

西交利物浦大学学生保险问答手册

(20211029)

1. 我校学生保险包括哪些？

我校学生的医疗保险主要分为两大块：

(1) 园区居民基本医疗保险，2021 年度个人缴纳 **160** 元，包括**基础医疗保险** 130 元和**大病补充保险** 30 元（该费用每年随社保中心标准调整）。由学生个人出资，该费用将通过代收费系统统一批扣。

(2) 商业保险，作为对基本医疗保险的补充，由学校出资。

2. 学生保险如何申请？

上述保险都会由学校统一申报、办理，无需个人提出申请。

居民基本医疗保险

3. 什么是居民基本医疗保险？

居民基本医疗保险是由城乡居民个人参保，社区、村集体扶持，区、镇财政资助相结合的一项基本医疗保险制度。

园区在校大学生以学生身份参加园区居民基本医疗保险。

[苏州工业园区居民基本医疗保险管理办法](#)

4. 居民基本医疗保险的结算年度？

居民基本医疗保险结算年度为每年 1 月 1 日至 12 月 31 日。每年新入学大学生，结算期限为入学报到之日起至次年 12 月 31 日。

5. 医保卡什么时候发？

新生（包括所有新大一、硕士、博士和交流访问学生）的医保卡会在第一学年的第二学期发放，请留意一站式或 DA 通知。

注意：根据苏州市一人一卡的原则，部分同学过去曾在苏州就读、就业或定居，且已领取过医保卡（也就是市民卡），将不会发放新的医保卡，原卡可以继续使用（自 2022 年 1 月 1 日起原卡可刷）。

从 2021 年 5 月起，苏州市响应江苏省医疗保障局要求，正式启用第三代医保卡，2021 年的新生将直接申领到三代卡。

20 级及之前的学生目前旧卡仍可继续使用，也可根据自身需求换领三代卡，如何换发请参考：

https://mp.weixin.qq.com/s/3_Yx7IPBBoTL5CUeG1Jctg

三代卡的最大变化是可以**异地刷卡就医**：上海市可以直接刷卡就医

<https://mp.weixin.qq.com/s/WbToxtUeTlumgoc9ZH2ZPA>

江苏省内在“异地就医登记备案”后也可直接刷卡就医，备案申请：

https://www.sipspf.org.cn/GJJ_WEB/application/gjj/bzgguide/bzgFirstDetail.jsp?gbgid=20190617161848476263533

6. 学生如何持卡就医？

学生在定点医疗机构就医时只需携带市民卡。刷卡时，只需向医疗机构支付个人承担的费用（包括自付和自费部分），其他费用由“中心”与定点医疗机构按规定结算。

[苏州工业园区居民基本医疗保险定点医疗机构](#)

7. 学生医疗保险的赔付比例？

A. 门诊医疗

参保中小学生和学生在定点医疗机构门诊发生的符合规定的医疗费用，年度累计在 1200 元以内享受医疗保险基金 65%的医疗补助。**即每个自然年门诊最多报销 780 元（2021 年度起）**

B. 门诊特定项目

居民医疗保险门诊特定项目包括在门诊治疗的尿毒症透析、恶性肿瘤化疗放疗、器官移植后的抗排斥药物治疗、重症精神病（包括精神分裂症、重症抑郁症、伴有精神病症状的躁狂症、双相情感障碍症、精神发育迟滞伴精神障碍、癫痫所致精神障碍）、血友病、再生障碍性贫血、老年性白内障。

[门诊特定项目诊断认证和赔付标准](#)

[如何申请门诊特定项目](#)

C. 大病住院

①参保学生在定点医院发生的符合规定的住院费用，在起付标准 500 元以上，最高支付标准 50 万元以内的部分，按分段累计的方法从学生医疗保险基金中结付，具体支付比例如下：

结付比例	金额	大病保险统筹基金结付比例
	起付点至 4 万元	75%
	4 万元至 10 万元	80%
	10 万元至 20 万元	90%
	20 万元至 50 万元	95%
	50 万元以上	无

②参保人员（中小学生和少儿、大学生除外）当年第二次以上住院的起付标准统一为 100 元。精神病人在精神病专科医院住院治疗不设起付标准，住院费用直接由大病统筹基金按规定比例结付。

③参保人员在医疗保险结算年度内（1 月 1 日-12 月 31 日），累计大病住院和门诊特定项目医疗费用以 50 万元为封顶线，超过封顶线以上的医疗费用，大病统筹基金不再结付。

居民医疗保险待遇

8.哪些情况下发生的医疗费用可以申请报销？

在苏州就诊时，请直接使用医保卡，在**未能使用医保卡时产生的自费医疗**费用，满足以下条件，可申请费用回刷：

（1）在苏州定点医疗机构产生的自费医疗费用，可携带医保卡+就诊发票前往该医疗机构申请费用回刷。（[苏州工业园区居民基本医疗保险定点医疗机构](#)）

注：费用回刷仅限当年费用，如 2020 年发生的医疗费用在 2021 年无法回刷，因此，如需回刷请在当年度尽快办理。

满足以下条件之一，可申请手工报销：

- （1）大一（包括研一和博一）新生在**开学日至该年 12 月 31 日**内，在苏州定点医疗机构产生的**自费医疗费用**；
- （2）按规定办理居外、转外就医期间在**苏州以外**其他城市发生的**自费医疗费用**；
- （3）因急诊、急救在**苏州以外**其他城市的乡镇以上医院发生的**自费医疗费用**；
- （4）参保学生在**原户籍地**的定点医疗机构发生的符合医疗保险规定的**自费医疗费用**；（不论户籍是否迁到学校，都可在户籍所在地就医后进行手工报销）
- （5）上述情况之外的**其他自费医疗费用**（该项需酌情，请直接咨 insurance@xjtlu.edu.cn）
- （6）如果是意外受伤，或者住院，即使就诊时已使用医保卡，也可申请二次报销。

注：“自费医疗费用”指的是就医时使用身份证挂号并全部使用现金支付，使用过医保卡支付后，未能报销的自付部分不属于“自费医疗费用”

9.如何申请手工报销？

请提交报销所需材料交至学生一站式服务中心，一站式在收集整理后会在每月底提交园区公积金中心申请审核报销，一般需 4-8 周会有结果，届时会以邮件通知。

手工报销所需材料：

- (1) 发票原件
- (2) 相关病例 (原件或复印件都可)
- (3) 户口本复印件或户籍页（户籍地就医时需提供，如户籍已迁到学校，则需提供原迁出地户口本复印件，并前往永安桥派出所打印一份户籍证明）

- (4) 出院小结和费用清单原件（住院就医时需提供）
 - (5) 入院记录原件（因意外受伤住院时需提供）
 - (6) 身份证和银行卡正反面复印件（住院或意外受伤就医时需提供，银行卡需本人名下的卡，并告知开户行）
 - (7) 急诊病历 或 转院证明原件 或 居住证明（在户籍地以外的第三方城市就医需提供）
- PS：手工报销需在发生费用后的三个月内提交，过时无法受理。

社保大病补充保险

该政策为 2021 新政策，园区公积金中心仍未发布正式的公文，待公积金中心发布后，会第一时间分享。

商业保险

10. 每年学生商业保险的结算时间？

每年 9 月 1 日---次年 8 月 31 日（新生从开学日期）

11. 学生商业保险的保险项目有哪些？

我校购买的商业保险主要保险项目与赔付方案如下所示：

保障项目	保障内容	保障额度 (元)	给付比例
意外身故 (一次给付)	因意外身故	100,000	100%
意外致残 (一次给付)	因意外致残，根据伤残程度 按比例赔付	100,000	按伤残等级比例赔付
门诊医疗 (仅限意外)	因意外发生的门诊医疗费用	5,000	社保范围内社保报销后 100% 其中包含 500 元自费药、自费项目、自费材料
住院医疗 (包含意外、疾病)	因疾病或意外发生的住院医疗费用	50,000	社保范围内社保报销后 100% 其中包含 3000 元自费药、自费项目、自费材料
重大疾病 (一次给付)	符合条款约定的 29 类大病一 次性给付	150,000	100%

★“医保核定范围内 100%”有两层含义，首先大前提是在医保核定范围内的医疗费用方可享受该待遇，其次如果是住院医疗费用符合“基本医疗保险统筹”，则先由基本医疗保险赔付，再由商业保险在 100%赔付剩余费用；如果是在“基本医疗保险统筹”范围之外的，则由商业保险 100%实行赔付。

“医保核定范围”的含义为城镇居民医疗保险统筹基金可列支的诊疗、服务设施和药品范围，参照《苏州市社会保险可用药范围》和《苏州市社会医疗保险医疗服务项目结付范围》。

12. 商业报销的报销流程？

因为商业保险只有手工报销一种报销手段，所以当有符合商业保险保障范畴的医疗费用发生，不论园区社保是否已先行赔付过，都可拿到一站式服务中心进行手工报销。需提供材料除相关病例、发票、费用清单等，另需提供身份证复印件和本人银行卡复印件。

13. 如果对于学生医保有任何疑问，如何联系？

学生一站式服务中心：邮箱：insurance@xjtlu.edu.cn 电话：0512-88161854

园区公积金中心电话：0512-62888222

(Local Students) XJTLU Student Insurance Q & A (20211029)

1. What are the types of student insurance in XJTLU?

Student insurance in XJTLU mainly includes two parts:

- 1) SIP Fundamental Medical Insurance: The insurance includes a fundamental medical insurance which is supported by individuals, communities and villages and subsidized by districts and town and a supplementary commercial insurance. The financing standard of 2021 is 130 RMB per person for fundamental medical insurance and 30 RMB per person for Supplementary. Fundamental Medical Insurance is often done in late November every year.

2) Commercial Insurance

It is a supplementary insurance of Foundation Medical Insurance contributed by university

SIP Fundamental Medical Insurance

2. What's the settlement account date of Fundamental Medical Insurance?

The accounting date is from January 1st to December 31st every year. For Year 1 students, the accounting date is from the registration day to December 31st next year.

3. How to use insurance card when you go to doctors?

Students who go to designated hospitals need to take SIP Residence Medical Insurance Card.

Only self-consumed part should be paid when you pay by card, with the other fees are settled by Provident Fund Center and the designated hospital.

From May this year, according to the requirements from the Jiangsu Health Insurance Bureau, the 3rd generation of the insurance card has been released and promoted, please click the Attachment 1 for detailed information, and there are several comments:

The biggest different of the 3rd generation card is: may directly be used in other cities besides Suzhou: In shanghai without any preconditions: <https://mp.weixin.qq.com/s/WbTextUeTlumgoc9ZH2ZPA>; In other cities within Jiangsu Province, should submit application in advance:

https://www.sipspf.org.cn/GJJ_WEB/application/gjj/bzguide/bzgFirstDetail.jsp?gbgid=20190617161848476263533

4. What's the settlement ratio of student medical insurance?

A. Outpatient Insurance

Outpatient (including the emergency): 1200 Yuan out of the total costs in one year can be 65% reimbursed if it takes place in the designated hospitals and conform to the insurance requirements.

B. Outpatient serious illness

Illness	Payment Limit	Settlement Radio
hemophilia	60,000 RMB	90%
aplastic anemia	8,000 RMB	90%
psychosis	2,000 RMB	100%
cataract	3,800 RMB	90%
uremia hemodialysis, Organ transplantation after anti-rejection drugs, Tumor treatment period	Less than 200,000 RMB	90%
	Between 200,000 RMB to 500,000 RMB	95%
Tumor rehabilitation	8,000 RMB	90%

C. Inpatient serious illness medical insurance

(1) In-patient fee cost in designated hospital between the minimum of 500 RMB and the maximum of 500,000 will be paid periodically by student insurance fund. The specific ratio is in the following:

Level	Amount	Settlement Radio of comprehensive arrangement for serious disease Fund
Level 1	Between 500RMB to 40,000 RMB	75%
Level 2	Between 40,000 RMB to 100,000 RMB	80%
Level 3	Between 100,000 RMB to 200,000 RMB	90%
Level 4	Between 200,000 RMB to 500,000 RMB	95%
Level 5	More than 500,000 RMB	None

(2) Insured students' in-patient fee because of mental health in psychiatry hospital has no minimum

- (3) Paying standard, which will be directed paid according to the ratio by student insurance fund.
- (4) Payment for insured students' in-patient fee and out-patient serious illness has the maximum of 200,000 per year. The fee beyond the maximum won't be paid by student insurance fund.

5. What kinds of situations could apply for medical reimbursement?

When you visit the hospitals in Suzhou, use your health insurance cards directly. For self-paying medical costs without using the health insurance card in Suzhou, students could take the health insurance cards to the hospitals to swipe the cards and apply for the self-paying costs back if meet the below conditions.

- (1) For self-paying medical costs in the designated hospitals in Suzhou, take the health insurance cards and the medical invoices to the hospitals to swipe the cards and apply for the self-paying costs back. (The designated medical institutions of basic medical insurance for residents in Suzhou Industrial Park).

Tips: This operation is valid for the current year only. For example, if the medical invoices were happened in 2020, this operation could not be implemented in 2021. Please do it as soon as possible in the current year.

If meet one of the below conditions, students could apply for medical reimbursement manually.

- (1) Self-paying medical costs of Y1 students (including undergraduates, masters & PhD students) that occurred in the designated hospitals in Suzhou from the university opening day for new students to Dec. 31 of that year.
- (2) Those who had transferred the medical treatment in other cities outside Suzhou on the basis of relevant regulations and the self-paying medical costs happened in other cities outside Suzhou.
- (3) Self-paying medical costs occurred in the hospitals above township level of other cities outside Suzhou due to emergency treatment or first-aid situations.
- (4) Self-paying medical costs of those who have purchased student health insurances that were incurred in the designated hospitals in the original household registration places meanwhile the medical costs were in accord with the medical insurance regulations. (Including the ones who have transferred the household from hometown to Suzhou)
- (5) Self-paying medical costs of other cases other than the above situations (Consider carefully before paying the cost or you are suggested to consult insurance@xjtlu.edu.cn beforehand)
- (6) If the medical expenditure was happened due to accidental injuries or hospitalization, students could apply for reimbursement manually again after using the health insurance cards in the hospitals.

6. How to apply for medical reimbursement manually?

Submit all the medical insurance reimbursement materials to One-stop Student Service Center (CB-115E) during the working time which will be handed over to SIP Insurance Service Center for medical reimbursement application by the end of every month. It usually will take 4 to 6 weeks for the whole process and the reimbursement results will be informed to applicants through mails.

Materials required for medical reimbursement manually:

- (1) Original medical invoices
- (2) Relevant medical record materials (original documents or copies are acceptable)
- (3) Copies of household booklets or household registration pages (Provide for the cases in the hospitals of original household registration places. If the household has been transferred to Suzhou, need to get a Household Registration Certificate from Yong'an Police Station beforehand)
- (4) Original Inpatient Medical Records and List of Expenses (Provide for the case of hospitalization)
- (5) Original Hospitalization Records (Provide for the cases of hospitalization due to accidental injuries)
- (6) Front and back copies of the identity card and the bank card (Provide for the cases of accidental injuries or hospitalization. It is required to offer the bank account of the applicant and the detail bank branch of the bank card.)

(7) Original documents of Emergency Medical Records, Hospital Transfer Certificate or Residence Certificate (Offer for the cases in other cities outside Suzhou or Original Household Registration Places)
PS: The medical invoices will be valid within three months for medical reimbursement manually and are suggested to be submit timely. Pay attention that overdue materials couldn't be dealt with.

SIP Supplementary Insurance

New policies for the supplementary insurance is still not released by the SIP insurance centre, it will be updated as soon as we receive the official announcements.

Commercial Insurance (Local Student Only)

7. What's the balance date for Commercial Insurance?

It is From September 1st to August 31st every year. For Year 1 students, the accounting date is from the registration day

8. What are the conditions for we claim settlements?

As the supplementary of Fundamental Medical Insurance, Commercial Insurance is based on the Fundamental Medical Insurance. Cases have claimed Fundamental Medical Insurance balance may claim Commercial Insurance as well. Cases that are without the confinements of Fundamental Medical Insurance can also claim Commercial Insurance if it is within the claiming scope.

Whether the case is within the claiming scope should get consultation from One-Stop Center or Ms. Zhou from insurance company.

9. What are the insurance items?

Please see the main items and programs in the chart below:

	coverage	Insured Sum	Indemnity Type
Accidental injury insurance	accidental death	RMB 100, 000	Total indemnity
	accidental disability	RMB 100, 000	Indemnity pro rata (10%-100%)
Inpatient Medical insurance	general in patient medical expenses	Medical Expenses 50,000	Social security range 100% after social security to submit an expense account
Dead Disease insurance	dead disease inpatient medical expenses	Medical Expenses RMB 150, 000	Total indemnity
Outpatient Medical insurance (Accidental only)	Accidental Medical	RMB 5, 000	Social security range 100% after social security to submit an expense account

10. What are the procedures of reimbursement of Commercial Insurance?

Since Commercial Insurance can only be reimbursed manually, all the medical fees within the claiming scope can be sent to One-Stop Centre to get manual reimbursement no matter you have got Fundamental Insurance claiming or not. Medical records, invoices, detailed fees and the copy of your National Identity Card should be provided when you claim the reimbursement.

11. How and who can I contact if I have questions on the insurances?

One-Stop Student Service Centre

E-mail: Insurance@xjtlu.edu.cn

Tel: 0512-88161854

SIP Provident Fund Management Centre: 0512-62888222

NOTE: If there is any difference between English version and Chinese version, the Chinese version shall prevail.