

## 6: Health Services



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## 6.1: Auburn University Medical Center

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Auburn University has a medical clinic located within the university campus. It is located at 400 Lem Morrison Drive, Auburn University, AL 36849 Phone: (334)844-4416 Fax: (334)844-4266. The East Campus Blue Line Tiger Transit services this location! The clinic is generally open daily except Sundays (check their schedule for changes and updates each term and during holidays). For more information you can go to [http://www.auburn.edu/au\\_medical/index.html](http://www.auburn.edu/au_medical/index.html).

### 6.1.1: Medical Center Services

AU Medical Center is a full-service primary care clinic whose function is to serve Auburn University students, faculty, staff, and the Auburn community. In addition to having physicians, nurse practitioners, and a full nursing staff, they also have full lab, x-ray facilities, and an optical clinic. Pharmacy Services through the School of Pharmacy are available on-site at the Medical Center. The Clinic handles all types of medical services for students, scholars, staff and guests or visitors, including women's healthcare.

In order to make an appointment, call 844-4416. Make sure you take your medical insurance card with you each time you visit the medical center.

## 6.2: University Health Requirements

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Auburn University requires that all students have a TUBERCULIN SKIN TEST (PPD) that is within eighteen (18) months of first day of class of the semester you enter school. If positive, according to Alabama Public Health Department guidelines, the chest x-ray films and an official report are required with documentation and evaluation and vaccination against MEASLES: Measles vaccine, Live, Attenuated IS required if born after 1957. Last dose must be since 1980. In addition it is recommended that you have Tetanus Toxoid, Meningococcal Meningitis Vaccine, and Hepatitis B Series vaccinations. In order to provide the proper documentation please get the AU Medical Information Sheet from the AU Medical Center (or available online at [http://www.auburn.edu/au\\_medical/med\\_info.pdf](http://www.auburn.edu/au_medical/med_info.pdf)). Please note that although many individuals are vaccinated against tuberculosis in other parts of the world such vaccinations do not qualify you from the exemptions of the PPD skin test or x-ray requirements. Please note that spouses and dependents should also comply with this requirement. Students and scholars should bring their immunization and medical records (translated into English) with them when they come to the United States, so that they can show proof of all immunizations. These immunizations/x-rays can cost over \$75 per person following arrival if you do not show proof of immunization or TB testing that complies with the AU requirements. For more details on these certification requirements please check with the AU Medical Center and your physician.

These requirements are intended to protect the student as well as local community population and enable the Medical Center to administer health care to each student in the most effective way possible. Failure to comply with these regulations will result in hold on the student's registration, so it is very important that all students take responsibility for satisfying these requirements.

## 6.3: University Health Insurance Requirements

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**For current AU International Student and Scholar Health and Emergency Assistance Insurance information please check the OIP web site: <http://www.auburn.edu/academic/international/insurance/>**

Effective August, 2001, Auburn University initiated changes in its mandatory non-immigrant health insurance requirements. The student and visiting scholar on visas are also required to cover their spouses and dependents (children) with health insurance, as health care costs are very high and can in some cases financially destroy a person. Effective Fall 2002 AU automatically began billing all F and J visa holders and their dependents for medical insurance. The AU policy and annual cost can be found on the AU OIP web site, in brief the policy features include (note: these features are subject to modification, check the insurance plan for specific details):

- (1) Co-pay features: Outpatient physician visit you pay \$25, emergency room you pay \$75, prescriptions you pay \$10 for generic and \$25 for brand name prescriptions. These co-pays are subject to change based on policy rules, check the OIP health insurance policy for details.
- (2) an aggregate cap equal to or greater than US\$250,000 per accident or illness (meaning that each illness or accident will be covered up to \$250,000, anything above that you are responsible for)
- (3) medical evacuation coverage up to \$150,000
- (4) repatriation of remains up to \$25,000
- (5) a 24hr/7days a week worldwide emergency assistance service
- (6) family reunification benefits - should you become seriously ill for 7 or more days the insurance will pay for one roundtrip airfare plus \$1,000 in expenses for a member of your family to come and stay with you. In addition should there be a death in your family back home the policy will provide you with up to \$750 in reimbursement of expenses to travel home.
- (7) Pre-existing conditions are covered after 6 month waiting period
- (8) a US based claims agency
- (9) an underwriters rating of A+ (AM Best or Standard and Poor's Claims Paying) , A-I (Insurance Solvency Int. Limited), or B+ (Weiss Research)
- (10) many other coverage benefits including low premiums based on group policy.

We have also secured a voluntary dental policy (this is NOT an included benefit in the international student and scholar plan). Forms are available at OIP or through United Healthcare Student Resources, any additional cost for these plans are to be borne by those interested in these plans. These plans are offered as voluntary therefore make sure you read the benefits and understand what you are getting, OIP provides no support for these voluntary plans.

A waiver of this requirement is available, however be aware that the waiver requires that you demonstrate proof that you have insurance that is EQUAL to or GREATER than the all the benefits on the AU policy. If you receive a waiver you will need to show proof every semester that you have continuous coverage prior to registration. The forms can be found on the AU OIP web site.

If you are sponsored by another agency and they will be paying your bills or providing insurance please note this does NOT release you from the AU mandatory health insurance requirement. All sponsors are responsible for meeting the waiver requirements of Equal to or Greater than coverage. Sponsorship does not remove you from responsibility for bills or complying with all AU and US immigration requirements.

For additional health care information please contact the AU Medical Center or go to the AU Office of International Programs web site. Please be aware we make no claim that this policy will cover all your health care needs or expenses. You should review your own personal health care issues and make sure that you address those needs through any additional insurance coverage, etc. as appropriate.

### 6.3.1: Why Health Insurance

#### ***BACKGROUND ON MANDATORY INTERNATIONAL STUDENT AND SCHOLAR HEALTH INSURANCE PROGRAM AT AUBURN UNIVERSITY***

The question arises as to whether AU can require a mandatory group health insurance plan for international students and scholars. In July of 2000 the American College Health Association made a recommendation that schools make health insurance mandatory as a condition of enrollment for all students. As early as 1972 US immigration regulations governing students, included regulatory requirements that institutions certify that individuals coming to the US under such sponsorship had sufficient financial support in order to cover all expenses while in the US. This includes but is not limited to tuition, personal expenses and health care for themselves and all their dependents. In addition, the US Department of State established minimum mandatory health insurance standards in 1993 for the visitors and their dependents. There is also case law from 1986 supporting these requirements and confirming that such requirements are within the US immigration requirements. Specifically: "The policy in question does not strike at the students' ability to exist in the community. Rather, the policy seeks to protect students' ability to exist in the community, taking cognizance of the high costs of health care in this country." "Strict scrutiny is not applicable where it is unreasonable to impute to the federal government a policy against the University's insurance scheme. The Court finds that the University's policy is consistent with the purposes of federal immigration law." "The federal policy requires that these students be financially responsible: the institution which the student will attend must certify that the student is entering this country with sufficient financial resources to meet all of his or her anticipated expenses. The requirement that this group of students maintain health insurance furthers the federal policy requiring their financial responsibility." "The federal government treats this subclass somewhat differently than other groups in requiring a demonstration of their financial responsibility." Furthermore in recent reviews of health care for international education this case is cited as a key case in support of the efforts of universities:

- According to the publication: Optimizing Health Care in International Educational Exchange (2002) (<http://www.nafsa.org/optimizinghealthcare/intro.html>) a 1986 legal case established the basis for mandatory health plans for international students, scholars and their dependents. "In the case of *Ahmed v. The University of Toledo*, 664 F. Supp. 282 (1986), some international students who were non-immigrant aliens sued the University, challenging its policy of requiring international students to carry health insurance. The U.S. District Court upheld the University's policy and ruled that it did not violate either the Equal Protection or Due Process clauses of the Fourteenth Amendment, nor did it violate the First Amendment. Although this case is not binding in all jurisdictions throughout the United States, its sound legal reasoning offers useful guidance for an institution interested in setting up health insurance requirements for international students." (For specific details on the legal arguments go to the AU OIP non-immigrant web page link on the OIP web site.)

Furthermore the **Position Statement on Health Insurance for International Students** published by The American College Health Association and NAFSA: Association of International Educators

establish some additional professional and ethical standards for requiring such mandatory health care plans. This statement was prepared by the NAFSA/ACHA Joint Task Force on International Student Health Care and endorsed by NAFSA's Board of Directors on May 15, 1986, and ACHA's Council of Delegates on May 30, 1986.

- "The high cost of health care in the United States presents serious financial risks for foreign students and their accompanying dependents who are not adequately covered by college health services or medical insurance to meet extended needs off-campus. Foreign students present a high risk to health delivery agencies when they are underinsured, as well. It is critical that institutions require adequate health insurance for all students and accompanying dependents and determine an appropriate minimal standard of coverage in order to reduce the damaging direct costs to students. Institutions and college health programs share responsibility to continue to provide support for a vigorous program of education to all concerned parties about the realities of the U.S. health care system and its cost, stressing individual financial responsibility related to the various health services, and the cross-cultural dimensions of health care." *FROM: NAFSA/ACHE Summary*  
<http://www.nafsa.org/content/InsideNAFSA/EthicsandStandards/healthsummary.htm> ,  
[http://www.acha.org/info\\_resources/stu\\_health\\_ins.pdf](http://www.acha.org/info_resources/stu_health_ins.pdf) , Recommended Standards on Student Health Insurance. American College Health Association, "ACHA Guidelines"

### **Specifically why establish a mandatory group health insurance plan?**

There are many reasons as well as professional and regulatory recommendations available that can be used to support the implementation of a mandatory health and emergency assistance insurance plan. At the core of this decision lies the following three facts:

1. **Health care in the United States is primarily a privately funded and financed activity supported by a commercial insurance industry. Cost is rising exponentially and any minor crisis in health can cause severe financial hardship on the individual, families and the community.** On the other hand many foreign countries have socialized medical care heavily subsidized by governments, available at little or no cost and most importantly supported by public funds. This is not the case in the U.S. and in fact is nearly the opposite. Therefore the responsibility for funding health care lies with employers, businesses and the individual as well as their respective health insurance plans. Group coverage has become the norm in cost reduction for eligible individuals and their dependents. Thus universities have developed mandatory group plans to provide the maximum benefits for the lowest possible cost.
2. **Immigration regulations require that as part of the institutional certification process to issue the I-20 and DS-2019 documents that these same institutions (in this case Auburn University) guarantee to the US government agencies (BCIS and DOS) that these certificates of eligibility (I-20 and DS-2019) will NOT be issued to individuals who are unable to prove that they do not have the full financial resources to support themselves and their dependents (spouses, children and future children) for the entire period of their stay or program while in the US.** This includes the ability to find health care needed for themselves and their families. When applying for admission to any US institution and Auburn University in particular all foreign students and scholars must show evidence that they have the funding required to be eligible for these BCIS and DOS documents. Similar proof of financial support must also be guaranteed as well as presented to the US consulates by the student, scholar and dependents. Many institutions including Auburn include on their cost of attendance figures a specific insurance line item. On the I-20 specifically the financial calculations include line items for medical insurance costs and such cost of attendance figures

are reported both on paper and electronically to the BCIS and DOS when AU certifies that all those receiving a certificate of eligibility have the sufficient funds to cover the financial costs for the duration of their program. Additionally there are federal DOS regulations that were written nearly ten years ago that establish, very low in today's standards, minimum requirements for health insurance for students, scholars and their dependents. Each time AU issues updated I-20's and other BCIS documents the institution certifies to the BCIS that the conditions of the financial requirements remain in place and that the individual and their dependents continue to have sufficient funds to support them for the period of time indicated on the document. Additionally each year the DOS requires that Auburn University certify that all students, scholars and their dependents both have sufficient financial support for the given 12 month period and are appropriately covered by health insurance and that there are mechanisms in place to ensure that this funding is available and insurance coverage is continuous for the duration of the period of the activity involved. Furthermore new electronic monitoring systems being implemented beginning July 1, 2002 will ensure that such information is transmitted in a timely manner to both the BCIS and DOS. Currently by signing the I-20 and DS-2019 documents all participants in the AU certified programs guarantee to the BCIS and DOS that they will comply with the statement "I agree to comply with the above terms and with any other conditions of my admission, and those of any extension to stay." Furthermore there is the expectation that no individual participating in these programs will become a burden on the US public assistance programs or will become a public charge. Those who are unable to comply with these requirements are subject to termination from the AU certified BCIS and DOS activities.

3. **Ensuring compliance and guaranteeing that all students, scholars and dependents are appropriate covered by health care and insurance has many facets. Historically AU has always had a mandatory health insurance requirement in place for all students and scholars and their dependents.** Monitoring has been a manual process involving several administrative units on campus and impediments to registration for students. This system has been dependent on individual compliance with the requirements even though the numbers of students and scholars continues to grow each year thus making oversight of such compliance more complex. Minimum standards that have been in place are based on standards that are over ten years old. Students and scholars have reported well over twenty different insurance plans each year and each plan has its own standards with differing documentation and procedures which are difficult at best to interpret when attempting to determine if these plans meet the minimal appropriate standards of coverage. In addition there have been numerous complicated medical cases reported to the OIP and other offices on campus and it has come to the attention of the administration that in many of these cases that students and scholars are underinsured or have allowed their policies to lapse even in the face of the fact that AU has guaranteed that all participants in its BCIS and DOS approved programs will and are complying with both the financial support and insurance requirements. Since 9/11/01 there is increased vigilance and monitoring of all aspects of international student and scholar compliance with university policies as well as with US immigration policies relevant to non-immigrant visa holders. Monitoring of the social security employment system, public assistance programs, and a myriad of other components of our society has become the norm. Data that was simply reported in the past is now subject to verification and audit specifically by the INS, DOS and US Department of Justice. It is very clear that simply reporting to the various agencies that students, scholars and dependents are certified as having sufficient funding for their program or carrying minimal insurance is no longer sufficient in carrying out these responsibilities. We now have a wide range of mandates to monitor the accuracy of all information associated with the AU, BCIS and DOS approved programs as well as continued compliance with all federal regulations.

## Key Quotations from Regulatory language and what BCIS/DOS officers look for:

- (This case predates changes and amendments to the BCIS and DOS regulations however it addresses the specific financial support requirements which remain intact in the regulations to this date – 5/27/02) UNITED STATES COURT OF APPEALS FOR THE SIXTH CIRCUIT and the UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OHIO, WESTERN DIVISION 664 F. Supp. 282; 1986 U.S. Dist. Wail Ahmed, et al., Plaintiffs, v. University Of Toledo, et al., Defendants –FINDING OF FACT: (10) Each plaintiff signed the Form I-20 which was prepared and sent to him by the University of Toledo, indicating that he was financially able to support himself while in the United States while pursuing a full course of study and further indicating "I agree to comply [\*\*7] with the above terms and with any other conditions of my admission, and those of any extension to stay." CONCLUSION OF LAW: The policy in question does not strike at the students' ability to exist in the community. Rather, the policy seeks to protect students' ability to exist in the community, taking cognizance of the high costs of health care in this country. See Foley v. Connelie, 435 U.S. 291, 295, 55 L. Ed. [\*\*13] 2d 287, 98 S. Ct. 1067 (1978). Strict scrutiny is not applicable where it is unreasonable to impute to the federal government a policy against the University's insurance scheme. The Court finds that the University's policy is consistent with the purposes of federal immigration law. The federal government treats this subclass somewhat differently than other groups in requiring a demonstration of their financial responsibility. (7) The Court finds that the insurance requirement is a logical and legal extension of the policies of Congress and the Immigration and Naturalization Service established in 8 U.S.C. § 1101(a)(15)(F)(i) and the Regulations thereunder. The federal government classifies aliens who legally enter this country either as immigrants or as nonimmigrants. Within the latter class are a number of subclasses, one of which is the student group in question. The federal policy requires that these students be financially responsible: the institution which the student will attend [\*\*16] must certify that the student is entering this country with sufficient financial resources to meet all of his or her anticipated expenses. The requirement that this group of students maintain health insurance furthers the federal policy requiring their financial responsibility. The policy both mirrors [\*288] federal objectives and furthers legitimate state goals. (9)The policy furthers the legitimate state end of preventing catastrophic harm to students. It furthers the federal policy of assuring the F-1 visa holders are financially responsible.
- NAFSA: Association of International Educators Advisors Manual of Federal regulations affecting students and Scholars- Section 3.3.1.4 Review of Financial Support - The school must obtain reliable documentation that the student has financial resources adequate to meet the expenses while studying at the school; 3.3.1.4.1 Estimate of Expenses - ....expenses including tuition, fees, books, supplies, maintenance (lodging and food), health insurance, taxes and miscellaneous expenditures..; 3.3.1.4.2 Period covered by financial support documentation - The school should require actual documentation that funds exist at least for the student's first year of study and that barring unforeseen circumstances adequate funding will be available from the same or equally dependable sources for the subsequent years. This is the same standard that consular and I.N.S. officials will use to determine the student's financial ability.
- (From Department of State “What Consuls Look for” Document). Determining Financial Status of **F-1 Student** The phrase "sufficient funds to cover expenses" referred to in 41.61(b)(2) REGS/STATS means the applicant must establish the unlikelihood of either becoming a public charge as defined in INA 212(a)(4) or of resorting to unauthorized U.S. employment for financial support. An applicant must provide documentary evidence that sufficient funds are, or will be, available to defray all expenses during the entire period of anticipated study.

- INA: ACT 212 - General Classes Of Aliens Ineligible To Receive Visas And Ineligible For Admission; Waivers Of Inadmissibility (4) Public charge.- (A) In general.-Any alien who, in the opinion of the consular officer at the time of application for a visa, or in the opinion of the Attorney General at the time of application for admission or adjustment of status, is likely at any time to become a public charge is inadmissible.
- 8 C.F.R. 214.2(f) Students in colleges, universities, seminaries, conservatories, academic high schools, elementary schools, other academic institutions, and in language training programs -- (1) Admission of student (i) Eligibility for admission. A nonimmigrant student and his or her accompanying spouse and minor children may be admitted into the United States in F-1 and F-2 classifications for duration of status under section 101(a)(15)(F)(i) of the Act, if the student: B) Has documentary evidence of financial support in the amount indicated on the Form I-20 A-B/I-20 ID; (note Item 7 d on I-20 includes “medical insurance”)
- 8 C.F.R. Sec. 214.4 Withdrawal of school approval. (a) General -- (1) Withdrawal on notice. If a school's approval is withdrawn on notice as provided in paragraphs (b), (c), (d), (e), (f), (g), (h), (i) (j), and (k) of this section, the school is not eligible to file another petition for school approval until at least one year after the effective date of the withdrawal. The approval by the Service, pursuant to sections 101(a)(15)(F)(i) or 101(a)(15)(M)(i) or both, of the Act, of a petition by a school or school system for the attendance of nonimmigrant students will be withdrawn on notice if the school or school system is no longer entitled to the approval for any valid and substantive reason including, but not limited to, the following: ix) Issuance of Forms I - 20A or I - 20M to students without receipt of proof that the students have met scholastic, language or financial requirements
- 22 C.F.R. Sec. 62.10 Program administration. Sponsors are responsible for the effective administration of their exchange visitor programs. These responsibilities include:(a) Selection of exchange visitors. Sponsors shall provide a system to screen and select prospective exchange visitors to ensure that they are eligible for program participation, and that:(b) Pre-arrival information. Sponsors shall provide exchange visitors with pre-arrival materials including, but not limited to, information on:(7) Health care and insurance; and(3) Available health care, emergency assistance, and insurance coverage;
- 22 C.F.R. Sec. 62.14 Insurance.(a) Sponsors shall require each exchange visitor to have insurance in effect which covers the exchange visitor for sickness or accident during the period of time that an exchange visitor participates in the sponsor's exchange visitor program. (h) An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant. (g) An accompanying spouse or dependent of an exchange visitor is required to be covered by insurance in the amounts set forth in Sec. 62.14(a) above.
- 22 C.F.R. Sec. 62.15 Annual reports. Sponsors shall submit an annual report to the Department of State. An illustrative form of such report may be found at Appendix D to this part. Such report shall be filed on an academic or calendar year basis, as directed by the Department of State, and shall contain the following: (d) Proof of insurance. Certification of compliance with insurance coverage requirements set forth in Sec. 62.14.

- 22 C.F.R. Sec. 62.40 Termination of program participation. (a) A sponsor shall terminate an exchange visitor's participation in its program when the exchange visitor:(4) Willfully fails to maintain the insurance coverage required under Sec. 62.14 of these regulations;
- 22 C.F.R. Sec. 62.45 Reinstatement to valid program status. (3) You may not correct the exchange visitor's records with respect to a technical or minor infraction of the regulations in this part if the exchange visitor has willfully failed to maintain insurance coverage during the period for which the record is being corrected;
- 22 C.F.R. 62.50 (E) (formerly Sec. 514.50) Sanctions. (a) Reason for sanctions. The Agency may, upon a determination by the office of Exchange Visitor Program Services ("EVPS"), impose sanctions against a sponsor which has: (1) Willfully or negligently violated one or more provisions of this part; (2) Evidenced a pattern of willful or negligent failure to comply with one or more provisions of this part; (3) Committed an act of omission or commission which has or could have the effect of endangering the health, safety, or welfare of an exchange visitor; or....

Finally in closing, this policy will provide not only the students, scholars and their dependents with the tools to use in meeting their health care needs but also AU OIP with a mechanism to ensure that the support infrastructure is present for everyone involved include the US federal and state agencies as required. It is our hope that this background information provides the reader with an in depth understanding of the information and compliance issues behind this decision. The health and safety of all international students, scholars and their dependents if of crucial importance to Auburn University.

### 6.3.2: Legal Aspects of Health Insurance

You should be aware that an insurance policy is a contract between you as the policyholder and the insurance company. Like leases for apartments or other legal documents, every word has special meaning. Not understanding these words and sentences before you buy your plan may result in expensive medical bills and confrontations with the insurance company or medical provider. International students and visiting scholars should ask someone at AU Medical Center or call the insurance company to clarify the contract with them. Here are some words that are commonly found in insurance contracts:

- **Benefits:** The money the insurance company pays the health care facility if you become ill or injured. These may be paid directly to the health care provider, i.e. the physician or hospital.
- **Claim:** The procedure you use when you request money from the insurance company. This is normally done on a “claim form”. Sometimes the health care facility will bill the insurance company directly. Other times, you must pay the health care costs yourself first and the insurance company must reimburse you later. When you request reimbursement, you are "filing a claim".
- **Coverage:** These are conditions for which the insurance company will pay. Some insurance policies provide coverage for maternity, dental, or psychiatric care; others do not. See the definition for “exclusions” as these limit the coverage.
- **Copay:** Dollar amount usually low, for example the \$25 for each visit to a physician. The health care provider then bills the insurance company for the remaining cost of the service.
- **Deductible:** The portion of medical costs that you pay yourself. If the contract indicates "US\$200 deductible," this means you pay the first \$200, and the insurance company then pays some if not all of the rest. The deductible is usually applied to medical care received

(other than physicians or office visits). Most insurance policies require policyholders to pay a portion of the expenses; this decreases the cost of the insurance policy.

- Dependents: Your spouse and children. If you are here with your family, your insurance policy should offer coverage of your dependents.
- Exclusions: Conditions under which the insurance company will not pay. For example if you are intoxicated or drunk they may not pay for any injuries you experienced due to your deciding to become intoxicated. You will then have to pay for all care (including follow-up care) due that specific injury or illness you receive out of your own finances.
- Policy: The insurance contract and all the descriptions.
- Premium: The price you pay for your insurance policy
- Rider: Additional specific benefits which normally are not included in the policy, such as maternity, dental, optical, catastrophic health provisions, etc. for which you pay extra money. These "riders" are added to your basic insurance policy.

### 6.3.3: How to Use Your Insurance

After you receive your insurance plan, the insurance company should issue an insurance card (often sent in the mail), which you should keep in your wallet at all times with other identification cards. If you do not receive a card from the insurance company or AU OIP, call them to ask for one as all health care providers will ask you to show this card when you go for care. When you visit the health care facility, ask the person who takes your card whether he/ she will send the bill to the insurance company directly, or whether you must file a claim yourself. If you are treated for something for which you have to pay a portion, the insurance company and or health care provider will then inform you of how much. It is extremely important that you save all bills associated with your visits for any medical care in case you need to file a claim or challenge a bill or payment.

Some procedures must be pre-authorized by the insurance company before they will pay for the procedure. Be sure to contact the insurance company you are using before you undergo a procedure so that you and your physician know exactly what will be covered by your policy.

When filing a claim make copies of all the bills, the claim form, and any other documents before mailing the claim to the company. It is critical that you keep copies of all correspondence with the insurance company and keep a record of the dates and times you mailed the information or spoke with them about any claim. It is critically important to be sure that you understand the insurance policy so that you know what the insurance company will and will not cover.

If you need a claim form or have a problem with a bill always call the health provider first then call the customer service or claims number for your insurance company. Once you receive a notice from the insurance company on your claim and if you do not agree with their decision you have a right to challenge their decision however make sure all claims and such challenges are done in writing keeping a record of all the information.

### 6.3.4: Maternity Coverage

Please note pregnancy for the purposes of insurance is a medical condition that can be considered a PRE-EXISTING condition under certain conditions. Some students/scholars plan to have children while they stay in the United States of America. If you are not insured or are changing

policies, maternity will be treated as a pre-existing condition based on the date you became pregnant. Be careful when planning on having a child to make sure that you are fully insured. Insurance will only cover you if you carried the policy BEFORE a child is conceived AND if you are beyond the pre-existing conditions waiting period. Costs for prenatal care and delivery can be very high therefore make sure you think about your coverage before beginning a family. Additionally do not forget that your child will need to be covered by health insurance prior to delivery so when the child is born the coverage will begin. Most insurance plans have a very limited period of time in which you can get continued coverage for the child. Typically you must add your child to your insurance policy within 31 days of birth. Also remember that when a child turns reaches age of majority (usually either 18 or 21) most policies will cease to cover the child as a dependent and they will need to find insurance of their own.

## 6.4: Health Emergencies

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A health emergency is defined as someone is suffering from serious bleeding, pain, or mental disorder and/or is in danger of death. Such an emergency differs from other cases in its seriousness and urgency. For example, a person does not normally go to the Emergency Room when he/ she suffers from a sore throat or feels slightly ill in such cases you are encouraged to go to the Medical center or call them. Often when one is in a new country or situation it is difficult to determine what constitutes a health emergency, under such circumstances if you feel extremely ill and feel that you may need immediate care please contact your family physician, the AU medical clinic or go to the nearest hospital emergency room.

### 6.4.1: How to Telephone an Ambulance

If someone is not available to take you or an injured person to the hospital you should call for emergency assistance. In the United States of America, the all-purpose emergency telephone number is just three digits: **911**. This should work free of charge from any telephone including cell phones in the United States, if you have a cell phone and are unsure about whether you can access 911 please contact your cell phone company. Because this number handles health, crime, and fire emergencies, you should tell the operator that this is a medical emergency and an ambulance is needed. Children should learn how to dial this emergency number and relate the necessary information in case they must call for help by themselves.

The 911 operator will ask you to: explain the nature of the illness (bleeding, convulsions, etc.); give the street and apartment address of the victim and his/ her telephone number; give your own name; and depending on the situation the operator will provide you with instructions on what you can do to help the victim or yourself while the ambulance is on its way. Do not hang up until you are instructed to do so. Please note that if you accidentally dial 911 you should remain on the line and advise the operator of your mistake. The 911 system is designed to automatically indicate where the call is coming from and the operator may dispatch emergency services such as police or fire department personnel to that address just to be sure that the caller is OK. This mistake is most likely to happen when dialing long distance from business phones that require you to dial 9 first then 1 followed by the other digits. It is even more likely when dialing internationally from such business numbers where you must dial 9 first then 011 to get an international line before dialing your country codes, etc.

#### **Medical Emergency Telephone Numbers**

**Local Police, Fire and Ambulance: 911**

**East Alabama Medical center –(334) 749-3411**

**Crisis Center – (334) 821-8600**

**Alcoholic Anonymous – (334) 745-8405**

**Family Violence Shelter –(334) 749-1515**  
**Family and Child Services – (334) 742-2112**  
**Alabama Council on child Abuse –1-800-239-2004**  
**Rape Counselors of East Alabama –(334) 741-0707, (334) 745-8634**  
**Poison Control – 1-800-462-0800 or 1-800-292-6678**

It is a good idea to keep these numbers always beside your telephone, along with your name, your address, school contact information and your telephone number, in case of an emergency. If your spouse or children do not speak English very well, you should have this information written down for them and keep it next to the telephone. You should also make sure that they carry this information on them at all times. In an emergency it is easy to forget one's address, or to forget English if it is not your native language.

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## 6.5: Choosing a Private Physician

It may be necessary to visit a specialist if the AU Medical Center is not able to handle a given complex medical condition. If you are looking for a specialist in a specific area of medicine the AU Medical Center can offer you referral information. You should also go online at [www.uhcsr.com](http://www.uhcsr.com) and use the “provider” search function for UnitedHealthcare Options PPO. Here you will find all the physicians and other health care providers in the area who are members of the network. When you use a private physician, you must consider how you will arrange for payment of services. Most insurance plans require that you use IN NETWORK physicians and health care providers in order to receive the maximum benefits for reimbursement of costs otherwise you will incur higher expenses for use of OUT OF NETWORK providers. Many insurance plans REQUIRE that you have a written referral letter from a general physician so that you can use the specialist services under your insurance plan. The AU Medical Center can provide you with such referrals as needed. Again, many of the specialists will bill the insurance company directly and others will bill you after which you must file a claim to receive reimbursement for expenses.

### 6.5.1: Making An Appointment

Many doctors and clinics will require you to make an appointment before you can go in to see them. If you use the AU Medical Center you can go during regular hours on a walk in basis where you may be seen by a nurse or nurse practitioner or even physician. Without an appointment you may however have to wait from a few minutes to a few hours. Most private physicians however do not provide for walk in service except under special circumstances. For most office visits you may need to wait a few days or even a few weeks for an appointment. A feature of the U.S.A. health system that is also important is that you arrive for your appointment on time. Even though the physician may not see you for a while after your scheduled appointment you must arrive on time or someone else may be given your appointment time. Physicians see many people in one day and may not have time to see you at all if you are very late for your appointment. Additionally if you do not call ahead about being late, skip or forget an appointment you may find that the physician bills you for the appointment even though you did not receive the services. Not all health care providers do this but make sure you check with them when you schedule your appointment.

Also before going in for your appointment the physician will be better able to help you if you have some information on the specific health problem you are experiencing. This is why it is important to make sure when you arrive that you have health history records, including immunizations, allergies, and medical conditions, on file with the clinic and which have been translated into English.

## 6.6: Local Hospitals, Urgent/Immediate Care Centers and Clinics

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The largest local hospital with an emergency room is East Alabama Medical Center. It offers a full range of services to patients, including medical/ surgical services, obstetrics, pediatrics, and psychiatric care. Emergency care is available with physician referrals.

You can call up the East Alabama Medical Center Emergency Room at 749-3411 for any urgent medical care. If you are traveling to other areas of the U.S.A., check the local phone books for hospitals and urgent/immediate care centers (which are centers that specialize in walk in medical care but not necessarily hospitals).

### 6.6.1: Women's Clinics

The women's clinics in the Auburn area offer a variety of specialized services from family planning and counseling to physical examinations. The AU Medical Center has a women's clinic.

### 6.6.2: Maternity Care

**Prenatal care** - Most physicians and midwives in the U.S.A. prefer to monitor an expectant mother throughout her pregnancy, so pregnant women should choose an obstetrician (a doctor who specializes in delivering babies) early. Care before delivery is known as "prenatal care;" care after delivery is called "postpartum care." Consult the Medical Center for a referral for these type of services.

**Childbirth Preparation Classes** - The local hospital has facilities for delivering babies, and offers "Childbirth Preparation" classes for expectant mothers. These classes are intended to orient expectant mothers to changes in their bodies, the childbirth process and what to expect after childbirth. Contact the AU Medical Center, your physician or the local hospitals to find out more about their childbirth preparation courses.

### 6.6.3: Dental Care

Dental care is not normally covered by health insurance policies however the average American visits a dentist or hygienist (a professional who cleans teeth) usually once or twice per year. Cleaning by a dental hygienist is normally done twice a year with x-rays being taken regularly over a three-year period to check for cavities. Fillings and other dental work can be costly therefore by properly caring for teeth with regular checkups you should experience few problems. Most dentists require that for your first office visit a series of x-rays be taken so they can determine the condition of your teeth and what needs to be done. If you have dental records that are recent bring them with you at the time of your appointment.

**Voluntary dental care plans are now available through United Healthcare Student Resources, check with OIP for more information.** Private dentists may be found in the "Yellow Pages" of the telephone book under the heading "Dentists." It is necessary to take appointment before you visit and not all dentists will accept the voluntary dental care insurance that you may have.

## 6.6.4: Eye Care

Eye care is not normally covered by health insurance policies however the average American seeks eye care from an optician, optometrist, ophthalmologist or physicians depending on the nature of the problem. Eye care is usually once per year or every couple of year, the older you are the more often you should have your eyes checked for glaucoma and other disease. Most common is the seeking of corrective eye ware (glasses or contact lenses). If you have eye care records that are recent bring them with you at the time of your appointment or take any eye ware with you so they can be checked. The AU Medical Clinic has an eye care clinic available to all students and scholars, their dependents and friends as well as other family members.

Private eye care facilities may be found in the "Yellow Pages" of the telephone book under the headings "Optical or Optometrists or Physicians & Surgeons-MD Ophthalmology (Eyes)." It is necessary to take appointment before you visit and not all eye care providers will accept the voluntary eye care insurance that you may have.

## 6.6.5: Mental Health

Good mental health relates to good physical health. Mental health and personal counseling is something that often is a very personal condition and in some settings may be negatively perceived even though such conditions are very clearly as important as any physically visible or more readily diagnosed medical conditions. Maintaining a positive mental state permits a person to function effectively in normal and stressful situations. Mental health can be a difficult topic to define specifically, because the definition varies between cultures. People who normally cope very effectively with situations in their own countries may find themselves needing assistance from time to time, due to the new cultural environment. In general the following behaviors may indicate a mental state for which someone should seek treatment: prolonged depression; suicide contemplation; physical, verbal or mental abuse; alcohol abuse, or drug abuse.

If you or someone you know is experiencing any distressing feelings, you should seek help or advice on how to get assistance. Many sources of help are available to people who need mental health counseling, and often in the U.S.A. it is expected that people will take the initiative themselves to seek help when they need it. Seeking help is acceptable, expected, and confidential. Some people refuse to seek help because they feel uncomfortable about sharing their personal concerns with outsiders. If you feel you may need some help in overcoming a situation, please do not hesitate to ask for it. The AU Medical Center has a range of counseling staff readily available to assist you with or to whom the can refer you to for virtually any condition. AU staff is especially aware of the difficulties international visitors face. No question is too simple or too foolish to be asked!

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## 6.7: Awareness About AIDS (HIV)

The Acquired Immuno-Deficiency Syndrome or AIDS is a serious health threat to persons of every race, nationality, age group, and sexual preference. It is an illness caused by virus which can destroys the immune system of the body? The virus eliminates one's capacity to fight against other illnesses that invade your body. These illnesses can and often will cause one's death. So far there is no cure for AIDS only very extended and costly treatments. Who you are has nothing to do with whether or not you are in danger of being infected.

AIDS is a sexually transmitted disease. There are very few ways in which one can become infected with the AIDS virus. It can be transmitted through semen, vaginal secretions, and blood, by having sexual relation with an infected person, or by using drugs and sharing the needle or the syringe, through body piercing, tattooing, etc. Babies of women who are infected with the AIDS virus can be born with the AIDS virus, because AIDS can be transmitted through the blood of the mother to the baby during pregnancy or labor. Receiving infected blood has infected some hemophiliacs and others. Donating blood at a blood bank or hospital does not put you at risk of being infected with AIDS. The needles used for blood donation are new and sterile, and once used, they are destroyed. You cannot get AIDS when donating blood. Some persons have been infected with the AIDS virus by receiving transfusions of blood before 1985, before the AIDS virus was identified. Today all donated blood from the United States is screened for the AIDS virus. Although sexual abstinence will prevent the sexual transmission of AIDS, condoms (prophylactics, "rubbers") in combination with spermicides (foam or cream used with an ingredient that kills sperm) are other method for those who engage in sexual relations with a partner whose sexual history is not known.

If you suspect you have AIDS or have any questions about the disease see a health care practitioner immediately.

## **6.8: Review of Public Charge and Health Care**

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As you are already aware from reading the section on US immigration regulations, the regulations require that when entering the US you prove that you have sufficient funding to cover ALL your projected expenses including medical care while you are in the US. Medical care is one of the few areas in which there may be considerable confusion as to whether Public Charge rules applies or not. US hospitals and medical facilities are required under law to provide care "regardless" of the ability to pay for it, however be assured that they will attempt to collect first from any insurance plans, those who guarantee the bill payment when you are checked in, the patient directly and then companies such as the drug companies, local/state agencies and finally the federal government.

There are many public services that may be available to individuals residing in the US. These services are based on local, state and federal public funding and may or may not be available to you depending on the regulations associated with each program. Definitions and interpretations of public charge can only be decided upon by the courts and immigration authorities, to be SAFE **DO NOT ACCEPT** any form of public assistance PAY all your health care bills. Make sure you and your family are covered by health insurance at ALL times during your stay in the US. Public charge, going into serious debt, etc. are all issues that will be reviewed if you ever apply for other immigration benefits such as permanent residency, naturalization as a US citizen, and even visas. All the US local, state and federal agencies that provide public services are becoming linked through computerized database networks where such information can be easily tied to individuals and their families.

Even in light of this advice we are aware that there may be situations where you have a serious medical conditions please get treatment, prevention is the best solution. If you have questions about health care please contact the AU medical clinic or any health care provider for assistance. Your and your family's health and well being are very important to us!

**For current AU International Student and Scholar Health and  
Emergency Assistance Insurance**

**information please check the OIP web site:**

**<http://www.auburn.edu/academic/international/insurance/>**