



Carry Your Card

If you do not have a health insurance card, you can often download a digital version from the company's website. Many companies have an app, or simply take a picture of the front and back of your card. Your health insurance card has your policy number which you will need in order to inquire about your benefits.



Understand Your Benefits

You may look up your benefits (primary care, mental health or behavioral health, pharmacy, etc) with your health insurance company's website, or call the number on the back of the insurance card and ask the question below. Sometimes there is a special phone number for information about mental health benefits.



Common Questions with Health Insurance

What is my deductible? This is an amount you will have to pay each year before your health plan picks up provider charges. This should not be confused with *premium*, which is the total annual or monthly cost to enroll and maintain health insurance.

What has already been applied to my deductible? It is possible you may have already met all or part of your deductible for the year, and you can confirm this with your insurance provider.

What will my co-pay be for each appointment with a provider in the community? This is a flat fee you may be responsible for paying each time you go to an appointment. Copays may vary in amount with each type of service provided.

Do I have co-insurance? This is a percentage of the total cost for the visit. For example, if the charge per session is \$80 and your co-insurance is 10%, the amount you would be responsible for co-insurance is \$8.



Keep in Mind

Staying "in-network" often saves you money. "Out-of-network" means the provider does not have a contracted fee with your insurance company and can charge you what they want. Your insurance company may not pay for out-of-network and if they do, it will be more expensive for you. View your plan document and health plan website for more information about the in-network providers to keep costs at a minimum.

Each year your deductible resets. You will need to be prepared for when this occurs and know when the new plan year starts, usually January 1st (Aetna Student Health plan year is from August 15th to August 14th). Benefits often change each year, and employers may switch companies.

Some insurance companies have limits on the number of sessions or require pre-authorization to be seen by a therapist.



Search for Potential Providers

Search UVA's referral website <https://www.studenthealth.virginia.edu/community-referrals> , www.psychologytoday.com or your insurance company website's provider directory and to be sure you are seeing a provider listed in-network. Aetna Student Health provider list is here: www.aetnastudenthealth.com.

Finding Health Insurance that Works for You

Sometimes students find that their current health insurance company does not cover the services that they need while they are attending the UVA. Student Health encourages students and their families to compare their existing plan to the [Aetna Student Health plan](#).

Questions? Please contact our Insurance Coordinator, Kellie Gildersleeve keg5a@virginia.edu or 434-297-6924 or call CAPS and ask to speak to a Care Manager at 434-243-5150.