Insurance

Can I get health insurance?

The Board of Regents of the University System of Georgia has announced a mandatory insurance requirement. All international students (graduate or undergraduate), and all graduate assistants are required to have US health insurance coverage. CSU has no way to verify foreign health insurance policies.

You will be automatically enrolled in coverage upon class registration and the premium will be added to your account.

Option to WAIVE the SHIP Policy:

Students may request a wavier by purchasing a policy that is equivalent to an Affordable Care Act compliant health insurance policy.

Waiver instructions will be emailed to each student.

If you do not enter a waiver within the defined waiver period you will continue to be charged for the SHIP plan price.

Athletes - Please work with Julio Llanos on your enrollment - You must purchase a policy that includes the Athletic Waiver and provide a copy of your purchased coverage plus Athletic rider to Julio.

SHIP Enrollment

If you choose to purchase the SHIP plan and pay the invoiced amount on your student account you must:
Accept/Verify Enrollment. To print an insurance card or find additional information about your coverage, please confirm your enrollment at United Healthcare Student Enrollment.

Use the Enrollment Form link near the bottom of the page. This will ensure that your enrollment information is correct and will prevent delays if you need to use your insurance benefits.

Important - Print Your Insurance Card

All plans require that you print your insurance card (or have on phone) in order to receive care at a medical facility.

After you have enrolled in one of the plans, you will need to log in to your account and follow instructions to print your insurance card.

Print the card and carry it with you at all times or save a copy to your phone!

You should review the web site thoroughly to find out the best way to use your health care coverage. You will want to see an "In-Network" provider rather than an "Out-of-Network" provider to obtain the best coverage. These terms are explained below.

If you are sick, you should consult the on-campus Student Health Center first before going to a doctor. It will be less expensive.

How to Use Your Insurance

As with most insurance plans, your doctor or hospital files a claim with the insurance company for you after you receive treatment. This claim is reviewed and if the treatment is covered, they will make payments to your doctor or hospital. Most

insurance companies do not cover 100 percent, so you will most likely receive a bill from the doctor or hospital for the portion of expenses that were not covered.

Looking For a Doctor

If you become ill, you should first go the Columbus State University Health Center if possible. They have professional nurses, doctors, and a physician's assistant on campus Monday through Friday. If they are unable to assist you they can advise you on your next step for treatment.

Before going to a doctor off campus, you can also do comprehensive search for doctors and facilities by going to the insurance company's website. You can also call the number listed on your insurance card to see if a provider is part of your plan. It is important to check this before going or you may be responsible for all or a larger portion of the charges.

Insurance Terms

Claim - A written request for payment by the insurance company of medical expenses that are covered under an insurance policy.

Co-payment - After the deductible is paid, this is the amount of covered expense that must be paid by the insured individual. For example, you might have to pay a $20 co-payment each time you see a doctor.

Deductible - The portion of a covered expense that must be paid by the insured person before the insurance company pays its portion of the expense.

Exclusion - Any condition or expense for which, under the terms of the policy, no coverage is provided and no payment will be made.

Insurance Premium - The amount of money you have to pay to get coverage with an insurance company for a set period of time.

Provider - the medical facility that is providing your care.

In-Network provider - an in-network provider is a medical doctor or facility that has a negotiated rate with your insurance provider and is part of your insurance plan.

Out-of-Network - if the provider is not part of your plan then they are called out of network and you will incur more or all of the costs to go to one of these providers.