service toll free 1-800-461-0430.

All ASPE claims and inquiries regarding coverage should be addressed to:

Seven Corners

P.O. Box 3724
Carmel, IN 46082-3724
www.usdos.sevencorners.com
ASPEinfo@sevencorners.com

Tel: 800-461-0430 (toll free; use when inside the U.S.)
Tel: 317-818-2867 (collect; use when outside the U.S.)
Fax: 317-575-6467