



# Tulane University

2025–2026

Tulane-Sponsored Student Health Insurance Plan  
For Distance Learning Students

## Frequently Asked Questions



Student Health &  
Special Risk



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## CONTACT INFORMATION

Answer Needed	Who To Contact	Contact Information
Enrollment, coverage, or service concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 Website: <a href="http://www.gallagherstudent.com/tulane">www.gallagherstudent.com/tulane</a> , click Help Center link
ID cards, benefits, claims, claims payments incurred & Tax forms	UnitedHealthcare Student Resources	P.O. Box 809025 Dallas, TX 75380 Phone 1-866-948-8472 Email: <a href="mailto:gkclaims@uhcsr.com">gkclaims@uhcsr.com</a> Website: <a href="http://www.uhcsr.com">www.uhcsr.com</a>
Preferred Provider Network	UnitedHealthcare Choice Plus Network	Phone: 1-866-948-8472 Website: <a href="http://www.gallagherstudent.com/tulane">www.gallagherstudent.com/tulane</a> , click "Find a Doctor"
Participating pharmacies	UnitedHealthcare Pharmacy Network	Phone: 1-855-828-7716 click "Pharmacy Program"
Voluntary Dental and Vision Plans	MetLife	Phone: 1-877-247-8817 Website: <a href="http://TulaneStudentBenefitPlans">Tulane Student Benefit Plans</a>
Worldwide assistance services (medical evacuation and repatriation)	UnitedHealthcare Global	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>
Additional Student Assistance Programs	Student Assistance Program	Phone: 1-877-862-1172
Telehealth services	Healthiest You	Phone: 1-855-866-0895 Website: <a href="http://www.telehealth4students.com">www.telehealth4students.com</a>

## Getting Started

Where can I learn about the Tulane-sponsored student health insurance plan (T-SHIP)?

Visit [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).

## Enrolling in My T-SHIP

Am I eligible for student health insurance?

Distance learning students only, who are enrolled at Tulane University taking 3 or more credit hours are eligible to enroll in the plan on a voluntary basis. Eligible Dependents including Domestic Partners of enrolled students may purchase the plan on a voluntary basis.

How do I login?

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

How do I enroll?

1. Go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).
2. Login under "Profile."
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.

How do I enroll my dependents?

1. Go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).
2. Follow the login Instructions.
3. Click on the "Enroll" button under "Plan Summary."

4. Follow the instructions to complete the form to enter and enroll your “dependent spouse/partner” and/or “dependent children.”
5. You will be prompted to submit payment.
6. Enrollment confirmation email will be sent.

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 T-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.*

### Can I enroll my dependents outside of the open enrollment period?

**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/tulane](http://www.gallagherstudent.com/tulane).
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. **For additional help, please see screenshots included in the Appendix.**

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

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

You may terminate your enrollment in T-SHIP **before April 30 of the policy year** if you experience one of the following qualifying events:

- You become eligible for the first time for health insurance as a dependent on your parents' or guardians' policy.
- You become eligible for the first time for health insurance through new employment or a change in employment.
- You become eligible for the first time for health insurance due to a change in marital status.
- You are graduating at the end of the Fall semester, you may request to terminate the Spring/Summer coverage.

You may also terminate T-SHIP if 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 who is withdrawing from your school and returning to your home country, you may qualify for a refund of premium. In these cases, please contact the Insurance Enrollment and Verification Office.**

## How do I submit a Termination of Coverage Request?

1. Go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).
2. Follow the login Instructions.
3. Navigate to "Account Details".
4. Click "Termination of Coverage".
5. Follow the instructions to complete the form. **For additional help, please see screenshots included in the Appendix.**

If approved, your T-SHIP coverage will terminate at the end of the month that it is being processed; and, you will receive a pro-rated refund (if applicable). For example, if you submit a termination request and are approved during the month of November, the coverage will be terminated as of 11/30/24.

**Note: If there are any claims submitted and paid by the carrier the plan may not be terminated.**

## About My Benefits

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

No changes were made to the plan for the 2025–2026 Policy Year.

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

Go to [www.gallagherstudent.com/Tulane](http://www.gallagherstudent.com/Tulane) or [Tulane University | UnitedHealthcare Student Resources \(uhcsr.com\)](http://TulaneUniversity|UnitedHealthcareStudentResources(uhcsr.com)).

## Am I still covered if I live off campus? While traveling? When studying abroad?

Yes, your plan covers you wherever you are. As long as you are enrolled in T-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 for emergency medical evacuation or repatriation of remains. It's important to contact UnitedHealthcare Global Toll-free within the United States at 1-800-527-0218, or Collect from outside of the United States at 1-410-453-6330, before making arrangements on your own. Otherwise these services will not be covered.

Other information about seeking medical care abroad:

- Always keep your T-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 need 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 are on your bill(s). This will help the claims company process your reimbursement request correctly and promptly.

## Am I still covered after I graduate?

You are covered under your T-SHIP until the end of the policy period for which you are enrolled in T-SHIP and have paid your premium. **Students graduating in December can remain covered until the end of the policy year (August 18, 2026). December graduates who wish to terminate T-SHIP can submit a termination of coverage request by December 31, 2025.**

If you enrolled and paid for annual or Spring/Summer coverage and graduate in the Spring, you will be covered until the end of the policy year. You may be able to purchase a continuation plan. To learn more, go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).

## Does my T-SHIP plan include dental and/or vision insurance?

If you are 18 or younger, T-SHIP provides preventive dental and vision benefits as required by the Affordable Care Act. The same is true for your eligible and enrolled dependents. Refer to your T-SHIP brochure or certificate of coverage for details.

## What other services are available to me through my T-SHIP?

The following services are also available to students:

- **Dental and/or Vision Insurance Plans are available** to all students to purchase on a voluntary basis at an additional cost. Go to [www.aetnastudenthealth.com/tulane](http://www.aetnastudenthealth.com/tulane). All students are eligible to enroll, you do not have to be enrolled in T-SHIP.

To learn more about the plan details for Aetna Dental PPO and/or Aetna Vision Preferred, click on [Members | Aetna Student Health](#).

## General Account Information

### How do I obtain an ID card?

ID cards are usually available 5-7 business days after your enrollment is processed by UHCSR.

1. Go to [www.uhcsr.com](http://www.uhcsr.com) and enter the name of your school – Tulane University.
2. Click on **'Login to My Account'** (top right-hand side).
3. Click **'Register now'** if you haven't created an account or **'Sign in'** if you have one.
4. Complete the registration form using your name, date of birth and student ID number.
5. Once logged in, you will have access to ID cards (online or by mail), claim information, explanation of benefits (EOBs) and other plan-related information.

### How do I find a doctor?

1. Go to <http://www.gallagherstudent.com/tulane>.
2. Scroll down to the bottom of the landing page.
3. Click on "Find a Doctor".

### How do I find a pharmacy?

1. Go to <http://www.gallagherstudent.com/tulane>
2. Scroll down to the bottom of the landing page.
3. Click on "Pharmacy Program".



# APPENDIX

## Qualifying Life Event Screenshots

**To Enroll as a result of a Qualifying Life Event:**

Click on the green ENROLL-QUALIFYING LIFE EVENT button

### 2022-2023 T-SHIP - Domestic and International (Basic)

Plan Summary	Plan Details
<p>Carrier Name: UnitedHealthcare StudentResources</p> <p>Eligible students are automatically enrolled unless a waiver form is submitted prior to the published deadline.</p> <p>Select "WAIVE" to complete the waiver. If your waiver is approved please allow 1-2 business days for full processing and related accounting at Tulane University.</p> <hr/> <p>2022-2023 - Annual T-SHIP - Domestic and International</p> <p>Coverage Period: 08/19/2022 - 08/18/2023</p> <p><b>ENROLL-QUALIFYING LIFE EVENT</b></p> <p>Enrollment Period: 06/22/2022 - 09/23/2022</p> <p>Waiver Period: 06/22/2022 - 09/23/2022</p>	<p><b>Plan Details</b></p> <ul style="list-style-type: none"> <li> Frequently Asked Questions +</li> <li> Plan Highlights +</li> <li> Summary of Benefits +</li> <li> Plan Discounts +</li> <li> Additional Products Needed +</li> <li> Other Forms +</li> </ul>

1. Enter the date of the Qualifying Life Event (QLE), e.g. if you are losing coverage on 11/30/23, the QLE date is 12/1/23 since that is the first day that you are without coverage
2. Enter the type of QLE, e.g. Reaching the age limit of another Health Insurance Plan if you are turning 26

**Qualifying Life Event**

A Qualifying Life Event is a change in your situation, like getting married, having a baby, or losing health insurance coverage. These events make you eligible to enroll in health insurance outside of your school's enrollment period. If you have experienced a Qualifying Life Event and would like to enroll in your school's Student Health Insurance Plan, you can do so by providing the date of the event, the type of event, and uploading supporting documentation like a birth certificate, marriage certificate, or insurance termination letter below.

Date of Qualifying Life Event: \*

Select Your Qualifying Life Event from the options provided: \*

None Selected -

Adoption  
Birth  
Divorce  
Loss of health insurance  
Marriage  
Other  
Reaching the age limit of another Health Insurance Plan

**Disclaimer**

By submitting this form, I acknowledge the following:

- I have carefully read the plan information and elect to enroll in the coverage.
- I meet the eligibility requirements for this coverage as described in the plan information.
- I will receive a refund of my premium payment if it is later determined that I am not eligible.
- Other than for eligibility reasons, my premium payment is non-refundable.
- The information I have provided is true and accurate.
- Enrollment requests due to qualifying life events must be submitted within 30 days of the event (60 days for Massachusetts).

☐ By checking this box, I agree to the terms and declarations of this form. \*

1. You will need to upload supporting documentation, e.g. letter showing your last day of coverage and your name.
2. Click on the checkbox

Date of Qualifying Life Event: \* 05/01/2023

Select Your Qualifying Life Event from the options provided: Reaching the age limit of another

**Proof of Qualifying Life Event**

Enrollment via Qualifying Life Event requires supporting documentation which will be reviewed to validate your request. Please upload your documents here.

Upload Document

**Disclaimer**

By submitting this form, I acknowledge the following:

- I have carefully read the plan information and elect to enroll in the coverage.
- I meet the eligibility requirements for this coverage as described in the plan information.
- I will receive a refund of my premium payment if it is later determined that I am not eligible.
- Other than for eligibility reasons, my premium payment is non-refundable.
- The information I have provided is true and accurate.
- Enrollment requests due to qualifying life events must be submitted within 30 days of the event (60 days for Massachusetts).

☒ By checking this box, I agree to the terms and declarations of this form. \*

1. Click on **“Enroll Spouse/Partner”** to add a spouse or Domestic Partner
2. Click on **“Enroll Child”** to add a dependent child or children
3. Click on **“Enroll”** to enroll in available plan
4. Save and continue
5. If enrolling dependents, you will be prompted for payment
6. Submit to complete

#### Dependent Spouse / Partner



Add dependent by clicking the 'Enroll Spouse/Partner' button and 'Add Spouse/Partner' link to the right.  
Enroll Spouse/Partner

#### Dependent Children



Add dependent by clicking the 'Enroll Child' button and 'Add Child' link to the right.  
Enroll Child

#### Available Plans:

- Please make sure to click each available plan below and select the desired enrollees.
- The Start Date, End Date and Insurance Premium displayed below are based on the Date of Qualifying Life Event you have provided.



Enroll

Total cost of all coverage, including dependents (if applicable) 0.00

Total cost billed to you: 0.00

Total cost due today: 0



• [Complete Enrollment process](#)  
• Click the 'Submit' button in the top right corner to proceed to payment.

## Termination of Coverage Screenshots

### To initiate the Terminate Coverage process:

1. Under “**Account Details**”, click on Terminate Coverage

Enrollment Status: Enrolled

Waiver Status: Approved

Petition to Add Status: Approved

Terminate Coverage

Verification of Coverage | Date generated:

04/02/2024 | Refresh VOC letter

2. Select the reason for termination, e.g.
  - a. Graduating
  - b. Withdrew from the school
  - c. Enter the armed forces
  - d. Approved Leave of Absence
  - e. Enrolled in another insurance plan that meets the school’s health insurance requirement

### Policy

If you are currently enrolled in the Student Health Insurance Plan (SHIP) sponsored by your school, Tulane University, you can request a termination of coverage. Your school requires you to have active and comparable health insurance coverage. This is NOT a full-waiver. If approved and applicable, a partial refund of the paid insurance premium shall be issued.

\* Indicates field is required

### Reason for Termination

Students going home for school breaks are still considered students of the school and are not eligible to request termination for this reason.

Please select ONE of the following:

- ☐ I have graduated from the school.

Date of graduation\*:

mm/dd/yyyy

- ☐ I have permanently withdrawn from the school.

Date of withdrawal\*:

mm/dd/yyyy

- ☐ I have entered the armed forces.

Date of withdrawal\*:

mm/dd/yyyy

- ☐ I have been approved for a leave of absence from the school.

Date of leave\*:

mm/dd/yyyy

- ☐ I have enrolled in another insurance plan which meets the school’s health insurance requirement.

Once this information is confirmed, your termination date will be the **last day of the coverage period** during which this request is received.

1. Click the checkbox under “**Refund Acknowledgement**”
2. Click on the green **SUBMIT** to complete
3. You will receive email notification that your request has been submitted.

**NOTE:** Uploading documentation is not required on the initial request. If additional information is needed, you will be notified.

#### Provide Verification of Coverage Letter

Uploading documents is not required on initial form submissions.

**Upload Documents** The acceptable file types are pdf, jpg, gif, png, jpeg

[Choose Files](#) No file chosen

### Refund Acknowledgement

☐ By checking this box, I understand that I am completing an early termination, NOT a full-waiver. If approved and applicable, a partial refund of the paid insurance premium shall be issued.

#### STUDENTS WITH INSURED DEPENDENTS:

- If your request is approved, termination of dependent coverage will coincide with your termination date.
- If applicable, refunds will be applied using your original payment method

### Disclaimer

By submitting this coverage termination request, I certify that:

- I am currently covered and will continue to be covered throughout the year by the insurance company listed above;
- I have compared my current coverage with the school-sponsored plan and have determined them to be comparable;
- I understand that if this request is approved, I cannot enroll in the school's student insurance plan until the next policy year;
- I am responsible for the full cost of any medical claims that may be incurred after the date of termination;
- The above information is true and accurate.

**SUBMIT**

**BACK TO DASHBOARD**