Texas Southern University Domestic Voluntary 2024–2025 Student Health Insurance Plan **Frequently Asked Questions** 

Gallagher

Student Health & Special Risk



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## Contacts

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Answer Needed	Who To Contact	Contact Information
Enrollment, coverage, or service concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 Website: <u>www.gallagherstudent.com/tsu</u> ,
ID cards, benefits, claims, claims payments incurred & Tax forms	UnitedHealthcare StudentResources	P.O. Box 809025 Dallas, TX 75380-9025 Phone: 1-866-948-8472 Email: <u>gshcustomerservice@uhcsr.com</u> Website: <u>www.uhcsr.com/myaccount</u>
Preferred Provider Network	UHC Choice Plus	Phone: 1-866-948-8472 Website: <u>www.gallagherstudent.com/tsu</u> , click "Find a Doctor"
Participating pharmacies	UnitedHealthcare Pharmacy	Phone: 1-855-828-7716 Website: <u>www.gallagherstudent.com/tsu</u> , click "Pharmacy Program"
Gallagher Student Health SHIP Plan Enhancements	Silvercloud (Behavioral Health)	SilverCloud (Behavioral Health) https://gsh.silvercloudhealth.com/signup/
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: <u>assistance@UHCGlobal.com</u>
Assistance programs	24/7 Assistance Program	Phone: 1-877-862-1172
Telehealth services	Healthiest You	Phone: 1-855-866-0895 Website: <u>www.telehealth4students.com</u>
Voluntary Dental and Voluntary Vison	Ameritas	Phone: 1-855-672-3232 Website: <u>www.gallagherstudent.com/tsu,</u> click "Additional Product Available"





## **Getting Started**

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

- 1. Visit t <u>www.gallagherstudent.com/tsu</u>.
- 2. Under "Profile," click "Log In" and enter your student login credentials.

### How do I enroll?

- 1. Go to t www.gallagherstudent.com/tsu.
- 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.
- 6. You will receive an email with a link to submit payment.

### How do I enroll my dependents?

This plan does not offer coverage for your dependents.

### 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.

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



No changes were made to the plan for the 2024–2025 Policy Year.

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

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 <u>My Account</u>. 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.

