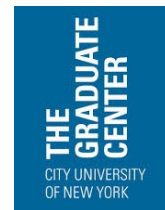


CUNY Graduate Center

Student Health Insurance and Selected Resources: A Guide

The material within is provided solely for informational purposes and is not intended to be an exhaustive review or to endorse, recommend, or otherwise favor any given health insurance plan or health resource option over another. Questions about health insurance or the contents of this guide should be addressed to GC Health Insurance Info or call the Student Affairs office 212-817-7400.

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Section A – GENERAL INFORMATION

INTRODUCTION

This guide to student health insurance and selected health resources is prepared by the Office of the Vice President for Student Affairs *solely for informational purposes* and is not intended to be an exhaustive review or to endorse, recommend, or otherwise favor any given health insurance plan or health resource option over another. It is prepared to aid you in understanding health insurance as you research the correct options for yourself and, as applicable, for partners and children. In addition to researching the options described in this guide, if you or your partner are employed, you should inquire about insurance coverage provided by the employer; and explore any group insurance plans offered through professional, alumni, and fraternal associations of which you may be a member.

A Note on General Costs for Insurance Coverage:

It is important to note that the costs of insurance policies are sometimes subject to change during the academic year by (usually) modest increments. In other words, the price for an insurance policy in September will most likely be lower than the price for the same policy in January. Also, in planning how to meet your needs for health insurance coverage, take into account that should the qualifying conditions for eligibility for a particular insurance plan end, the timing may be such that you do not immediately have another option for health insurance coverage.

Insurance Requirements

Report Minimum Essential Coverage

Many people already have minimum essential coverage. If this applies to you, you'll simply report your coverage when you file your tax return every year. If you and your family members all had minimum essential coverage for each month of the tax year, you will indicate this on your tax return by checking a box on Form 1040, 1040A or 1040EZ. No further action is required.

Minimum essential coverage includes:

- Most health coverage provided by your employer
- Health insurance purchased through a [Health Insurance Marketplace](#) in the area where you live, where you may qualify for financial assistance
- Coverage provided under a government-sponsored program for which you are eligible – including Medicare, most Medicaid, and health care programs for veterans
- Health insurance purchased directly from an insurance company

- Other health coverage that is recognized by the Department of Health & Human Services as minimum essential coverage.

Health coverage providers, the Marketplace, and some employers will issue Form 1095 information documents early in the tax filing season. If you receive these information forms you should keep them with your tax documents. The forms should not be filed with your tax return.

For any month that you or anyone in your family does not have [minimum essential coverage](#), you will need to claim or report a coverage [exemption](#) or make a [shared responsibility payment](#) when you file your tax return. Please check with your tax preparer or the IRS at <https://www.irs.gov/uac/am-i-eligible-for-a-coverage-exemption-or-required-to-make-an-individual-shared-responsibility-payment> To calculate the amount of your shares responsibility payment.

Who doesn't have to pay the penalty?

There are other reasons why people may not have to pay a penalty for not having health insurance. A list of people who may be exempt from the requirement to have health insurance or pay a penalty can be found at <https://www.irs.gov/affordable-care-act/individuals-and-families/aca-individual-shared-responsibility-provision-exemptions>

If you are approved for an exemption, it means you will not have to pay a penalty to the Internal Revenue Service (IRS) for not having health insurance. However, it also means that you will have to pay for the entire cost of your medical care.

Human Resources Administration's Office of Citywide Health Insurance Access (OCHIA)

The mission of OCHIA is to expand access to health insurance for all New Yorkers. The office works to ensure that uninsured New Yorkers who are eligible for public health insurance programs such as Child Health Plus and Medicaid are enrolled. It also helps to expand access to health insurance for the City's small businesses, sole proprietors and working individuals.

NYC Health Insurance Link (HI Link) (www.nyc.gov/hilink), provided by OCHIA, is a web-tool that allows small businesses and individuals to compare costs and benefits of private health insurance plans, screen themselves for public health insurance, and stay updated on health care reform. The site also helps New Yorkers learn what federal health care reform means to them, and understand their health insurance rights and responsibilities.

Which Applies to You?

A. I qualify for NYSHIP. *All three requirements must be met for Graduate Center students to be eligible for the New York State Health Insurance Program (NYSHIP) Student Employee Health Plan (SEHP) health insurance coverage:*

- a. Students must be matriculated in a doctoral program at the Graduate Center.
- b. Students must be employed at CUNY as Graduate Assistants A, B, C or D or as adjuncts (teaching– or non–teaching, lecturer or as CLT’s).
- c. Students must earn at least \$4,122 a year in one of those titles. If they are employed for just one semester, they must earn at least \$2,061 to be eligible.

Please note: Being eligible DOES NOT automatically enroll you in the NYSHIP health insurance program. Students wishing to enroll must complete an enrollment form and provide copies of their social security card, birth certificate or passport, and appointment letter. Additional documentation is required for those wishing to enroll dependents. Also, remember, you need to be a currently matriculated doctoral student at CUNY.

For more information see <http://www.gc.cuny.edu/Prospective-Current-Students/Student-Life/Health---Wellness/Health-Insurance> and http://web.cuny.edu/administration/ohrm/university-benefits/dshp/SEHP_Eligibility_Requirements.pdf

B. I am a full–time matriculated student at the CUNY Graduate Center and I do not qualify for NYSHIP (above).

You have a few options:

- A plan purchased from the New York Health Insurance Marketplace
 - Does NOT include dental. Limited vision discounts.
- Public Health Programs such as Medicaid (See Section B for details)
- Hospitalization–only coverage or Other Commercial or Group Options (See section E for details)

C. I cannot afford health insurance or am not a full time student, and don’t qualify for NYSHIP. What can I do?

- a. If you are under 26, you may be eligible to stay on your parent’s plan. Residents of New York may stay on a parent’s plan until age 29.
- b. You might want to consider a hospitalization–only policy through the Blue Cross Blue Shield TraditionPlus program (see Section E)
- c. Check if you qualify for group insurance through any other organization you might belong to (such as alumni or fraternal organizations)
- d. If you are not a NY State resident, you should see if NJ or CT has a program for its residents.

I have a few options for health insurance;

How do I choose a health plan?

The information in this section is intended to aid you in the sometimes overwhelming process of selecting the insurance plan that best suits you and your family. If you do not qualify for NYSHIP and are facing a choice over health insurance programs, these questions may help you make up your mind.

Things to consider while selecting a health insurance plan:

The following is intended to be used as a check-list that will help you consider the benefits offered by various health insurance plans. Because each plan is different, we encourage you to ask yourself these questions, as well as fill out the worksheet below before making a final decision for you and/or your family. After looking through this booklet, use the following check-list and worksheet to compare your options.

- **Will you be eligible for the NYSHIP program in the fall or in the future?**
 - See requirements for NYSHIP (section C) to determine eligibility
 - If you are not eligible now, but might be in the future, you may want to purchase insurance on a monthly basis to cover you and your family now until you are eligible for NYSHIP.
 - If you purchase a yearly plan now, you may end up over-paying.
 - If you are eligible for NYSHIP, you can stop reading now and skip to the NYSHIP section of this guide for information on benefits and enrollment. Or you can go directly to the GC Student Affairs office (room 7301) to enroll.
- **Can you get insurance from an association you belong to? Many of the following offer health insurance:**
 - Alumni Associations
 - Fraternities and Sororities
 - Workers or Professional Organizations
 - Honor Societies
- **Should you choose public or private health insurance?**
 - Does your monthly income and residency qualify you for Medicaid, Child Health Plus or the Insurance Marketplace public health insurance programs? (See Section B of this Guide)
- **Are you aware of all of the costs associated with the plan?**
 - Monthly premiums (cost you pay per month to be enrolled in the program)
 - Deductibles (charge you must accrue and pay at a doctor's office or hospital or for prescriptions before your insurance company will begin to pay their portion)
 - Co-pays (charge you must pay for every doctor's office or hospital visit)

- Co-insurance (percentage you must pay of every doctor's office or hospital visit; insurance plans that have a co-insurance policy normally pay 80% of the usual and customary charges after you pay the deductible)
- Prescriptions (Drugs prescribed by your doctor that you must purchase from a pharmacy)
- **HMO or PPO?**
 - A HMO is a Health Maintenance Organization. HMO's typically have lower premiums, but less choice of medical providers (patients must remain in-network for health care). Additionally, services such as MRIs generally need to be approved in advance by the insurance company. This means that your doctor and your insurance company have to agree on the plan for your health care before treatment/diagnosis can sometimes be given.
 - A PPO is a Preferred Provider Organization. PPO's provide greater choice of providers, but may have higher premiums. Generally in a PPO, the doctor is the only person who makes decisions about your health care and pre-admission isn't necessary for services such as an MRI.
- **Is your doctor and hospital in the network?**
 - Each insurance provider has a different network. Be sure to check their websites for your preferred medical professionals and hospitals before selecting your health insurance. Not every hospital in New York takes every medical insurance. After you choose your medical insurance, be sure to check and see which hospitals in NYC are in your network.
- **Does the plan cover your specific medical needs or conditions? The following services may not be covered by all plans:**
 - Prescription Drugs
 - Chiropractics
 - Dentistry
 - Alcohol and Drug Rehabilitation
 - Mental Health
 - Holistic and Wellness Services
 - Nutrition
 - Podiatry
 - Long-Term Care
 - Ambulances
 - Emergency Room Visits
 - In-Patient Hospital Care
 - Out-Patient Hospital Care
 - Treatment at a hospital by a doctor that bills individually
 - Annual Doctor's Examinations
 - Out-of-Network Services
- **Is the insurance for you only? Or do you need a plan for you, your spouse/partner and/or your child(ren)?**

- The costs change dramatically if you are considering a plan that includes your spouse/partner and/or child(ren).
- Remember that even if you select a private insurance for yourself, you may still be eligible to enroll your child(ren) in Child Health Plus (See Section B of this guide).
- Domestic partner coverage varies depending on provider. Be sure to find out if the program you select will insure your partner, too.

Health Insurance Plan Comparison Worksheet:

If you qualify for NYSHIP, you may skip this section. If you do not qualify for NYSHIP, you may want to use this worksheet to help you compare plans in this booklet, or plans that are available to you through other means such as alumni associations, professional organizations, honor societies, etc.

Directions: Fill in the names of the insurance plans that you are considering in the top row. Answer the questions for each plan in the column below where you wrote the plan name. Add up the total costs at the bottom to see what your annual estimate would be. You will have to estimate the cost of your co-pays, co-insurance and prescriptions. It is best to do an annual estimate, because some costs (such as co-insurance, co-pays or prescriptions) are not incurred monthly.

Plan Names →				
Do I meet the income requirement?				
Does this plan include care for my specific medical needs?				
Is my doctor in this network?				
Annual Premium	\$	\$	\$	\$
Annual Deductibles*	\$	\$	\$	\$
Annual Optional Major Medical	\$	\$	\$	\$
Annual Co-Pays (estimate)	\$	\$	\$	\$
Annual Co-Insurance** (estimate)	\$	\$	\$	\$
Annual Prescriptions (estimate)	\$	\$	\$	\$
Total Annual Cost	\$	\$	\$	\$

*Not all insurance plans have annual deductibles. An annual deductible is the amount you must spend on medical services before your insurance company will begin to pay. For example, an insurance plan with a low monthly premium may have a deductible you must meet before they begin to pay for their share of the co-insurance.

** Co-insurance is when the insurer and the insured share the cost (usually an 80%/20% split) after the deductible has been met. For example, if you had a hospital bill of \$20,000 – you would be responsible for \$4,000 and the insurance company would be responsible for \$16,000. Some insurance plans have this as an option in order to provide lower monthly premiums.

The Graduate Center Wellness Center

One set of health resources available to registered Graduate Center students, whether their academic programs are based at the Graduate Center building or largely at one of the other City University of New York campuses, is the Graduate Center Wellness Center, which consists of Student Health Services and Student Counseling Services. Their services are described below.

THE GRADUATE CENTER WELLNESS CENTER: Room 6422.

212-817-7020

Wellness@gc.cuny.edu

The Wellness Center is open Monday through Friday from 9am to 5pm, closed Fridays during the summer schedule period.

Student Health Services

The focus of the Wellness Center's Health Service has changed from prior years and is now devoted exclusively to serving as a resource for health information and education. Student Health Services provides health and wellness education, referral, and health information throughout the year, including presentations, workshops, health screening events and the yearly comprehensive Wellness Festival, held during the spring. Although students who are ill or require routine health care should seek service outside the Graduate Center, we can offer information and referrals to assist students in finding the health care they need.

The Graduate Center's Wellness Center no longer offers direct clinical patient care. If a student experiences a health emergency, they should notify Security at extension 7777 and/ or call 911.

Student Counseling Services

Student Counseling Services offers short-term individual counseling, consultations and referrals for individuals and couples, in addition to group counseling and workshops. Services are confidential and free of charge to matriculated GC students. Student Counseling Services offers workshops for graduate students focusing on such topics as reducing procrastination, managing stress, getting through writer's block, and exploring avenues to creativity. Student Counseling Services also offers individualized coaching/consultation sessions to assist students in finding more effective ways to work towards completing their dissertations. All programs are free of charge to matriculated students. Please visit the Wellness Center website, for a schedule of counseling groups, workshops, and walk-in hours, and for more information about Student Counseling Services.

Section B – PUBLIC HEALTH INSURANCE PROGRAMS

(If you qualify for NYSHIP, you may skip this section.)

Definitions:

There are four basic types of health insurance available: (1) Employer sponsored plans (e.g., NYSHIP. (2) publicly funded (e.g., Medicaid) or state sponsored (e.g., Child Health Plus or plans available through the Health Insurance Marketplace), (3) affiliated or group (e.g., professional organizations, fraternities, sororities), and (4) individual/private (see section E of this guide). Public health insurance is low-cost or free; affiliated or group health insurance mandates that insured persons belong to a specific group or organization and individual plans are available for anyone to purchase. Open-market/private individual insurance tends to be very expensive, as individuals do not have the power of a group to negotiate their premium rates.

Current Public State Sponsored Insurance Programs:

These are free or low-cost health insurance programs for individuals who are citizens or legal residents of the United States and meet certain income guidelines. Virtually **all children** in New York qualify, regardless of income or immigration status; adults must meet income requirements to qualify for coverage. State-sponsored programs may recognize domestic partnerships, but individual coverage for two adults, if qualified, may cost less than some group plans that do recognize domestic partnerships or offer plans for married couples.

Some of the different options currently available for public health insurance in New York State include Medicaid, Medicare, and Child Health Plus. All programs are designed for families and adults who cannot afford health insurance and whose incomes are below a certain level, except for Child Health Plus, which is designed to insure every child living in the state, regardless of their parents' income.

Medicaid

For individuals who meet certain requirements of income, resource, age, or disability. For information about eligibility and applications call 1-877-472-8411 or visit their website at http://www.health.state.ny.us/health_care/medicaid/index.htm. Applications and assistance in filling them out can also be obtained by calling New York Health Options at 1-855-693-6765. Residents of the Five Boroughs may also call 311 for more information or contact the Human Resources Administration directly by calling 1-718-557-1399.

Child Health Plus

This option provides health coverage to uninsured children who are not eligible for Medicaid. To be eligible for either Children's Medicaid or Child Health Plus, children must be under the age of 19 and be residents of New York State. Whether a child qualifies for Children's Medicaid or Child Health Plus depends on gross family income. Premiums are on a sliding fee schedule according to family income. Parents can enroll their children in Child Health Plus and insure themselves separately if they do not qualify for public insurance. For further information, visit you can apply for Child Health Plus coverage through the New York State of Health Marketplace: <https://nystateofhealth.ny.gov/> .

There is no monthly premium for families whose income is less than 1.6 times the poverty level. That's about \$711 a week for a three-person family, about \$858 a week for a family of four. Families with somewhat higher incomes pay a monthly premium of \$9, \$15, \$30, \$45, or \$60 per child per month, depending on their income and family size. For larger families, the monthly fee is capped at three children. If the family's income is more than 4 times the poverty level, they pay the full monthly premium charged by the health plan. There are no co-payments for services under Child Health Plus, so you don't have to pay anything when your child receives care through these plans.

To see whether you have to pay a premium for coverage, consult the Child Health Plus eligibility table on the next page.

Child Health Plus 2019 Income Levels for Select Poverty Guidelines						
Premium Categories	Monthly Income by Family Size*					
	1	2	3	4	5**	Each additional person, add:
Free Insurance	\$1,665	\$2,254	\$2,843	\$3,433	\$4,022	\$589
\$9 per Child per Month (Max of \$27 per family)	\$2,311	\$3,129	\$3,947	\$4,764	\$5,582	\$818
\$15 per Child per Month (Max of \$45 per family)	\$2,603	\$3,523	\$4,444	\$5,365	\$6,286	\$921
\$30 per Child per Month (Max of \$90 per family)	\$3,123	\$4,228	\$5,333	\$6,438	\$7,543	\$1,105
\$45 per Child per Month (Max of \$135 per family)	\$3,643	\$4,933	\$6,222	\$7,511	\$8,800	\$1,290
\$60 per Child per Month (Max of \$180 per family)	\$4,164	\$5,637	\$7,110	\$8,584	10,057	\$1,474
Full Premium per child per Month	Over \$4,164	Over \$5,637	Over \$7,110	Over \$8,584	Over 10,057	Over \$1,474

* Pregnant women count as two.

**For families with more than 5 children, see the website for income limits.

Above data can be found at:

https://www.health.ny.gov/health_care/child_health_plus/eligibility_and_cost.htm. The complete chart on the website lists monthly income for families with up to 8 children. The website also provides a chart of Children's Medicaid 2019 Income Eligibility Levels for children under 1 year, and children between 1-18 years; for families of 1 to 8 children.

The Individual Marketplace: Health Insurance Marketplace in New York

New York State of Health, the Official Health Plan Marketplace, is a way for people to shop for, compare and enroll in health coverage. It is also the only place to get a new kind of financial assistance provided by the federal government to lower the cost of your health coverage. If you live in New York, the New York Health Benefit Exchange is the Health Insurance Marketplace to serve you. Instead of www.HealthCare.gov, you'll use the New York Health Benefit Exchange website to apply for coverage, compare plans, and enroll. Visit <http://healthbenefitexchange.ny.gov/> to learn more.

Covered Services: All plans offered on the Marketplace cover 10 Essential Health Benefits:

- Ambulatory Patient Services
- Emergency Services
- Inpatient Care
- Maternity and New Born Care
- Mental Health and Substance Use Services
- Prescription Drugs
- Rehabilitative Care
- Laboratory Services
- Preventive, Wellness and Chronic Disease Management
- Pediatric Services, including vision care

Standard and Non-Standard Plans: NY State of Health offers two types of plans: standard plans and non-standard plans. To make it easier to compare options, standard plans cover the same services and have the same out-of-pocket costs regardless of the insurer. The primary differences are the monthly premium charged by the insurer, the insurer's provider network and prescription drug formulary, and the plan's quality rating.

Non-standard plans were designed to give you additional choices. Non-standard plans cover the same ten Essential Health Benefits as the standard plan, but they may also cover extra services like dental and/or vision care for adults. Non-standard plan may also have different out-of-pocket costs.

To shop in the Marketplace, you:

- Must live in New York
- Must be a U.S. citizen, national or lawfully present immigrant (Different immigration rules may apply if you are eligible for Child Health Plus or NYS Medicaid based on your income)
- Cannot be currently incarcerated.

The typical open enrollment period for the NY State of Health is November 1–January 31. However, if you have a qualifying event (see below) you may be eligible to enroll earlier. To view health insurance options available on the Exchange, visit the NY State of <http://healthbenefitexchange.ny.gov/> website or call 1–855–355–5777.

Individuals and families can enroll in a NY State of Health before November 1 if they have had a Qualifying Life Event.

Qualifying Life Events Eligible for a Special Enrollment Period:

- Losing job–based health insurance
- Moving permanently to New York State or moving within the State that makes new health plans available to you
- Getting married or entering into a domestic partnership
- Getting divorced or legally separated
- Getting pregnant – pregnancy is certified by a health care practitioner
- Having a baby or adopting of a child, or placement of a child in foster care
- Becoming eligible or ineligible for financial help to pay for your Qualified Health Plan coverage
- Becoming a US citizen, national or [lawfully present individual](#)

What is available through the individual marketplace?

The Marketplace gives you an easy way to compare health insurance plans so you can choose the one that's right for your health needs and your budget. Health insurance offered through the Marketplace will include a comprehensive set of benefits and coverage. Plans vary from low premium/lower coverage (the catastrophic plan http://info.nystateofhealth.ny.gov/sites/default/files/Standard%20Catastrophic%20Product_0.pdf) to the high premium/maximum coverage (platinum plan). Each individual must choose their plan (e.g., catastrophic, bronze, silver, gold, platinum <http://info.nystateofhealth.ny.gov/sites/default/files/Standard%20Products.pdf>) and provider http://info.nystateofhealth.ny.gov/sites/default/files/Health%20Plan%20Provider%20Networks_3.pdf (e.g., EmblemHealth, Empire Blue Cross/ Empire Blue Cross Blue Shield, Healthfirst New York).

Please see <http://www.governor.ny.gov/assets/documents/Approved2019HealthInsuranceRates.pdf> for average rates per county– your premium will depend on your income and plan/provider.

The Essential Plan

In 2019 you can also choose the Essential plan which is quality health insurance offered to working adults with lower incomes who do not qualify for Medicaid.

It costs much less than other health plans and it offers the same essential benefits.

<u>Household size</u>	<u>Most you can make</u>
1	\$24,280
2	\$32,920
3	\$41,560
4	\$50,200

Cost

Either \$20 a month per person — less than a dollar a day or NOTHING.

It has NO DEDUCTIBLE, so the plan starts paying for your health care right away.

You get FREE PREVENTIVE CARE like routine doctor exams and screenings to keep you healthy.

If offers the same services covered by other plans:

- doctor visits, including specialists
- tests ordered by your doctor
- prescription drugs
- inpatient and outpatient care at a hospital

You may enroll during the official enrollment period or any time after because enrollment for the Essential Plan is open ALL YEAR LONG.

Please note that many plans offered through the NY State of Health Marketplace DO NOT provide benefits for out-of-network providers.

Coinsurance and the New York Health Benefit Exchange

Many plans offered on the New York Health Benefit Exchange are “coinsurance” plans. This means that they cover a percentage of the “usual and customary” charges for most services. Therefore, if you chose this plan, you should be aware that if you go to the doctor or hospital, you will have to pay a percentage of the cost, plus the deductible. As hospital bills can easily be in the thousands of dollars, a co-insurance plan which may be costly in the long run is a great risk to take.

Enrollment Facilitators for Public and State Sponsored Programs

An enrollment facilitator is a person who can help you negotiate the web of state and public health insurance programs. He or she is generally a social worker and does not charge a fee for services. Some enrollment facilitators may work for an HMO and therefore may encourage enrollment in one HMO over another.

You can get more information about enrolling in health insurance either online, by phone, or in person from the New York Human Resources Administration's Office of Citywide Health Insurance Access (OCHIA) Health Insurance Coverage Application Assistance.

If you'd like to get information online, visit www.nystateofhealth.ny.gov or call 311 or (855) 355-5777. To get help in person, you can make an appointment to meet with an assistor <http://www1.nyc.gov/apps/311utils/providerInformation.htm?serviceId=3820>

Family Planning Benefit Program

The Family Planning Benefit Program (FPBP) is a **free** and completely **confidential** New York State program that provides family planning services to teens, women and men who meet certain income and residency requirements, and who are not enrolled in Medicaid or Family Health Plus.

https://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenefit.htm

Eligibility Criteria:

You are a female or male of childbearing age;

- You are a New York State resident;
- You are a U. S. citizen*, national**, Native American, or have satisfactory immigration status;
- You meet certain income requirements (currently under 223% of the Federal Poverty Level) ; and
- You are not already enrolled in Medicaid.

The chart below shows how much income you can receive in a month and still qualify for the FPBP. The income levels depend on the number of your family members who live with you.

2019 Income Levels*

Number in Family	Monthly Gross Income
1	\$2,322
2	\$3,143
3	\$3,964
4	\$4,786
5	\$5,607
6	\$6,428
7	\$7,250
8	\$8,071

For each additional person, add: \$822

- *Income levels are subject to yearly adjustments.

Gross income refers to the income before any taxes or deductions are taken.

Only the income of the person applying will be used in the eligibility determination.

Family Planning Services include:

- Most FDA approved birth control methods, devices, and supplies (e.g., birth control pills, injectables, or patches, condoms, diaphragms, IUDs)
- Emergency contraception services and follow-up care
- Male and female sterilization
- Preconception counseling and preventive screening and family planning options **before** pregnancy
- Transportation to family planning visits
- Retroactive coverage (up to 3 months, if eligible)

The following additional services are considered family planning only when provided within the context of a family planning visit **and** when the service provided is directly related to family planning:

- Pregnancy testing and counseling

- Comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated (**Mammograms are not covered**).
- Screening and treatment for sexually transmitted infections (STI's)
- Screening for cervical cancer and urinary tract or female-related infections
- Screening and related diagnostic laboratory testing for medical conditions that affect the choice of birth control, e.g. a history of diabetes, high blood pressure, smoking, blood clots, etc.
- HIV counseling and testing
- Counseling services related to pregnancy, informed consent, and STD/HIV risk counseling
- Bone density scan (**only for women who plan to use or are currently using Depo-Provera**)
- Ultrasound (**to assess placement of an intrauterine device**)

If you are eligible for the FPBP, you will receive a Common Benefit Identification Card (CBIC), if you do not already have one, which must be used each time you need covered Family Planning services. Recipient co-pays are not required for covered Family Planning Services. Family Planning Benefit Program recipients are exempt from Managed Care Health Insurance Plan enrollment.

Dental Plans and State Sponsored and Public Programs

Many state sponsored or public insurance programs do not include dental insurance. See Section F of this guide for information on finding affordable and comprehensive dental coverage. If you have the NYSHIP insurance plan, it does include minimal dental coverage. See Section C for details.

Internationals and Visiting Fellows (postdoctoral scholars) and Public Programs

H-1B, F-1 and J-1 visa holders who are on work visas, student visas, and exchange programs who have been in the country for less than five years are eligible to buy insurance through the health care exchange.

The health insurance mandate is controlled by IRS. According to IRS, you must be considered as Resident-Alien for Tax purpose to enforce Health Insurance Mandate.

<http://www.irs.gov/uac/Questions-and-Answers-on-the-Individual-Shared-Responsibility-Provision>

A number of policies are available specifically for international students and visiting postdoctoral scholars; these may also be used by American citizens and permanent residents when they are traveling, studying, or planning research abroad. (See Section D in this guide.) Eligibility varies for visiting postdoctoral scholars.

Student income and publicly funded health insurance

Enrollment facilitators may be unfamiliar with how student income from fellowships and student loans are counted toward income eligibility requirements. Student tuition and fee awards, or the part of an award designated for tuition and fees, as well as tuition and fee amounts deducted from awards by CUNY before disbursement to a student, are not generally counted toward income when determining eligibility. Questions about classification of awards may be directed to the Office of Fellowships and Financial Aid. Note that eligibility for publicly funded healthcare is dependent upon your current earning status and assets. If, therefore, you are a student with a fellowship who may previously have been employed but are not currently employed, your application will be based on your fellowship stipend and/or assets, not on your expectation of possible future employment and earnings. If you are a student new to New York, you would probably want to sign up immediately after becoming a student and meeting the requirement of being a New York State resident living in either New York City or Long Island.

Local Health Clinics and Social Workers

Local Health Clinics (see section I of this guide) such as the Ryan Center and the Callen Lorde Center in NYC have social workers who act as Enrollment Facilitators. Call the center of your choice for an appointment with a social worker. Additionally, these centers tend to have information on public programs that serve various needs – for example family planning health care programs or breast health programs.

The Children's Aid Society

The Children's Aid Society helps children and families enroll in New York's government-sponsored health insurance programs: Medicaid and Child Health Plus. This program guides New York City families and individuals through the application process from start to finish, ensuring that all eligible applicants receive coverage. For more information please call 212-949-4800.

Section C – GROUP HEALTH INSURANCE POLICIES

General Information on Affiliated or Group Insurance Policies

Definition

An affiliated or group insurance policy is one that you can join because you are a member of a certain group. If these plans do not fit your budget or needs, consider what other groups you belong to. Perhaps you belong to a professional organization, fraternity or sorority, can get insurance through an honor society or a partner or spouse's affiliation or employment.

The Graduate Center does not provide health insurance

The Graduate Center does not provide insurance coverage for matriculated students (there is no mandatory health insurance at the GC), and is not responsible for the policies or actions of the insurance companies. Students are not restricted to using any of the listed policies, but this list of companies should give students several practical examples of what is available in the marketplace. Therefore, it is crucial to understand the terms of the policies and, when in doubt, to phone the company (or their representative). Students will be dealing directly with their own insurance company after filling out application forms and sending these to the company of choice. General questions may be addressed to the Office of the Vice President of Student Affairs at 212-817-7400. Specific questions about benefits, enrollment, claims, coverage, payments, eligibility, etc. should be directed to the insurance companies.

Some Advice on How to Choose a Plan

If you qualify for a public plan (Section B), you may find that these plans are the most cost-effective and most comprehensive of the plans available to you (mainly because they offer prescription drug coverage, include payment for full hospitalization and are less-expensive). Determine whether you and/or your children/family members qualify; if you do, it may be your best option.

If you and/or your spouse/partner do not qualify for a publicly funded program, you may consider having your children enroll in Child Health Plus (Section B) and selecting a group or affiliated plan for yourself (this section). Use the worksheet at the beginning of this booklet (Section A) to help you compare your options. It is important to select a plan that best meets your budget and medical needs. If you are having a difficult time selecting a plan, make an appointment to speak with someone in the Student Affairs office.

If you remain uninsured or under-insured (for example if you use a co-insurance plan), community health clinics (see Section I) or the Wellness Center (see Section A) can provide basic affordable care. Many of them offer services to the uninsured that are based on your

income (the sliding scale tends to begin around \$30/visit). Remember: without insurance you would be without coverage for hospitalization. Hospitalization fees can exceed thousands of dollars in less than a day, depending on care. Therefore it is advised to have a policy that will minimally cover your hospital costs (Blue Cross Blue Shield's Tradition Plus Hospitalization Only policy is popular; see Section E). It is often possible to enroll your child(ren) in Child Health Plus (virtually all children in the state qualify) and enroll yourself and your partner in a different plan, even if as a family you don't qualify for a public program. Keep in mind that couples may be able to get lower premiums with plans that have a "couples" rather than just a "family" rate. (All plans offer individual and family coverage, only some offer coverage for couples.)

NYSHIP – SEHP

New York State Health Insurance Program (NYSHIP) Student Employee Health Plan (SEHP).

Eligibility

All three requirements must be met for Graduate Center students to be eligible for this health insurance coverage:

- a. Students must be matriculated in a doctoral program at the Graduate Center.
- b. Students must be employed at CUNY in one of the following Professional Staff Congress (PSC) titles: Graduate Assistant A, B, C, or D; Adjunct Instructor; Adjunct Lecturer; Adjunct College Laboratory Technician (CLT); Non-Teaching Adjunct I or II
- c. Students must earn at least \$4,122 a year in one of those titles. If they are employed for just one semester, they must earn at least \$2,061 to be eligible. Must be paid bi-weekly from a CUNY campus.

Please note: Being eligible DOES NOT automatically enroll you in the NYSHIP health insurance program. Students wishing to enroll must complete an enrollment form and provide copies of their social security card, birth certificate or passport, and appointment letter. Additional documentation is required for those wishing to enroll dependents. Also, remember, you need to be a currently registered doctoral student at CUNY.

For more information see <http://www.gc.cuny.edu/Prospective-Current-Students/Student-Life/Health---Wellness/Health-Insurance> and http://web.cuny.edu/administration/ohrm/university-benefits/dshp/SEHP_Eligibility_Requirements.pdf

Adjuncts (or non-teaching adjuncts) are eligible in the semester in which they are teaching or otherwise working, as long as they earn at least the minimum amount for plan

coverage. Students who are enrolled in the health insurance plan in the spring semester will be covered over the summer as long as they pre-pay and receive an adjunct appointment for the following fall semester.

Cost

The 2019 premium is a bi-weekly rate of \$16.91 for individual student coverage and a bi-weekly rate of \$118.85 for family coverage (includes spouses, domestic partners, and children). The charge will be automatically deducted from the enrolled students' bi-weekly paychecks. The plan is heavily subsidized by the Graduate Center and the CUNY Chancellery.

Benefits

The insurance includes hospitalization, medical (which includes doctor office visits, laboratory, and physical therapy) dental, prescription drugs, vision and mental health. Upon enrollment three identification cards; for medical, dental and vision will be mailed to the residence. A full benefits summary can be found at:

<https://www.gc.cuny.edu/Prospective-Current-Students/Student-Life/Health-Wellness/Health-Insurance>

International Students and NYSHIP

Students need to make sure that they have Social Security numbers. This is a necessary precondition for students obtaining employment. International students who currently have Taxpayer Identification Numbers (TINs) but who plan to seek CUNY employment should contact the Human Resources office for guidance on how to proceed. Dependents being enrolled in the health plan do not require a Social Security number.

Enrollment

Administration of this insurance is handled by the Graduate Center's Student Affairs office. Please contact Mr. Scott Voorhees, Associate Director and NYSHIP Coordinator (SVoorhees@gc.cuny.edu; 212.817.7400) for more information.

Section D – INTERNATIONAL STUDENT PLANS

These plans are written specifically for international students or visitors studying, doing research, or on educational business in the United States. A few are for U.S. students who are going to be living or studying abroad (see requirements below). For more information, consult with the International Students office at 212-817-7490, Room 7200.

The U.S. Department of Homeland Security (DHS) through its SEVIS Regulations for international students requires that all Exchange Visitors in J-1 Status maintain insurance for themselves and their dependents while in the United States. Students in F-1 status are strongly urged to maintain insurance. The Graduate Center – CUNY bears no responsibility for the accuracy or completeness of this information. For complete details about each policy, contact the insurance company directly or see the brochure online. The most up-to-date information will be available on each company's web site. Please read the company brochure carefully, and contact the company directly with any questions or to enroll.

Compass <https://www.compassstudenthealthinsurance.com/>

HTH Worldwide <http://www.hthstudents.com/insurance.cfm>

Study-USA HealthCare <http://www.travelinsure.com/what/susahigh.asp>

ISO International Student Insurance <https://www.isoa.org/>

International Academic Student Travel Requirements

All students participating in Graduate Center academic sponsored trips or independent international academic travel must purchase **international medical and travel insurance** coverage for the following benefit areas: accident/medical, evacuation for medical or security reasons, and repatriation of remains. The insurance policy must provide coverage for the insured individual for the entire program period including travel days to and from the destination(s). Students may purchase low cost travel insurance from the CUNY designated carrier, Cultural Insurance Services International (CISI), or another provider that meets the above requirements. If you do not purchase coverage through CISI, you must provide proof of comparable coverage through another carrier. All students must submit the insurance confirmation form with proof of purchase to the Office of the Vice President for Student Affairs.

Students must file with the Office of the Vice President for Student Affairs a signed CUNY International Travel Participation, Waiver, and Emergency Contact Form and, as

soon as student becomes aware that planned travel is to an area with Department of State Travel Warnings or Alerts in effect, consult with the Office of the Vice President for Student Affairs regarding U.S. Department of State Travel Warnings or Alerts.

Students receiving any GC travel/research funds (including, but not limited to, Dissertation Fellowship Awards, Doctoral Student Research Grants, Conference Presentation Support, etc.) who do not submit a properly signed International Travel Participation, Waiver, and Emergency Contact Form and/or are not enrolled in the University's international insurance or comparable program will not receive funding for the purpose of travel. Students receiving any other financial support from the GC and who travel internationally for academic/research purposes may jeopardize their funding if they do not purchase the appropriate insurance and submit the waiver.

A full set of the CUNY International Guidelines can be found here:

<http://www.gc.cuny.edu/Prospective-Current-Students/Current-Students/International-Travel-Requirements-for-Current-Students>

CUNY designated carrier, Cultural Insurance Services International (CISI)

<https://www.mycisi.com/CISIPortalWeb/pub/SelfEnrollment.aspx>

Make sure to enter CUNY-GC as the "Sponsor Code" in order to access the low cost CUNY rate:

RATES AS OF AUGUST 2019 FOR CUNY STUDENTS

The weekly rate is \$15.62 per week for up to a maximum of 22 days.

The monthly rate is \$57.87 per month for anything over 22 days.

Please note that students enrolled in NYSHIP are required to purchase separate travel insurance. Most plans including NYSHIP do not cover international accident/medical, evacuation for medical or security reasons, and repatriation of remains.

For forms or additional information please contact the Office of the Vice President for Student Affairs Room 7301, 212-817-7400, internationaltravel@gc.cuny.edu.

Section E – COMMERCIALY RATED PROGRAMS

Commercially Rated Programs

NYC residents can purchase insurance directly from an insurance carrier. This coverage is generally available to anyone, regardless of immigration status. You can buy a plan even if you have access to job-based coverage.

- When you buy directly from the insurer, however, you **cannot** get a tax credit or other financial help to lower your costs. Tax credits are only for plans purchased through NY State of Health.

The health plan you buy will cover exactly or almost all of the same benefits that you'd get through NYSOH. That's because all plans must meet the same benefit package standards, regardless of where you buy them.

- Whether you buy a plan in or outside of the Marketplace, you are still subject to the same **open enrollment** and **qualifying event rules**.

Some insurers offer plans both through NYSOH and outside of it. If an insurer offers the exact same plan both in and out of the Marketplace, they are required to charge the same premium.

You may find plans offered by insurers that do not participate in NYSOH by visiting HealthCare.gov's Plan Finder at <https://finder.healthcare.gov/>, a federal government website that helps you find and compare private health plans. It is not a health insurance marketplace but rather a tool to help you search for plan options in your area.

Section F – DENTAL PLANS

NY STATE OF HEALTH, STUDENT-RATED, COMMERCIAL PLANS and COMMUNITY DENTAL CLINICS)

New York State of Health Exchanges

Some providers offer limited dental coverage. Please make sure to review plan premiums and coverage before making a decision.

The Stu-Dent Plan

(Offered through New York University College of Dentistry). As a pre-paid plan, this program offers full-year coverage for \$240 for a new member. The renewal membership is \$195. Enrollment is on a rolling basis. Membership takes effect on the date of enrollment and terminates one year after the effective date. Preventive and diagnostic services are covered by the policy and include: twice-yearly oral examinations and cleanings; sealants, oral hygiene instruction, X-Rays as required and routine restorations (fillings). In addition, restorative services are provided, such as routine tooth-colored fillings (composites) and 20% off dental services not included in the plan.

Procedures are performed through this clinic in a consortial arrangement with a few CUNY schools. For additional information and enrollment contact:

College of Dentistry/NYU
345 East 24th Street
New York, NY 10010-4086
212-998-9800

<http://dental.nyu.edu/patientcare/stu-dent-plan.html>

AmeriPlan Dental Plus- Dental, Vision, Pharmacy, Hearing and Chiropractic Care

This is a discount medical program organization that offers memberships in its discount plans for dental care, vision care, chiropractic care and prescription drugs. Members can save 20% - 65% on all restorative and cosmetic work (fillings, crowns, braces, etc.) and up to 80% on preventative work (teeth cleaning, x-rays, etc.) performed by a general dentist. Specialist fees are discounted up to 25%. The cost is a \$20 registration fee and \$24.95 per month for a household. For more information and application forms, call 1-800-647-8421 or visit <http://m.ameriplanusa.com/ameriplan-dental.asp>

CPS Dental, Inc. - DentSave

When you use a CPS Dental participating dentist you will usually save 25% - 50% off on dental treatment. There is a one-time registration fee of \$36 for all family members. For information call 212-889-5858 or visit www.dentsave.com.

Empire Blue Cross and Blue Shield

Empire Blue Cross and Blue Shield offers four types of plans: Dental Prime, Empire Dental Family, Empire Dental Enhanced Plans and Empire Dental Pediatric. You can shop for these at <https://www.empireblue.com/health-insurance/new-york-dental-vision-plans> For further information call 1-844-285-2036.

Touro College of Dental Medicine 914-594-2700 dentalhealth.touro.edu

The Ryan Center

Whether it's a routine cleaning, help with dentures or check-ups for serious conditions like oral cancer, the Ryan Center Dental department offers comprehensive services for adults and children. Cost: Families without dental insurance will receive routine dental care and be charged according to their regular Ryan fee. Extensive dental procedures can be provided at a slightly higher rate, which is still about one third less than the cost of other dental providers in the community. Any additional charges will be completely explained prior to treatment and a payment plan can be arranged. <https://ryanhealth.org> or call (212) 265-4500. (See description and address of clinic under section H, below.)

Callen-Lorde

This community health center that traditionally serves the LGBT community. For individuals without insurance coverage, they offer a sliding scale fee structure based on your documented income level and family size. For further information call (212) 271-7200 visit <http://callen-lorde.org/dental> (See description and address of clinic under section H, below.)

Hostos Community College Dental Hygiene Patient Care Facility

A teaching facility that adheres to the most current sterilization techniques. Students under the supervision of Licensed Dentist and Dental Hygienist provide all treatment. Treatments consist of dental health education, oral inspection, oral cancer screening, oral Prophylaxis (cleaning) and more.

<https://www.hostos.cuny.edu/Community/Clinics-Services> 500 Grand Concourse, Suite B-124, Bronx, NY 10451 For more information, please call 718-319-7943.

Dental Hygiene Clinic- New York City College of Technology

285 Jay Street- 7th Floor, Brooklyn, NY 11201

718-260-5074

The Children's Aid Society's Dental Clinics Includes stationary clinics based in schools and community centers which provide quality dental care to children in New York City's underserved neighborhoods. <http://www.childrensaidsociety.org/health-counseling/dental-services> Dental services are designed to complement children's medical needs by providing primary care. Depending on where a patient lives, referrals are made to: the Columbia University College of Dental Medicine, Mount Sinai Medical Center or St. Barnabas Hospital in the Bronx.

Columbia College of Dental Medicine 212-305-6100

<https://www.dental.columbia.edu/teaching-clinics/general-and-specialty-dentistry-clinic>

Section G – NY STATE OF HEALTH, COMMUNITY VISION CLINICS, AND COMMERCIAL VISION PROGRAMS

New York State of Health Exchanges

Some providers offer limited vision coverage. Please make sure to review plan premiums and coverage before making a decision.

Community Vision Clinics:

SUNY College of Optometry/University Eye Center

This center offers a wide range of services for vision needs at low cost.

SUNY College of Optometry University Eye Center
33 West 42nd Street
New York, NY 10036
212-938-4001 or 866-905-1188
<https://www.UniversityEyeCenter.org>

The Ryan Center

Ryan/Chelsea-Clinton works with a wide range of specialists. The Clinic also has ophthalmologists and optometrists on-site to fulfill your eye care needs. (212) 265-4500. <https://ryanhealth.org>

Commercial Vision Program

Coast to Coast Vision Plan

Coast to Coast Vision™ (CTC) has over 20,000 eye care locations nationwide. Members save on eyeglasses, contacts, exams and laser surgery. The CTC provider network is the most thorough in the U.S. It includes ophthalmologists, optometrists, independent optical centers and national chain locations. Save 20% to 60% on prescription eyewear. Most frames, lenses and specialty items such as tints, coatings and UV protection are available. Save 10% to 40% on contact lenses through mail order services. Save 40% to 50% off the national average on LASIK surgery (other laser surgeries available at select locations).

For more information call 1-800-800-EYES or visit www.coasttocoastvision.com

New Eyes for the Needy

This international program distributes new prescriptions eye glasses to people with limited incomes. <http://www.new-eyes.org>

Northwell Health Physicians Partners at Manhattan Eye, Ear and Throat Hospital

212-702-7521

Section H – PRESCRIPTION DRUG INFORMATION (NOT RELATED TO ANY INSURANCE PLAN)

What to do if you cannot afford the prescription you need:

Because many insurance options may not cover the prescription you need, it is good to review your plan to get the coverage you require. You can ask your doctor for samples (many of which might be enough for a year or more of medication). You can also ask your doctor if the drug company has any assistance programs for un-insured or under-insured patients.

Purchasing Drugs from Canadian Pharmacies:

You can also buy drugs from Canada at some of the following websites:

<http://www.canadapharmacy.com/>

<http://www.pharmacyrxworld.com/>

Buying medication from Canada can sometimes be less expensive than paying co-pays or out-of-pocket for the same medications sold in the United States. Generally your doctor sends the prescription to the pharmacy's website, the prescription is verified by a Canadian doctor, and then the drug is sent to you. For patients with monthly prescriptions that are very costly, this might be one of the only ways you can afford prescriptions if your insurance company will not cover them. For example, one student was prescribed a very particular medication for an intestinal problem. The medication was made by only one company and had no generic as it was relatively new on the market. The medication cost \$500/month in the US. The very same medication, made by the same company and packaged in the same package, cost only \$65/month from a Canadian pharmacy.

The following information includes options that you may want to take advantage of if your insurance does not offer adequate coverage.

Kmart Prescription Savings Club

The Kmart pharmacy Prescription Savings Club provides you with savings on all generic and brand-name prescription medications,

10 commonly prescribed prescription drugs at \$3 each for a 30-day supply, free flavoring for liquid medications, 25% off all immunizations, 10% off all pet medications with a prescription from your veterinarian and, beginning in April 2016, quarterly healthy savings offers exclusively for PSP members. A complete list of eligible medications can be found at [kmartpharmacy.com/savingsplus\[kmartpharmacy.com\]](http://kmartpharmacy.com/savingsplus[kmartpharmacy.com]).

Enrollment for an individual is \$10 per year. There is a Kmart near the Graduate Center at 250 West 34th Street.

Not accepting new enrollments at this time. For more info:

<https://pharmacy.kmart.com/shc/RxPageView.do?page=prescriptionsavings>

Walgreens Prescription Savings Club

Get savings on generic and brand-name prescriptions with the card. You also get a 10% bonus on purchases of Walgreens and Nice! Brand products and in-store photofinishing services. The plan includes 10 percent savings on services from Health Care Clinics at select Walgreens. Additional prescription discounts available on compound medications, immunizations, nebulizers and diabetic supplies with a prescription. There is a Walgreens located near the GC in the Empire State Building.

Enrollment for an individual is \$20 per year or \$35 for an entire family.

http://www.walgreens.com/pharmacy/psc/psc_overview_page.jsp

Rite Aid

You can use the Rite Aid Rx savings program if you don't have insurance or if your insurance doesn't cover all of your prescriptions. You pay \$9.99 for a 30-day supply of generics, and \$15.99 for a 90-day supply. You get 15% discount on brand-name prescription medication and select generic oral contraceptives for \$19.99. Just sign up in person at one of the pharmacy's locations and you will be enrolled in the program for the entire year. Download the complete list of 400+ generic medications here:

<https://www.riteaid.com/pharmacy/prescription-savings#rx-savings-program>

Rx Assist

Rx Assist is a database of patient assistance programs. Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine. RxAssist offers a comprehensive database of these patient assistance programs, as well as practical tools, news, and articles so that health care professionals and patients can find the information they need. <http://www.rxassist.org/>

The Partnership for Prescription Assistance

The Partnership for Prescription Assistance (PPA) program was created to make it easier for low-income, uninsured patients to get free or nearly free prescription medicines through existing patient assistance programs. A patient or patient advocate simply completes an online application with basic information about prescription medicines, income, and current prescription medicine coverage and PPA matches the patient with assistance programs for which they may be eligible.

Section I – MENTAL HEALTH SERVICES

Psychoanalytic Psychotherapy Study Center

PPSC is a training center for tomorrow's leading psychoanalysts. If you call to ask for an intake appointment, they can match you with a mental health professional and will negotiate a very competitive rate. Fees for therapy are low to moderate. They are set according to a sliding scale based on ability to pay and other factors. Fees will be determined in discussion with the assigned therapist. They are LGBT sensitive and many students in the area take advantage of this program. Treatment is provided in quiet, confidential individual offices following a private practice model. Many locations are available, including Greenwich Village, Soho, Upper West Side, Midtown, Upper East Side, Tribeca, and more. 80 5th Ave # 903A New York, NY 10011. Contact 212-560-2208
<http://www.ppsc.org/>

Gestalt Associates for Psychotherapy

Offers affordable Gestalt Therapy via a low fee clinic. Clients see therapists who are in advanced post-graduate clinical training programs and under weekly supervision of Faculty members. Sessions are videotaped for supervision. Fees: One time intake fee: \$40/\$50 couples; full-time student for appointment before 5pm:\$30; individual therapy:\$40; couples therapy:\$50
<http://gestaltassociates.org/> 212-689-7740

Counseling Services Listed by the GC Wellness Center

All of the clinics listed below are staffed by licensed psychologists and social workers who have received, or are participating in, advanced training. These clinics have sliding scale fees determined by income and student status. There is typically an initial intake appointment followed by assignment to a therapist for ongoing psychotherapy.

If you are interested in seeking mental health services outside the Wellness Center Student Counseling Services, they are available to help you with referrals to agencies, clinics or private practitioners. If you prefer to make contact with outside services directly, below are some recommended centers:

National Institute for the Psychotherapies (NIP)
250 West 57th St. Suite 501
nipinst.org
212-582-1566

Individual psychodynamic psychotherapy, neuropsychological testing, career counseling. Also has a program for treatment of trauma through EMDR therapy.

Institute for Contemporary Psychotherapy

33 West 60th Street–4th floor

[212-333-3444](tel:212-333-3444)

icpnyc.org[\[icpnyc.org\]](http://icpnyc.org)

Psychodynamic psychotherapy, family and couples therapy, treatment for trauma, eating disorders, and LGBTQ services.

William Alanson White Institute

20 West 74th St.

[212-873-7070](tel:212-873-7070)

wawhite.org[\[wawhite.org\]](http://wawhite.org)

Psychodynamic psychotherapy and psychoanalysis as well as range of specialized services including eating disorders, compulsions and addictions, trauma response, bipolar discussion group, and more.

Center for Cognitive–Behavioral Psychotherapy

137 East 36th St., Suite #4

[212-686-6886](tel:212-686-6886)

cognitivebehavioralcenter.com[\[cognitivebehavioralcenter.com\]](http://cognitivebehavioralcenter.com)

Private group practice providing individual, group and couples therapy with a cognitive–behavioral orientation as well as psychological testing and assessment.

Weill– Cornell Cognitive Behavioral Psychotherapy Clinic

[212-821-0775](tel:212-821-0775)

425 East 61st St., PH

Hospital–based outpatient cognitive behavioral therapy clinic staffed by doctoral level trainees.

Ryan Center

Locations on upper west side, lower east side and midtown Manhattan

[212-749-1820](tel:212-749-1820)

<https://ryanhealth.org>

Offers a range of medical and mental health services at low cost.

The Village Institute

20 Fifth Avenue, Suite 1E

[212-473-9912](tel:212-473-9912)

The Village Institute is dedicated to providing high quality, affordable mental health care and related services, and to promoting the education and training of effective, creative psychotherapists.

Emergency Psychiatric Services:

Bellevue Hospital ER
462 First Ave. at 27th St.
[212-562-4678](tel:212-562-4678)

New York Presbyterian Hospital ER
525 East 68th St. near York Ave.
[212-746-0711](tel:212-746-0711)

St. Lukes–Roosevelt Hospital ER
[212-523-3347](tel:212-523-3347)
113th St. and Amsterdam Ave. (St. Luke’s)
Or
59th St. and 10th Ave. (Roosevelt)

NYC Well

NYC Well is the City’s free confidential hotline for anyone seeking help for a variety of mental health or substance abuse issues. Staffed 24 hours, 7 days a week by trained mental health professionals. 1-888-692-9355, press 2 or text

<https://nycwell.cityofnewyork.us/en/get-help-now/nyc-well-texting-service/>

SECTION J – HEALTH CLINICS, HOSPITALS, MISC.

If you are uninsured or under-insured, you may want to look into the resources below:

Mount Sinai Beth Israel Medical Group

55 E. 34th St (between Madison Ave & Park Ave)
New York, NY 10016
(212) 252-6000 Open 7 days a week

Walk-in or book a same day appointment for non-emergency primary care. Mount Sinai Beth Israel Medical Group delivers primary, specialty and urgent care. Services include well-care and preventive care, regular check-ups, cancer screenings such as Pap smears, prostate cancer tests and breast exams, cardiovascular screenings such as blood pressure checks, immunizations for adults including annual vaccines for seasonal and H1N1 influenza (the flu), testing for sexually transmitted disease, family planning and access to birth control, care for common ailments and minor injuries, and on-site radiology. Most insurance plans are accepted.

[Lists of Local Low-Cost or Free Health Care Centers, Clinics and Hospitals](#)

The Health and Hospital Corporation (HHC)

New York City's public hospital system has hospitals and other health care facilities located throughout the city that offer care on a sliding scale based on an individual's ability to pay. <http://www.nyc.gov/html/hhc/html/home/home.shtml>.

Community Health Care Association of New York State (CHCANYS)

CHCANYS provides a listing of free and low-cost health services in New York City on their website at www.chcanys.org.

Ryan Center

The five centers in Manhattan that make up the Ryan Network support culturally diverse communities most in need of medical assistance. Part of the Community Health Center movement, the Ryan Network strives to provide affordable, quality medical services at a fraction of the cost. Patients can expect to be treated with dignity, confidentiality and respect.

For those families without insurance, payment is based upon a family's size and income. If you pay on the day of your visit, you will receive a discounted rate. Laboratory work, general x-rays and EKGs are included in the fee for each visit. The Ryan Center offers a low cost pharmacy plan for uninsured patients. The Ryan Center does accept many forms of health insurance.

Payment Assistance

The Ryan Health Network's Patient Accounts Department can also assist you in applying for:

Medicaid

Child Health Plus (CHP)

Family Health Plus (FHP)

ADAP Plus

Family Planning Benefits Program

Cancer Screening Services

Presumptive Eligibility for Women

The Ryan Center offers full medical care as well as full-service dental and vision clinics, and mental health services; if you have health insurance but your insurance does not cover dental, vision, or mental health services, the sliding scale still applies to a visit for uninsured services. If you do not have insurance that covers prescriptions, they have a pharmacy that charges a very low fee per prescription. Call to register for an appointment. For further information call 212-316-8308 or visit <https://ryanhealth.org>

The Ryan Center has five locations:

1. William F. Ryan Community Health Center (Main facility)
110 West 97th Street
New York, NY 10025
212-749-1820
2. Ryan / Chelsea–Clinton Community Health Center
645 10th Avenue
between 45th and 46th
New York, NY
212-265-4500
3. Ryan/Adair Community Health Center
565 Manhattan Ave
New York, NY 10027
212-222-5221
4. Ryan–NENA Community Health Center
279 East Third Street (between Avenues C and D)
New York, NY 10009
212-477-8500
5. Ryan Women and Children's Center
801 Amsterdam Avenue @ 99th Street
New York, NY 10025
212-316-8300

Parkmed Eastern Women's Center

This is a low-cost pro-choice clinic and is a leading abortion provider in NYC. For further information, please call or visit their website.

800 Second Avenue, between 42nd and 43rd Streets –6th floor
New York, NY 10017
646-898-2135 www.parkmed.com

Callen-Lorde Community Health Center

Callen-Lorde provides quality health care and related services primarily to New York's lesbian, gay, bisexual, and transgender communities regardless of ability to pay. Although Callen-Lorde specializes in care for members of these communities, the center is welcoming to all and offers a comprehensive, integrated program of medical, dental and mental health services. Callen-Lorde also has a social worker who can help you determine your eligibility for, and enrollment in, various public health services and accepts most insurance plans.

Callen-Lorde Community Health Center
356 West 18th Street
New York, NY 10011
www.callen-lorde.org
1-212-271-7200

The Children's Aid Society Community-Based Health Centers

<http://www.childrensaidsociety.org/health-counseling/health-services-locations>

Bronx Health Services

910 East 172nd Street, 3rd Floor
Bronx, NY 10460
(347) 767-2200

Services: Medical, Dental and Mental Health Services, Teen Health Services

Dunlevy Milbank Health Center

14-32 W. 118th St. (Between Fifth and Lenox Avenues)
New York, NY 10026
(212) 369-8339

Services: Medical, Dental and Mental Health Services, Teen Health Services

Lord Memorial Building Health Center

150 East 45th Street
New York, NY 10017
(212) 949-4857

Services: Medical Services and Foster Care Mental Health Services

School-Based Health Centers

Mirabal Sisters Campus Community Schools

(M.S. 319, M.S. 324)

21 Jumel Place (at 168th Street)

New York, NY 10032

(212) 923-1563

Services: Medical, Dental and Mental Health Services, Teen Health Services

Ellen Lurie Community Schools P.S. 5

3703 10th Ave. (at Dyckman Street)

New York, NY 10034

(212) 567-5787

Services: Medical and Dental Services

Luis Belliard Community School P.S. 8

465 W. 167th St.

New York, NY 10032

(212) 740-8655

Services: Medical and Dental Services

Salomé Ureña de Henríquez Campus

(I.S. 218, M.S. 293, M.S. 322)

4600 Broadway (at 196th Street)

New York, NY 10040

(212) 569-2880

Services: Medical, Dental and Mental Health Services, Teen Health Services

Staten Island Family Service Center

465 Villa Avenue

Staten Island, NY 10302

(347) 291-8600

Services: Foster Care Mental Health Services

New York City Free Clinic

The NYCFC provides at no cost to its patients the full range of healthcare services, including primary care, specialty referrals, counseling, and patient education. The NYCFC provides prescription drugs at a significantly reduced cost to the patient. The NYCFC also provides free crucial social services, such as screening and registration for government health insurance.

The only requirement to receive care at the NYCFC is that you must be an uninsured adult age 18 or older. The only fee that may be associated with a patient visit may be a small co-pay for prescription. <http://nycfreeclinic.med.nyu.edu/>.

The NYCFC
16 East 16th Street
New York, NY 10003
212-206-5200

The Institute for Family Health

The Institute for Family Health develops and operates family health centers and community based health promotion and outreach programs. Health centers care for patients of all ages regardless of ability to pay. They offer primary medical care, behavioral health (counseling), dental care, health education, social services and more.

Two Centers located in Manhattan:

Amsterdam Center
690 Amsterdam Avenue
New York, NY 10025
(212) 865-4104

Sidney Hillman and Phillips Family Practice
16 East 16th St. 3rd Floor
Manhattan, NY 10003
212-206-5200

The Institute accepts Medicare, Medicaid, as well as many other major insurance plans. No one is turned away for lack of insurance.

See this website for more details <http://www.institute2000.org/health-care/locations/manhattan/>

The Charles B. Wang Community Health Center

This center is a leader in providing quality, culturally relevant, and affordable health care and education for underserved Asian Americans. They also advocate on behalf of the health and social needs of this population. <http://www.cbwchc.org/> (212) 379-6988

a.) 136-26 37th Ave. Flushing, Queens 718-886-1200

b.) 268 Canal Street 6th floor 212-379-6998

The Gay Men's Health Crisis

GMHC serves people from all backgrounds, sexual orientations and gender identities. GMHC serves men, women and people of transgender experience and all gender expressions. GMHC serves both people who are HIV-positive and HIV-negative, with services for HIV-negative people primarily targeting those at high risk of contracting HIV.

GMHC offers an array of programs and services to thousands of men, women, and children every year. Though some of their services are for registered clients only, there are many workshops and programs available to the general public regardless of HIV status, sexual orientation, or gender. GMHC believes in promoting the health and wellness of all people affected by HIV and AIDS. Whether you're interested in getting tested for HIV or if you have AIDS and are having difficulty with your public benefits, look below for an overview of many of the ways in which GMHC can help you.

<http://www.gmhc.org/>.

446 West 33rd St.
New York, NY 10011
212-367-1000

Planned Parenthood New York City

PPNYC has more than 100 years of experience providing quality reproductive health care in a safe, supportive environment. They offer confidential services to women, men, and teens throughout New York, regardless of age or income. Among the services available at PPNYC include Annual Exams, Birth Control/Family Planning Services, Emergency Contraception (EC), Pregnancy Testing and Options, Counseling, Abortion Services, HIV/AIDS Testing and Counseling, PrEP (Pre-Exposure Prophylaxis), STD Testing, and Colposcopy

Their four health centers are staffed by highly trained professionals including board-certified obstetrician/gynecologists, nurse practitioners, physician assistants, midwives,

registered nurses, certified social workers, and family planning and HIV counselors. They are experts in their fields and know that providing the best possible care means listening to your concerns with understanding and respect. When you talk to them, it's always confidential. They have four easy-to-reach centers in New York City — all accessible by bus or subway in Brooklyn, downtown Manhattan, Staten Island or the Bronx. <http://www.plannedparenthood.org/nyc/> 1-800-230-7526.

Manhattan Location

Margaret Sanger Center
26 Bleecker Street
New York, NY 10012

For an appointment call: (212) 965-7000

New York State Cancer Services Program

Provides services for men and women who do not have health insurance OR have health insurance that does not cover the cost of these screenings, cannot pay for these screenings, and meet income, age and residency eligibility requirements.

To be connected to free breast, cervical, colorectal cancer screening, diagnostic, treatment and support services in your community please call the toll free number 1-866-442-CANCER (2262).

Breast, Cervical and Colorectal Cancer Screening: Eligible clients are able to receive clinical breast exams, mammograms, Pap tests and colorectal cancer screening through fecal tests. Clients receiving positive screening tests also receive diagnostic testing and are referred to treatment if needed. Eligible clients are also enrolled in the Medicaid Cancer Treatment Program for Medicaid coverage for the duration of their breast, cervical, colorectal or prostate cancer treatment.

<http://www.health.ny.gov/diseases/cancer/services/>

Information about hospitals and other health services in New York City, including clinics and emergency rooms, can be found at <http://www.nyc.gov/html/hhc>. Below are some hotline and other phone numbers for additional reference.

Alcoholics Anonymous.....	1-212-647-1680
Al-Anon Intergroup Services.....	1-212-941-0094
HIV/AIDS Hotline	1-800-541-2437
Gay Men's Health Crisis Hotline.....	1-800-243-7692
Lifenet (confidential mental health and substance abuse services).....	1-800-543-3638

National Suicide Prevention Lifeline..... 1-800-273-TALK(8255)
Special Victims Liaison Unit/Hot Line (confidential, non-recorded telephone service
answered by specially trained female New York City police detectives)...1-212-267-
7273
Safe Horizon (abuse, rape, etc.) (24-hour number)..... 1-866-689-
4357

**Office of Alcoholism and Substance Abuse Services (OASAS) Hotline and CUNY Resources
for Substance Abuse and Overdose (NYS Governor’s Office Opiate/Heroin Initiative)**

CUNY has joined the New York State Governor’s Office in an important initiative to address a recent increase in heroin overdose. Heroin is an opiate, a class of drugs that is derived from the poppy plant. All opiate abuse, including many prescription painkillers, can lead to addiction, overdose, and even death. If you or someone you know is abusing heroin or prescription painkillers, CUNY’s Mental Health and Wellness Offices can provide educational resources and referrals to organizations that can help. In addition, selected CUNY health and public safety staff are being trained to administer Naloxone, a drug used to counter the effects of opioid overdose and prevent death. For immediate help, visit your local emergency room, or call the OASAS HOPEline at 1-877-846-7369 24 hours a day, seven days a week, to speak with a trained medical professional. HOPEline staff can answer your questions and help you find treatment. All calls are free and confidential.

SECTION K – Health Insurance Battles: Six Tricks that Work

The following is advice from professional patient advocate, speaker and radio-show host Trisha Torrey on what consumers can do to help access and to streamline coverage.

Six Secrets to Get Your Health Insurance Company to Pay

1. Be persistent. Health insurance representatives generally will speak as if their decisions come from policies that allow for no variation. What the companies don't want you to know is that sometimes when you get turned down by one representative, another may be more willing to give you the answer you want to hear.

Try this: If a claim is denied, it's worth checking to see whether you get consistent answers from two different sources -- perhaps call again to see if another representative makes the same decision and/or speak to someone with more authority.

2. Get everything in writing to even out the playing field. Insurance companies are scrupulous about keeping copies of all medical paperwork and correspondence involving your care -- including letters and e-mail correspondence. They also may record telephone conversations and, if there is a dispute about who said what and when, you'll do far better if you've also kept careful records.

To play at the same level: Retain copies of all correspondence (paper and online) that you send and receive. Also keep a log of notes and details of all phone calls (date and time, the name of the person you spoke to, what you discussed, any verbal commitments, etc.). And never accept only a verbal commitment from an insurance company -- always ask for confirmation in writing.

3. If you had no choice, you had no choice. If you weren't able to choose who your provider was, you should not have to pay higher, out-of-network costs.

For example: When your in-network surgeon chooses to use an out-of-network anesthesiologist for your surgery... or sends you to an out-of-network lab for blood work... the choice of provider was out of your control.

What to do: Insurers may do their best to deny the top level of reimbursement, but Torrey says to be persistent in stating your case and insisting on coverage. Similarly, when emergency care is needed and you are therefore not in control of health-care decisions, you may not be liable for higher out-of-network costs. Check your policy. Also, in some states, out-of-network emergency care coverage is mandated by law.

4. Tell all... there's no such thing as too much information. Requirements are tightening up for screening tests that look for signs of disease before symptoms develop, and some insurers limit the diagnostic tests they'll cover, too. Check your policy to be sure.

To get around this: Be sure you clearly and specifically report the symptoms you are concerned about, even if they're embarrassing (for instance, for colonoscopy a change in bowel movements or traces of blood in your stool).

5. Even an insurance company can be intimidated by credentials and titles.irate consumers aren't very scary to big insurance companies... but doctors and congressional representatives can make them nervous. If coverage is initially denied to you for a test or other service, an explanatory call from your physician might get a different outcome.

A good strategy: On critical correspondence, copy your congressperson, state insurance commissioner or another state board that regulates health plans. You can find links to the regulatory entities in all 50 states at the Web site of the National Association of Insurance Commissioners & the Center for Insurance Policy and Research -- <http://www.naic.org/index.htm> -- check "States & Jurisdiction Map." That way, the insurer will have to answer to them for the decisions it makes.

6. Patient advocates know what works... and insurers know it. Insurers are not fans of these persistent, well-informed third parties who can help slice through red tape and are good at negotiating favorable coverage and settlements.

How to find one: Start with a service you don't even have to pay for -- the nonprofit Patient Advocate Foundation (www.patientadvocate.org or 800-532-5274), which provides free case-management services for people with serious diseases, such as cancer, and has lots of experience needling insurance companies. (Note: This organization is staffed by volunteers, so its phones often are busy. If you find that is the case, you can go directly to its "Request Patient Assistance with a Case Manager" form by clicking http://gallery.patientadvocate.org/requests/paf_cm_request.php.)

There are also for-profit patient advocate firms that employ nurses and other health-care professionals to argue cases on patients' behalf. They may charge as much as \$150 to \$200/hour -- but for a big bill, it might be worth it. You can find patient advocates in your region at Torrey's Web site, <http://advoconnection.com/index.asp>, a directory of patient advocates.

As Torrey notes, insurers are a wily lot -- but you can get real results by using these secrets to turn the tables on them and get the health coverage you need and deserve.

Source(s):

Trisha Torrey, patient advocate, syndicated newspaper columnist, radio talk-show host and national speaker based in upstate New York. She is author of *You Bet Your Life! The 10 Mistakes Every Patient Makes*. Visit her blog at <http://trishatorrey.com/>.

Health Insurance – Glossary of Terms

These are general definitions and not intended to apply to any specific health insurance plan.

Affordable Care Act: A federal law providing for a fundamental reform of the U.S. healthcare and health insurance system in 2010.

Annual and Lifetime Maximum Benefit Amounts: Maximum dollar amounts that limit the total amount the plan must pay for all healthcare services provided to a subscriber per year or in his/her lifetime.

Adverse Selection: The tendency of people who have a greater-than-average likelihood of loss to seek healthcare coverage to a greater extent than individuals who have an average or less-than-average likelihood of loss.

Allowable Fee, or Usual and Customary Reimbursement (UCR): The amount commonly charged for a particular medical service by physicians within a particular geographic region. UCR fees are used by traditional health insurance companies as the basis for provider reimbursement.

Behavioral Healthcare: The provision of mental health and chemical dependency (or substance abuse) services.

Brand-name Drugs: Prescription drugs marketed with a specific brand name by the company that manufactures it, usually the company which develops and patents it. When patents run out, generic versions of many popular drugs are marketed at lower cost by other companies. Check your insurance plan to see if coverage differs between brand-name and their generic equivalents.

Catastrophic Health Insurance: A health insurance policy that is designed to give protection against a catastrophic injury or illness. It is sometimes referred to as a hospitalization-only plan. This is typically a high deductible, low premium health insurance policy and usually does not pay for regular doctor visits (check-ups, etc.) or prescriptions, but covers major hospital and medical expenses. People who choose this

policy are generally healthy and do not require regular medical attention, but want protection in case of emergency

Claim: An itemized statement of healthcare services and their costs provided by a hospital, physician's office or other provider facility. Claim forms are submitted to the insurer or managed care plan by either the plan member or the provider for payment of the costs incurred.

Claimant: The person or entity submitting a claim.

Claims Examiners: Employees in the claims administration department who consider all the information pertinent to a claim and make decisions about the insurance company's payment of the claim. Also known as claims analysts.

Claims Investigation: The process of obtaining all the information necessary to determine the appropriate amount to pay on a given claim.

Coinsurance: Some insurance coverage requires you to pay a percentage of the cost of covered medical services, usually 20–30 percent. For example, you pay 20 percent of the cost, and your insurance pays 80 percent of the usual and customary cost. Your portion of the cost is the coinsurance.

Commercial Insurers: Health insurance can also be written by life insurers, property/casualty insurers and other types of insurers. These insurers offer products similar to those provided by nonprofit indemnity insurers. Policyholders are subject to deductibles and significant out-of-pocket costs unless they use a preferred provider network.

Consolidated Omnibus Budget Reconciliation Act (COBRA): A federal act which requires each group health plan to allow employees and certain dependents to continue their group coverage at a set premium for a stated period of time following a qualifying event that causes the loss of group health coverage. Qualifying events include reduced work hours, death or divorce of a covered employee, and termination of employment. The premium charged to the enrollee is usually the full (100%) cost plus an additional 2% administrative fee. The cost is paid monthly and directly by the enrollee to the organization administering the COBRA program.

Coordination of benefits: A practice which is used to ensure that insurance claims are not paid multiple times when someone is insured under multiple insurance plans. If health care benefits are coordinated, the insurance companies share the burden without overpaying, and the insured is fully covered, but not covered to excess. Under

coordination of benefits, one insurer is designated as the primary insurer, which means that claims are sent to this company first. If the primary insurer refused to pay a claim or did not pay a claim in full, the claim would be passed to the secondary insurer.

Copayment: A flat fee for specified medical services required by some insurers. For example, you may pay a \$10 copayment for a doctor visit or a \$50 copayment for a hospital stay.

Deductible: The amount you must pay each year for your medical expenses before your insurance policy starts paying. Deductibles are common in fee-for-service coverage and PPOs.

Denial of Claim: Denial of claim is the refusal of an insurance company or carrier to honor a request by an individual (or his or her provider) to pay for health care services obtained from a health care professional.

Dependent: A dependent is a person or persons relying on the policy holder for support: may include the spouse, domestic partner and/or unmarried children (whether natural, adopted or step) of an insured.

Diagnostic and Treatment Codes: Special codes that consist of a brief, specific description of each diagnosis or treatment and a number used to identify each diagnosis and treatment.

Effective Date: The effective date is the date your insurance coverage commences.

Eligibility: Specific requirements an individual must meet to qualify for coverage. If you lose eligibility, health plans may cancel your coverage.

Exchanges: Health exchanges, also called health insurance marketplaces, are organizations set up to facilitate the purchase of health insurance in each state in accordance with Affordable Care Act. Marketplaces provide a set of government-regulated and standardized health care programs from which individuals may purchase health insurance policies eligible for federal subsidies.

Exclusion: An exclusion is a provision within a health insurance policy that eliminates coverage for certain services, equipment, providers, etc.

Explanation of Benefits (EOB): An explanation of benefits is the insurance company's written explanation regarding a claim, showing what they paid and what the client must pay. It is not a bill. The document is sometimes accompanied by a benefits check.

External Appeal/External Review: You may request an independent external review when you are denied health care services on the basis that those services are experimental, investigational, or not medically necessary. The review is conducted by an external review organization that is not affiliated with your insurer, your doctor, or your family.

Fee-for-Service (FFS): Also known as indemnity insurance, FFS is a type of health coverage that typically allows you to go to any doctor or provider. Your insurance company will reimburse your provider for each covered service provided. Deductibles and coinsurance usually apply in FFS coverage.

Formulary: A list of preferred, commonly prescribed prescription drugs.

Generic Drug: Once a company's patent on a brand-name prescription drug has expired, other drug companies are allowed to sell the same drug under a generic label. Generic drugs are less expensive to the insured, and most prescription and health plans encourage clients to choose generic drugs.

Group Insurance: A health insurance policy or a health care services contract that covers a group of employees or members and often their dependents. Health care coverage occurs under a master policy issued to the employer or other group.

Health Maintenance Organization (HMO) Plan: A type of coverage that provides comprehensive health services to members in return for a monthly premium and copayment. In an HMO plan, members may choose a primary care physician (PCP) who coordinates each assigned member's care. The PCP refers patients to specialists and provider services as needed. Although many HMOs require their members go to the doctors and other providers in the HMO provider network, some HMO plans offer the option to go out-of-network (for example in a POS plan). HMO plans often require members receive a referral from their PCP before seeing a specialist.

Major Medical Insurance: Health insurance to cover medical expenses over and above that of a basic health insurance policy. Major medical policies pay expenses both in and out of the hospital.

Marketplace: Health insurance marketplaces, also called health exchanges, are organizations set up to facilitate the purchase of health insurance in each state in accordance with Affordable Care Act. Marketplaces provide a set of government-regulated and standardized health care programs from which individuals may purchase health insurance policies eligible for federal subsidies.

Medicaid: A joint federal and state program that provides hospital expense and medical expense coverage to the low-income population and certain aged and disabled individuals.

Medically Necessary Services: Services or supplies as provided by a physician or other healthcare provider to identify and treat a member's illness or injury, which, as determined by the payer, are consistent with the symptoms, diagnosis, and treatment of the member's condition; in accordance with the standards of good medical practice; not solely for the convenience of the member, member's family, physician, or other healthcare provider; and furnished in the least intensive type of medical care setting required by the member's condition.

Network: The group of physicians, hospitals and other medical care professionals that a managed care plan has contracted with to deliver medical services to its members.

Open Enrollment Period: A specified time period (generally the month of November) when various transactions or changes to enrollment that normally require a thirty day waiting period are effective immediately.

Out of Network Provider: An out-of-network provider is one not contracted with the health insurance plan. Typically, if you visit a physician or other provider within the network, the amount you will be responsible for paying will be less than if you go to an out-of-network provider. Though there are some exceptions, in many cases, the insurance company will either pay less or not pay anything for services you receive from out-of-network providers.

Out-of-pocket Maximum: The amount of co-insurance a member must pay before out-of-network claims will be paid at 100% of the allowed amount.

Outpatient Care: Treatment that is provided to a patient who is able to return home after care without an overnight stay in a hospital or other inpatient facility.

Participating Provider: A health care provider (e.g., doctor, psychologist, hospital) who agrees to accept the terms, conditions and allowable payments of an insurer.

Point of Service (POS) Plan: A type of managed care coverage that allows members to choose to receive services either from participating HMO providers or from providers outside the HMO's network. Members pay less for in-network care. For out-of-network care, members usually pay a deductible and coinsurance.

Precertification: A utilization management technique that requires a plan member or the physician in charge of the member's care to notify the plan, in advance, of plans for a

patient to undergo a course of care such as a hospital admission or complex diagnostic test. Also known as prior authorization.

Preferred Provider Organization (PPO): A type of managed care coverage based on a network of doctors and hospitals that provides care to an enrolled population at a prearranged discounted rate. PPO members usually pay more when they receive care outside the PPO network.

Preferred Allowance: The amount a preferred provider will accept as payment in full for Covered Medical Expenses.

Premium: The amount you or your employer pays in exchange for health insurance / medical insurance coverage.

Pre-Tax: If selected, the enrollee's health insurance premium is deducted from their gross wages before taxes are withheld. This generally results in lowering the enrollee's taxes since it is based on a lower salary. Salary based taxes include; Federal income taxes, Social Security taxes and most State and local income taxes. Please note that the impacted taxes vary by state. This status does restrict the types of changes that can be made and when. Making changes to your Pre-Tax status can only be made during the Open Enrollment Period or for specific qualifying events. For NYSHIP, if an applicant does not select Pre-Tax on the enrollment form, it will default to this status.

Preventive Care: Medical, dental or other services aimed at early detection and intervention.

Primary Care Physician (PCP): An internist, pediatrician, family physician, general practitioner, or in some instances an obstetrician/gynecologist. If you are enrolled in an HMO, you usually must choose a PCP from a list of participating providers. The PCP coordinates your care and makes referrals to specialists as needed.

Provider: Provider is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

Qualifying Event: Events such as marriage, divorce, the birth of child or becoming a child's legal guardian or adoptive or step-parent are examples as is the loss of health insurance. If these transactions are submitted within the initial thirty days of the event, the coverage typically becomes effective as of the qualifying event date. If submitted past the initial thirty days, coverage may be subject to a thirty day waiting period from the submission date.

Referral: Authorization from your primary care physician or health insurer to see a specialist or receive a special test or procedure. HMOs often require that you obtain a referral for most specialty care. It is important to know what your health insurer's rules and procedures are for referrals.

Schedule of Allowances: The set dollar amount the insurance policy covers for each procedure.

Second Opinion: A medical opinion provided by a second physician or medical expert, when one physician provides a diagnosis or recommends surgery or treatment to an individual. Individuals are encouraged to obtain second opinions whenever a physician recommends surgery or presents an individual with a serious medical diagnosis

Self-Insured Health Plan: In this type of plan, an employer will pay for employees' health care costs out of a fund that the company has set aside for medical expenses. Employers may contract with an outside organization, often an insurance company, to administer the plan. Under a federal statute known as ERISA, the U.S. Department of Labor has authority over self-insured employer health plans. Therefore, New York's consumer protection and insurance laws do not apply.

Specialist: A doctor who has been specially trained in and practices a specific type of medicine other than primary care (e.g., cardiologists, dermatologists, gastroenterologists). If you are enrolled in an HMO, you usually will need a referral from your primary care physician to see a specialist.

Usual, Customary, and Reasonable (UCR) Fee: The amount commonly charged for a particular medical service by physicians within a particular geographic region. UCR fees are used by traditional health insurance companies as the basis for provider reimbursement.

This glossary was compiled from various health insurance program websites.

The material within is provided solely for informational purposes and is not intended to be an exhaustive review or to endorse, recommend, or otherwise favor any given health insurance plan or health resource option over another. Questions about health insurance or the contents of this guide should be addressed to Scott Voorhees (SVoorhees@gc.cuny.edu) in the Student Affairs office at 212.817.7400.