

## WHAT DOES THIS MEAN?

**Allowed Amount:** The maximum amount a plan will pay for a covered health care service. May also be called “eligible expense”, “payment allowance”, or “negotiated rate”.

**Claim:** A request for payment that you or your healthcare provider submits to your health insurer when you get items or services.

**Coinsurance:** Your share of the cost for a covered health care service, usually calculated as a percentage (like 20%) of the allowed amount for the service.

**Co-payment:** An amount you pay as your share of the cost for a medical service or item.

**Deductible:** The amount you owe for covered healthcare services before your health insurance or plan begins to pay.

**Exclusions:** Services that are not covered by a plan. A list of non-covered services should be listed in your policy literature.

**Explanation of Benefits (EOB):** A written statement from a health insurance plan explaining what costs it will cover for medical care or products you receive from a specific provider on a specific date.

**Network:** The doctors, hospitals, and suppliers an insurance company contracts with to deliver health care services to their members.

**Out-of-Network:** Providers, hospitals and other healthcare personnel which are not part of a health plan’s network. If a plan uses a network, insured individuals usually pay more when using an out-of-network provider.

**Out-of-pocket costs:** Your expenses for medical care that aren’t reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren’t covered.

**Preauthorization/Precertification/Prior Authorization:** Verifies the medical necessity of certain treatments. If a service requires authorization on a particular insurance plan, the insured is required to make sure the provider receives the authorization for services to be covered before the appointment.

**Premium:** The amount you pay for your health insurance or plan each month.

**Referral:** A formal recommendation made by a primary health care provider for a patient to get specialty medical services. Referrals are often necessary for specialty services/visits to be covered by the insurance policies.



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# HEALTHCARE COSTS & INSURANCE 101

# Q&A

Your guide to everything  
UHC Financial



University Health Center  
Student Affairs  
UNIVERSITY OF GEORGIA

# FAQs

## Frequently Asked Questions



### WHAT IS THE STUDENT HEALTH FEE?

The Student Health Fee is currently \$206 per semester and is assessed by the Bursar's/Student Accounts department for all full-time, on-campus students. The health fee covers regular medical office visits with the Primary Care Provider, the Gynecology Clinic, and CAPS after insurance is filed.



### WHAT IS HEALTH INSURANCE?

All healthcare services incur a cost. Health insurance helps cover some of those costs. Insurance plans differ as to the type of coverage and the amount covered. The amount a patient is responsible for is dependent on their health insurance policy, the services their health plan covers, and if the Health Center fee has been paid for the semester.



### DO YOU FILE INSURANCE?

Yes, we can file as a courtesy, even if the UHC is not in-network with your providers. The University Health Center will file charges to insurance companies or policies that are based in the domestic United States. Depending on a plan's coverages, insurance may not pay for everything submitted.



### IS THE UNIVERSITY HEALTH CENTER IN NETWORK WITH MY INSURANCE PROVIDER?

The University Health Center is in network with most of the major insurance carriers. Some preventive care services (like immunizations for travel) may not be covered. Always reference your insurance plan documents for a list of covered and noncovered services.



### CAN I GET STUDENT HEALTH INSURANCE FROM UGA?

UGA does offer a Student Health Insurance plan that is available to all UGA students. For more information visit [https://hr.uga.edu/students/students\\_home/](https://hr.uga.edu/students/students_home/).

The Student Insurance plan is administered by the UGA Human Resources department. The University Health Center is the primary care home for this plan. Students enrolled in the student health insurance must use the services of the University's Health Center first where treatment will be administered or a referral issued.



### CAN I FIND OUT WHAT A VISIT OR PROCEDURE WILL COST BEFORE MY APPOINTMENT?

You have the right to receive a Good Faith Estimate explaining how much your medical care will cost. For more information click on "Good Faith Estimate" on our homepage.

University Health Center  
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