



Student Health &  
Special Risk



2023-2024

Student Health Insurance Plan (SHIP)

# Frequently Asked Questions



**2023-2024 Tulane-sponsored Health Insurance Plan (T-SHIP)  
for Domestic and International Students**

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## 2023-2024 Tulane-sponsored Health Insurance Plan (T-SHIP) for Domestic and International Students

### 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?

All degree-seeking undergraduate and graduate students (except executive program students) and all Tulane University sponsored students in J-1 status are automatically enrolled in T-SHIP on a hard waiver basis.

All other students taking at least three credit hours are eligible to enroll in T-SHIP on a voluntary basis. The three hour requirement is not applicable to students classified as dissertation students, graduate assistants, teaching assistants, research assistants or students having less than three credit hours to complete their degree requirements. All J-1 scholars and J-2 dependents are eligible to purchase T-SHIP on a voluntary basis.

#### How do I login to enroll or waive (opt out) of T-SHIP?

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 or waive?

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.



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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.*

### Am I eligible to waive?

**Domestic Students:** To be eligible to waive your T-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 out-of-state Medicaid plan, your coverage will likely be limited — or unavailable — outside of your service area and **will not** meet your school's waiver requirements. If a claim is submitted before you have an approved waiver, you must stay enrolled in the plan.

**International Students:** You are enrolled on a mandatory basis and are not eligible to waive the student health plan.

**Voluntary Students:** There is no need to waive as you can enroll in T-SHIP on a voluntary basis, if desired.

### How do I waive health insurance coverage?

1. Go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).
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.*

### Will you audit or verify my waiver request?

Yes, we will audit or verify your waiver request. This is to make sure your insurance plan will cover you when you are at school. Here is how our waiver review process works:

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- We check the insurance company information you entered on your form to make sure it's accurate and that your coverage is active.
- We verify most waiver requests within 1-2 business days.
- Once we verify your coverage, we'll email you at the address you provided on your form to let you know if your waiver request was approved or denied. If we deny your request, we'll tell you why. We'll also guide you should you wish to revise and resubmit your form and supporting documentation.

### Can I cancel my waiver form after I've submitted it?

Yes, but only if it's before your waiver/enrollment deadline of August 15, 2023.

1. Go to [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).
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 waiver is rescinded, this action cannot be reversed. You may not edit your form after August 15, 2023.

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

If you waive T-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/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.

## 2023-2024 Tulane-sponsored Health Insurance Plan (T-SHIP) for Domestic and International Students

### 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.

The new health insurance plan must meet Tulane's standards for comparable coverage\*. You must complete and submit a termination request and submit supporting documentation proving first-time eligibility **within 30 days of the qualifying event**.

\*Not applicable to graduating students.

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 11/30/23.

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

## About My Benefits

### What do my benefits include?

Your T-SHIP is fully compliant with the Affordable Care Act (ACA) and all other federal and state mandates. It pays for a wide range of medical services, including hospital room and board, inpatient and outpatient surgical

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procedures, labs and x-rays, chemotherapy and radiation, inpatient and outpatient mental health services, physician office visits, consultant visits, ambulance, emergency care and prescription drugs.

Routine physicals and screenings, in absence of illness, are only covered when services are provided by Student Health Center. This includes most immunizations.

It pays for 90% of your medical fees when you use In-Network providers. This is the advantage to using in-network providers. When you use Out-of-Network providers the coinsurance is less which means your potential out-of-pocket costs are more. You will also be responsible for paying any deductibles and applicable office visit and prescription drug copayments.

- It has a \$250 per Insured, per policy year deductible for In-Network services and a \$500 per Insured, per policy year deductible for Out-of-Network services.
- It has a \$30 copayment for office visits
- Prescription drugs are covered for a 31-day supply after a:
  - \$20 copay for a generic/Tier-1 drug;
  - \$50 copay for a preferred brand name/Tier-2 drug;
  - \$80 copay for a non-preferred brand name/Tier-3 drug.

Note: in some cases, prescription drugs may have a supply or quantity limit or require your doctor to get a Prior Authorization before you can pick-up your prescription. You can review your plans' pharmacy list or formulary by visiting your school's page at [www.gallagherstudent.com/tulane](http://www.gallagherstudent.com/tulane).

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

**No changes were made to the plan for the 2023–2024 Policy Year.**

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

Go to [Tulane University | UnitedHealthcare Student Resources \(uhcsr.com\)](http://Tulane University | UnitedHealthcare Student Resources (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 submit bills for reimbursement. Your covered expenses will likely be considered an out-of-network expense.

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- 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.

### 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, 2024). December graduates who wish to terminate T-SHIP due to graduation must submit a request to terminate your Spring/Summer coverage (please refer to “How do I submit a Termination of Coverage Request?”) by December 31, 2023.**

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).

### 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](#).

### How do I obtain a tax form?

If the federal government requires reporting of health insurance coverage for 2023, tax forms will be mailed to the address on file by either the Insurance Carrier or the Claims Administrator. Please refer to the Important Contact Information Section of this document for further information.

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## Contact Information

### Who do I contact?

See the guide below:

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	Aetna Student Health	Phone: 1-877-480-4161 Website: <a href="http://www.aetnastudenthealth.com/tulane">www.aetnastudenthealth.com/tulane</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@UHGlobal.com">assistance@UHGlobal.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>

# 2023-2024 Tulane-sponsored Health Insurance Plan (T-SHIP) for Domestic and International Students

## 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> <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 -

- 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 I understand the terms and conditions of the plan.
- I meet the eligibility requirements for this coverage.
- I will receive a refund of my premium payment if I am not eligible for coverage.
- 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. \*

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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: \* 06/01/2023

Select Your Qualifying Life Event from the options provided: Reaching the age limit of enrol \*

**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.

**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).

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.

**Dependent Children**

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

**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.

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

Total cost billed to you:

Total cost due today:

**Complete Enrollment process**

Click the 'Submit' button in the top right corner to proceed to payment.

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## Termination of Coverage Screenshots

### To initiate the Terminate Coverage process:

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

Enrollment Status: Enrolled

Terminate Coverage

Verification of Coverage | Date generated:

08/03/2022 | 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.

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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

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**