



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

Educational Partners International, LLC Health Insurance - Plan E Plus Frequently Asked CLAIMS Questions

How long does it take to process my claim?

The claims process can take 30-60 days or more. Your claim cannot be processed until **ALL** documents have been received from you and from your Doctor. To expedite the claim process, please be sure your Doctor has a copy of your current VISIT® Plan E Plus UnitedHealthcare ID card, and please be sure the Doctor is aware that they need to submit your claim **along with your medical records** to UnitedHealthcare. Incomplete or improperly filed claims may be delayed or denied.

Common Problems with Claim Processing (and Recommended Solutions):

1. **No ID Card** - The UnitedHealthcare Insurance ID Card was not provided to the Doctor, and therefore the claim was not submitted to UnitedHealthcare. (Provide your Doctor with your current ID card and have the Doctor submit the claim promptly.)
2. **Wrong ID Card** - The wrong Health Insurance ID card was provided to the Doctor; therefore, the claim was not submitted to the correct Insurance company. (Provide your Doctor with your CURRENT ID card and have the Doctor submit the claim promptly.)
3. **DOCTOR Claim Form & Medical Records** – Your Doctor must submit a **DOCTOR** Claim Form to UnitedHealthcare. Frequently the Claims Office also will request that your Doctor provides your medical records to determine if your condition is a “pre-existing” condition. These records will be prepared by your doctor. If the Doctor’s Office is slow in providing these records, it will delay the processing of your claim. (Note: You may be asked to contact your doctor if they do not respond to the Claim’s Office Requests for medical records.)
4. **PATIENT Claim Form** – A **PATIENT Claim Form** also is required on all claims. This form is your responsibility and will need to be completed and submitted by you. The PATIENT Claim Form may be downloaded from our website at www.visitinsurance.com/epi.html, and please submit to the form Online through your MyIMG Account or by email at epi@visitinsurance.com.
5. **Deductible** – Your Plan has a \$100 Annual Deductible. For a covered medical expense, the Deductible is the portion of your medical bill that is your responsibility. Once your \$100 Deductible has been satisfied, In-Network medical expenses including prescriptions are paid at 100%. Please note, Out-of-Network medical expenses are paid at 80%/20% co-insurance. See #6 below.
6. **Co-Insurance** - Once your \$100 Deductible has been satisfied, In-Network medical expenses including prescriptions are paid at 100%. (Out-of-Network you are responsible for paying 20% of the first \$5,000 of medical expenses. After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expenses.)
7. **Prescription Reimbursement** – Prescription expenses are covered on a reimbursement basis, after the deductible and any applicable discount. Submit all prescription receipts along with a completed PATIENT Claim Form Online through your MyIMG Account or by email at epi@visitinsurance.com. Please be sure your Doctor has also submitted the DOCTOR Claim Form for the same prescription. The Claims Office must have both the PATIENT and DOCTOR Claim Forms and all receipts for your prescription expense to be reimbursed.
8. **Out of Network** - If you choose a doctor outside the UnitedHealthcare Provider Network, that Doctor typically will not file the claim for you. You will need to submit a PATIENT Claim Form along with the medical bills Online through your MyIMG Account or by email at epi@visitinsurance.com



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

If you receive a medical bill in the mail, we recommend that you forward a copy to the VISIT® Insurance Office at epi@visitinsurance.com so we can review the bill and make sure it has been submitted properly by your Doctor's Office. Please be sure to send the document as soon as it is received to avoid delays in processing your claim.

Common Reasons for Claim Denial:

- 1. Preventive Care is NOT Covered by Plan E Plus** - All Claims for Preventive Care (wellness visits and vaccinations) for EPI Teachers must be submitted to **Crescent Health Solutions at (828) 670-9145 extension 104**. Do not submit Preventive Care claims to UnitedHealthcare. **Preventive Care coverage is not offered for J2 Dependents.**
- 2. Pre-existing conditions are NOT covered by Plan E Plus** - Any Medical condition, sickness, Injury, Illness, disease that existed at the time of application or any time during the **36 months prior** to the effective date of coverage under this policy may be considered a pre-existing condition and the claim may be denied.

If you or one of your family members have a medical condition that you have been diagnosed with prior to your arrival in the USA, please consider upgrading your health plan to the SHA, ELITE or GEO BLUE Plans which do provide some coverage for pre-existing conditions. Examples of pre-existing conditions: Asthma, Hypertension, Cancer, Diabetes, chronic pain, fibroids, depression, ADD/ADHD or any condition you have been treated for in the last three years prior to the start date of the policy.

- 3. Maternity is NOT covered by Plan E Plus** - Maternity (including miscarriage and prenatal visits) is not covered by the Plan E Plus. If you require maternity coverage, please **upgrade** to the ELITE, SHA (if not yet pregnant) or GEO BLUE (if already pregnant) Plans as soon as possible.

Explanation of Benefits (EOB)

An explanation of benefits, or EOB, is a document that the Claims Office will send you after a doctor's visit or procedure to show the costs and coverage related to your medical treatment. **An EOB is not a bill.** It is a document to help you understand how much each medical treatment costs, how much your plan will cover, and how much you will have to pay when you receive a bill from your doctor or hospital. It includes the following information:

Dates of Service: The date you went to the doctor or hospital.

Service Code Description: What you were treated for at the doctor or hospital.

Total Charge: The amount charged by the doctor or hospital for services provided to you.

Not Covered: The portion of the amount billed that was not covered or eligible for payment under your plan. Examples include charges for services or products that are not covered by your plan, duplicate claims that are not your responsibility and any charges submitted that are above the maximum amount your plan pays.

Discount Amount: The amount you save by using a doctor, urgent care, hospital, etc. that are in the UnitedHealthcare Network.

Co-Payment: **\$15** Walk-In Clinics and **\$25** Urgent Care. The Copayment should be paid to the medical facility directly.

Deductible: The portion of submitted charges applied towards your deductible. Your deductible is the amount you need to pay once each year before your plan starts paying benefits. Your annual deductible is **\$100**. You will only be charged the deductible one time per year (August 1, 2019 – July 31, 2020).



VISIT[®] International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

Amount Subject to Coinsurance: A percentage of covered expenses you pay after you meet your deductible. In-Network, the insurance company will be 100% of eligible medical expenses after the deductible. Out-of-Network you are responsible for paying 20% of the first \$5,000 of medical expenses. After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expenses.

Patient Share of Coinsurance: The portion of the billed amount that is your responsibility.

Payment Amount: The portion of the billed amount that was paid by UnitedHealthcare.

The EOB also includes a Remarks Section, which will let you know if additional forms or information are needed to finalize your claim.

Common EOB “Remarks Section” Notes:

- **Your file has been closed due to a lack of response**
This means that additional information has been requested but the Claims Office has not received the information. The file can be reopened once the information is received.
- **Patient to submit a completed CLAIM Form**
You must complete a PATIENT Claim Form to process your claim. The PATIENT Claim Form can be submitted Online through your MyIMG Account or downloaded at www.visitinsurance.com/epi.html and submitted to epi@visitinsurance.com.
- **Charges pending receipt of medical records requested from provider**
Your Doctor must provide the medical records to UnitedHealthcare for your treatment to process your claim.
- **In order to process these charges, please submit on a HCFA/UB Form Indicating Standardized procedure (CPT) and Diagnosis (ICD) codes.**
These forms are standard forms that doctors use to file a claim with an insurance company. Your doctor should have these forms available. If they are not sure what to file or have questions, please have them call UnitedHealthcare at (888) 543-1238.
- **Your Policy does not cover expenses incurred for the treatment of a Pre-existing condition or sickness, as defined by your policy.**
Based on the medical records provided by your doctor, the condition was considered a pre-existing condition. If you do not agree with the decision, you may file an appeal. Please contact VISIT[®] at 703-660-9062 to discuss what information is needed to file an appeal.
- **Passport Copy/Please include entry and exit date stamp to establish eligibility.**
You will need to provide a copy of your passport to show when you arrived in the USA.
- **Patient to submit an accident/injury form.**
If you have been in an accident, the Claims Office may request that you provide a subrogation form that discloses if you have any additional insurance coverage and if you have contracted with an attorney.
- **Charges applied to your deductible.**
Your Plan has a \$100 Annual Deductible. For a covered medical expense, the Deductible is the portion of your medical bill that is your responsibility. Once your \$100 Deductible has been satisfied, the insurance company will pay 100% of covered medical expenses. Out-of-Network you are responsible for paying 20% of the first \$5,000 of medical expenses. After \$5,000 in medical expenses the Insurance company will pay 100% of covered medical expenses.



VISIT® International Health Insurance

Toll Free: 1-800-247-5575 • 1-703-660-9062 • 1-703-991-9164 Fax

www.visitinsurance.com/epi.html • epi@visitinsurance.com

- **Pending Receipt of Prescribing Physicians Claim**
Your doctor must submit a claim in order for the charges for lab work, prescriptions, and additional tests to be covered. The doctor's claim will show the medical reason why the additional tests and lab work was required.
- **Claim received after timely filing limit (90 days). No Benefits Available.**
All claims must be submitted within 90 days of treatment. Claims that are submitted after 90 days will require an appeal to reopen the claim process.

If you received a bill and are not sure why it has not been paid, please contact VISIT®:

If your claim is denied or you have a question regarding a bill that you received, you may contact VISIT® Insurance by email at epi@visitinsurance.com or by phone at 703-660-9062 to discuss the claim. We will need to know the **date you went to the doctor, the name and phone number of the doctor or medical facility, and the amount of the claim.** If you have received a bill, please email us a copy so we may review the bill.

You may also contact the Claims Office by email at insurance@imglobal.com or by phone at (800) 628-4664 with any questions you may have.

Discussing Treatment with your doctor.

Be sure the doctor is given accurate information about your medical condition. The Claims Office will review the Medical Records your doctor provides. To avoid misdiagnosis or complications with your claim, please be sure your doctor is understanding your symptoms and when they began.

How do I find a doctor in my area?

To find a local doctor, please go to <https://us1.welcometouhc.com> or you may contact VISIT® Insurance at epi@visitinsurance.com or by phone at 703-660-9062. Please be sure to let us know your zip code and the type of doctor you need.

What do I do if the Pharmacy tells me I have no coverage?

Be sure you have provided the Pharmacy with **both (Universal Rx and Ally)** of your **DISCOUNT Drug cards** and not your UnitedHealthcare card. If the prescription is eligible for a discount, it will be applied at the time of your purchase. If there is a remaining cost due after the discount, please pay the remaining balance to the pharmacy and keep the receipt. **To be reimbursed for the remaining balance of the prescription, please submit a PATIENT Claim Form with your receipt and a copy of your prescription.** The deductible and co-insurance apply.

Who do I call if I need a copy of my UnitedHealthcare ID card?

Please contact **VISIT® Insurance**

Email: epi@visitinsurance.com

Website: www.visitinsurance.com/epi.html

Phone: (703) 660-9062

You can also download your ID Card from your MyIMG Account. **To create your online account, go to** www.imglobal.com/member/login