



Hampton University

2025–2026

Student Health Insurance Plan

# Frequently Asked Questions



Student Health &  
Special Risk

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## Contacts

Answer Needed	Who To Contact	Contact Information
Enrollment, coverage, or Verification Letters	<b>Gallagher Student Health &amp; Special Risk</b>	500 Victory Road Quincy, MA 02171 Website: <a href="http://www.gallagherstudent.com/HamptonU">www.gallagherstudent.com/HamptonU</a> , click the 'Help Center' link
Benefits, claims, claims payments, and Tax forms	<b>UnitedHealthcare StudentResources</b>	UnitedHealthcare StudentResources P.O. Box 809025 Dallas, TX 75380-9025 Phone: 1-866-948-8472 Email: <a href="mailto:gshcustomerservice@uhcsr.com">gshcustomerservice@uhcsr.com</a> Website: <a href="http://www.uhcsr.com/myaccount">www.uhcsr.com/myaccount</a>
In-Network providers	<b>UnitedHealthcare Choice Plus PPO</b>	Phone: 1-866-948-8472 Website: <a href="http://www.gallagherstudent.com/HamptonU">www.gallagherstudent.com/HamptonU</a> , click "Find a Doctor"
In-Network pharmacies	<b>UHC Pharmacy Program</b>	Phone: 1-866-948-8472 Website: <a href="http://www.gallagherstudent.com/HamptonU">www.gallagherstudent.com/HamptonU</a> , click "Pharmacy Program"
Voluntary Dental and Voluntary Vision	<b>Ameritas Dental and Vision</b>	Phone: 1-855-672-3232 <a href="http://www.gallagherstudent.com/hamptonu">www.gallagherstudent.com/hamptonu</a> , click "Dental and Vision Enrollment"
Gallagher Student Health Plan Enhancements	Coast to Coast Vision ( <b>Discount Vision</b> )  UNI-CARE ( <b>Dental Savings</b> )  <b>Silvercloud (Behavioral Health)</b>	Coast to Coast Vision 800-252-3059 <a href="http://www.findbestbenefits.com/student">www.findbestbenefits.com/student</a>  UNI-CARE 800-252-3059 <a href="http://www.findbestbenefits.com/student">www.findbestbenefits.com/student</a>  SilverCloud (Behavioral Health) <a href="https://gsh.silvercloudhealth.com/signup/">https://gsh.silvercloudhealth.com/signup/</a>
Gallagher Student Health Complements (SHIP Plan Enhancements)	<b>UnitedHealthcare Global</b>	Toll-free within the United States: 1-800-527-0218 Collect from outside of the United States: 1-410-453-6330 Email: <a href="mailto:assistance@UHCGlobal.com">assistance@UHCGlobal.com</a>
Worldwide assistance services (medical evacuation and repatriation)	<b>24/7 Assistance Program</b>	Phone: 1-877-862-1172
Telehealth services	<b>HealthiestYou</b>	Phone: 1-855-870-5858 Website: <a href="https://www.healthiestyou.com/">https://www.healthiestyou.com/</a>

## Getting Started

### How do I log into the portal to enroll in or waive the Student Health Insurance Plan (SHIP)?

1. Visit [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu).
2. Under "Profile," click "Log In" and enter your student login credentials.

### How do I enroll?

#### Undergraduate Students:

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu)
2. Under "Profile," click "Log In" and enter your student login credentials.
3. Click on the "ENROLL" button under "Plan Summary."
4. Complete and submit the form by following the instructions.
5. Enrollment confirmation email will be sent.

#### Graduate Students:

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu)
2. Under "Profile," click "Log In" and enter your student login credentials.
3. Click on the "ENROLL" button under "Plan Summary."
4. Follow the instructions to complete the form.
5. You will be prompted to submit payment.
6. Enrollment confirmation email will be sent.

### How do I enroll my dependents?

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu).
2. Follow the login instructions.
3. Click on the "ENROLL" button under "Plan Summary."
4. Follow the instructions to complete the form to:
  - a. Enter your "dependent spouse/partner" and/or "dependent children."
  - b. Upload supporting documentation.\*
  - c. Enroll your dependents
5. You will be prompted to submit payment.
6. Once your dependents have been approved, you will receive an enrollment confirmation email.

You must purchase dependent insurance for the same coverage period as your own coverage; it can't be for a longer or shorter period than your own. For example, if you enroll for fall coverage, your dependents need to be

enrolled for fall coverage; you wouldn't be able to enroll them for annual coverage. If you enroll for fall coverage and do not enroll your dependents at that time, you cannot enroll your dependents unless a qualifying event occurs.

***\*Note:** If enrolling a dependent for the first time in SHIP, documentation needs to be uploaded at the time of submission. For example, a marriage certificate for a dependent spouse or birth certificate for a dependent child.*

## Waiving SHIP Coverage

To be eligible to waive your SHIP, you must be currently enrolled in a health insurance plan that meets your school's waiver requirements.

Waiver requirements include being enrolled in a health insurance plan that is fully compliant with all provisions of the Affordable Care Act (ACA), requires you to have access to providers near campus and coverage for services beyond urgent and emergency services. Therefore, if you are enrolled in an out-of-state HMO or Medicaid plan, your coverage will likely be limited — or unavailable — outside of your state's service area and will not meet your school's waiver requirements. **If a claim is submitted before you have an approved waiver, you will remain enrolled in the plan.**

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu).
2. Follow the login instructions.
3. Click on the "WAIVE" button under "Plan Summary."
4. You will need your health insurance information.
5. Follow the instructions to complete the form.
6. A reference number will be emailed upon submission; however, final determination may take 24–48 hours.

***Note:** Your insurance information is required to complete the waiver form; you do not need to upload documents at the time of initial submission. You will receive an email notification if additional documents are needed.*

### If you successfully waived SHIP coverage but decide to enroll at a later date, can the waiver be canceled?

This must be completed prior to the waiver/enrollment deadline of September 5, 2025.

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu).
2. Follow the login instructions.
3. Navigate to "Account Details."
4. Click "Click Here to Rescind Your Waiver."
5. Click "Rescind My Waiver."

***Note: Once your waiver is rescinded, this action cannot be reversed. You may not edit your form after the Waiver September 5, 2025.***

### **If I waive, but then lose my coverage, can I enroll in SHIP or enroll my dependents if they lose coverage?**

#### **Undergraduate Students:**

If you waive SHIP and then lose coverage, you can enroll in the plan. Losing coverage is categorized as a Qualifying Life Event. Other Qualifying Life Events include:

- Reaching the age limit of another health insurance plan.
- Involuntary loss of coverage from another health insurance plan.

**You can only add eligible dependent(s) outside of the enrollment period if one of these qualifying events occurs:**

- You get married
- You have a child
- You get divorced
- Your dependent enters the country for the first time
- Your dependent loses coverage under another insurance plan

#### **To initiate the Qualifying Life Event process:**

1. Go to [www.gallagherstudent.com/hamptonu](http://www.gallagherstudent.com/hamptonu).
2. Follow the login instructions.
3. Click on "Enroll-Qualifying Life Event."
4. Complete the online form and upload the required supporting document, such as the loss of coverage letter from your prior health insurance company showing your name and the last day of coverage.

***Note: Read the form carefully as it contains very specific information on the Qualifying Life Event process.***

**If your enrollment in SHIP is on a voluntary basis, there is no option for the Qualifying Life Event process if you lose coverage with your current health insurance plan.**

### **Once enrolled, can I cancel? Get a refund?**

Once you are enrolled in SHIP, you will remain enrolled in the plan for the full coverage period. You have no option to terminate coverage unless you enter the armed forces. In that case we will refund — or your student account will be credited — a pro-rated share of your premium. If you are an international student withdrawing or graduating from your school and returning to your home country, you may qualify for a refund of premium.

### Where can I get more information about my plan?

Go to [www.uhcsr.com](http://www.uhcsr.com).

### Have changes been made to this year's plan?

There were no changes made for the 2025–2026 Policy Year.

### Am I still covered while traveling? When studying abroad?

Yes, your plan covers you wherever you are. If you are enrolled in SHIP and paid the premium, you'll be covered. Your plan also provides you with 24-hour Worldwide Travel Assistance, which includes services ranging from a lost passport to helping with emergency medical assistance or arranging emergency medical evacuation or repatriation of remains. It's important to contact UHC Global 1-855-289-2618 before making arrangements on your own. Otherwise, these services will not be covered.

To access these services, please see the contact information on the back of your ID card or in [My Account](#). For more information on Global Emergency Services, please review the Assistance and Evacuation Benefits section in your Brochure-Certificate.

#### **Other information about seeking medical care abroad:**

- Always keep your SHIP ID card with you.
- Save a copy of the plan brochure and/or bookmark your student health website.
- If you get sick while abroad, you will likely need to pay for your care first and then submit bills for reimbursement. Your covered expenses will likely be considered an out-of-network expense.
- Before you submit claims for reimbursement, have the itemized bill(s) translated into English. Also include a letter informing the claims administrator you already paid for the healthcare service and need to be reimbursed.
- Write your name, ID number, address and school name on your bill(s). This will help the claims company process your reimbursement request correctly and promptly.