

Southern Illinois University - Carbondale  
2024–2025 Student Health Insurance Plan  
For International Students  
**Frequently Asked Questions**



Student Health &  
Special Risk



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## Contacts

Answer Needed	Who To Contact	Contact Information
Enrollment, Coverage or Service Concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 <a href="http://www.gallagherstudent.com/SIU">www.gallagherstudent.com/SIU</a> ; click "Help Center"
ID Cards, Benefits, Claims, Claims Payments Incurred and Tax Forms	UnitedHealthcare Student Resources	UnitedHealthcare StudentResources P.O. Box 809025, Dallas, TX 75380-9025 Phone: 1-866-948-8472 Email: GKClaims@uhcsr.com Website: www.uhcsr.com
Preferred Provider Network	UnitedHealthcare Choice Plus	Phone: 1-866-948-8472 <a href="http://www.gallagherstudent.com/SIU">www.gallagherstudent.com/SIU</a> ; click "Find a Doctor"
Participating Pharmacies	UnitedHealthcare Pharmacy Network	Phone: 1-855-828-7716 <a href="http://www.gallagherstudent.com/SIU">www.gallagherstudent.com/SIU</a> ; click "Pharmacy Program"
Voluntary Dental	Ameritas Life Insurance	Phone: 1-855-672-3232
Gallagher Student Health Complements (SHIP Plan Enhancements)	Coast to Coast Vision (Discount Vision)	800-252-3059 findbestbenefits.com/student
	UNI-CARE (Dental Savings)	800-252-3059 findbestbenefits.com/student
	SilverCloud (Behavioral Health)	<a href="https://qsh.silvercloudhealth.com/signup/">https://qsh.silvercloudhealth.com/signup/</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: assistance@UHGlobal.com
Telehealth Services	Healthiest You (Medical)	Phone: 1-855-866-0895 Website: www.telehealth4students.com



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## 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/SIU](http://www.gallagherstudent.com/SIU).
2. Under "Profile," enter your student email address and click "Log In."

**First-time users:** An email from Gallagher Student Health will be sent to your student email with a temporary password. Click on the link provided in the email and insert the temporary password. (If you did not receive a temporary password, you can choose the "Forgot your password?" option on the login page.)

## Enrolling in My SHIP

### Am I eligible for student health insurance?

All International students registered for any on campus and fee generating class will be charged the Student Insurance Fee and enrolled in the Student Health Insurance Plan. Eligible F2 and J2 Dependents of enrolled students may participate on a voluntary basis.

On a case-by-case basis, international students may be approved for a waiver when covered by a U.S.-based group health plan (for example, a U.S.-based, employer-sponsored or ACA-compliant plan).

All J-1 scholars and their dependents are eligible to purchase the Student Health Insurance Plan on a voluntary basis.

Once you meet eligibility for the first 31 days from the effective date of your plan, you will be enrolled for the remainder of the coverage period. Home-study, correspondence and online courses do not fulfill this requirement.

### How do I enroll?

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



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## How do I enroll my dependents?

1. Go to [www.gallagherstudent.com/SIU](http://www.gallagherstudent.com/SIU).
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 notification email will be sent.
7. Once the enrollment has been approved, you will receive a confirmation email.
8. 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 considered for a waiver, your health insurance plan **must** meet the following waiver requirements.

- Must be through a US-based insurance company and claims administrator;
- Must be compliant with the Patient Protection and Affordable Care Act;
- No maximum benefit limit;
- No pre-existing condition limitations;
- Must cover all the following:
  - i. Outpatient Services;
  - ii. Prescription Drugs;
  - iii. Emergency Services;
  - iv. Hospitalization;
  - v. Maternity and newborn care;
  - vi. Mental Health and substance abuse disorders and treatments;



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- vii. Rehabilitative services;
- viii. Laboratory services;
- ix. Preventive and wellness services and chronic disease management;
- Should have an in-network individual deductible no greater than \$800;
- Must have in-network providers in the Carbondale, IL area;
- All international students must show proof of repatriation and medical evacuation coverage and that it is comparable to the SIU Student Health Insurance Plan;
- If I am enrolled in a Market based plan I understand that I am responsible for any potential tax and or visa issues associated with US government subsidies accepted.
- If I am enrolled in an HMO or Medicaid plan and my school is outside of the plan's service area, my waiver will be denied.
- I understand that I am waiving for this policy year only and I will need to waive coverage every year that I meet my school's insurance eligibility requirements.
- My health insurance covers me throughout the entire policy year.

**If a claim is submitted before you have an approved waiver, you will remain enrolled in the plan.**

1. Go to [www.gallagherstudent.com/SIU](http://www.gallagherstudent.com/SIU).
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 waiver form.
6. You must also upload supporting documentation showing that you have medical evacuation and repatriation coverage.
7. A reference number will be emailed upon submission; however, final determination may take 24–48 hours.

**\*\*\*PLEASE REFER TO THE APPENDIX FOR SCREENSHOTS.**

**If you successfully waived SHIP coverage but decide to enroll at a later date, you can cancel the waiver form after it's been submitted by following the directions below.**

Yes, but only if it's before your waiver/enrollment deadline of September 2, 2024.

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



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**Note:** Once waiver is rescinded, this action cannot be reversed. You may not edit your form after September 2, 2024.

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

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/SIU](http://www.gallagherstudent.com/SIU).
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.

## 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.** If you are withdrawing or graduating from 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.gallagherstudent.com/SIU](http://www.gallagherstudent.com/SIU) or [Southern Illinois University - Carbondale | UnitedHealthcare Student Resources \(uhcsr.com\)](http://Southern Illinois University - Carbondale | UnitedHealthcare Student Resources (uhcsr.com)).

## What do my benefits include?

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

It covers preventive care services at no cost when you use In-Network providers. This includes routine physicals and examinations, screenings, GYN examinations and most immunizations.

It pays for 80% 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 \$400 per Insured, per policy year deductible for In-Network services and \$700 per Insured, per policy year deductible for Out-of-Network services.
- Prescription drugs are covered for a 31-day supply after a:
  - \$15 copay for a generic/Tier-1 drug,
  - \$40 copay for a preferred brand name/Tier-2 drug,
  - \$75 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 see review your plans' pharmacy list or formulary by visiting your school's page at [www.gallagherstudent.com/SIU](http://www.gallagherstudent.com/SIU).

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

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



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## 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 UnitedHealthcare Global at 1-800-527-0218 toll-free from within the United States; or, at 1-410-453-6330 collect from outside the United States before making arrangements on your own. Otherwise, these services will not be covered.

### 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.

## Am I still covered after I graduate?

You will be covered under your SHIP until the end of the policy period for which you are enrolled in SHIP and have paid your premium. If you enrolled and paid for the fall semester and graduate in December, you will be covered until the end of the fall semester coverage period. 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 won't be able to continue your coverage after your policy terminates.

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

### Coast to Coast Vision™

This is a discount program— not insurance— that will help make vision care more affordable. Students save 10% to 60% off eyeglasses, contact lenses and other retail eyewear items, as well as 10% to 30% off eye examinations at any participating Coast to Coast Vision™ provider and 40% to 50% off the national average on LASIK. For more information, to access your Coast to Coast Vision™ membership card, visit student, or for questions about the discount plan, call 800-252-3059.



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## **UNI-CARE**

This is a discount program— not insurance— that will help make dental care more affordable. Students save 10% to 50% on dental care expenses at any participating UNI-CARE dental provider nationwide. For more information, to access your UNI-CARE membership card, visit [student](#), or for questions about the discount plan, call 800-252-3059.

## **SilverCloud Behavioral Health**

SilverCloud Health offers online, self-guided programs designed for young adults to address anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, these self-guided programs are available any time, on any device. To start on your path to better managing your well-being, visit

<https://gsh.silvercloudhealth.com/signup/>



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# Appendix

## How To Submit a Waiver Form

<p>How do I waive health insurance coverage?</p> <ol style="list-style-type: none"> <li>1. Go to <a href="http://www.gallagherstudent.com/SIU">www.gallagherstudent.com/SIU</a>.</li> <li>2. Follow the login Instructions.</li> <li>3. Click on the <b>“WAIVE”</b> button under ‘Plan Summary’ for the coverage period that you are waiving.</li> </ol>	<div style="background-color: #0070C0; color: white; padding: 5px;"><b>Plan Summary</b></div> <p><b>Carrier Name: UnitedHealthcare StudentResources</b> Student Health Insurance plan</p> <hr/> <p><b>2024-2025 Southern Illinois University Student Health Insurance Plan - International</b> <b>Coverage Period: 08/15/2024 - 01/12/2025</b></p> <div style="display: flex; justify-content: space-around;"> <div style="background-color: #0070C0; color: white; padding: 5px 10px;">ENROLL</div> <div style="background-color: #FFD700; color: black; padding: 5px 10px;">WAIVE</div> </div> <p>Enrollment Period: 07/10/2024 - 09/16/2024 Waiver Period: 07/10/2024 - 09/02/2024</p>
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<ol style="list-style-type: none"> <li>4. Please read the Important Considerations carefully and click the checkbox to acknowledge.</li> </ol>	<h3 style="color: #0070C0;">Step 1: Important Considerations</h3> <p>In waiving the student health insurance plan, I confirm that I am currently enrolled in a health insurance plan with an effective date on or before the first date of class attendance in the current term and that the plan meets my school's waiver requirements which include the following criteria:</p> <ul style="list-style-type: none"> <li>• Must be through a US-based insurance company and claims administrator;</li> <li>• Must be compliant with the Patient Protection and Affordable Care Act;</li> <li>• No maximum benefit limit;</li> <li>• No pre-existing condition limitations;</li> <li>• Must cover all the following:             <ol style="list-style-type: none"> <li>i. Outpatient Services;</li> <li>ii. Prescription Drugs;</li> <li>iii. Emergency Services;</li> <li>iv. Hospitalization;</li> <li>v. Maternity and newborn care;</li> <li>vi. Mental Health and substance abuse disorders and treatments;</li> <li>vii. Rehabilitative services;</li> <li>viii. Laboratory services;</li> <li>ix. Preventive and wellness services and chronic disease management;</li> </ol> </li> <li>• Should have an in-network individual deductible no greater than \$800;</li> <li>• Must have in-network providers in the Carbondale, IL area;</li> <li>• All international students must show proof of repatriation and medical evacuation coverage and that it is comparable to the SIU Student Health Insurance Plan;</li> <li>• If I am enrolled in a Market based plan I understand that I am responsible for any potential tax and/or visa issues associated with US government subsidies accepted.</li> <li>• If I am enrolled in an HMO or Medicaid plan and my school is outside of the plan's service area, my waiver will be denied.</li> <li>• I understand that I am waiving for this policy year only and I will need to waive coverage every year that I meet my school's insurance eligibility requirements.</li> <li>• My health insurance covers me throughout the entire policy year.</li> <li>• I acknowledge that by waiving the student health insurance plan that I will be responsible for any medical expenses I incur.</li> </ul> <p><input type="checkbox"/> By checking this box, I acknowledge that the information provided on this form is true and accurate. As the student, I am responsible for the information provided on this form. If I am not the student, I have been authorized by the student to complete and submit this form on the student's behalf.</p>
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NOTE: You will see an information icon , next to most information box, it will provide you with additional information. For example, this is the result of clicking on the  for **Type of Plan**.



5. If someone other than the student is completing the form, please complete this section. In addition to the student’s email, email notification will also be sent to the alternate email address.

**Name of person completing the application**

Full Name 

**Alternate Email Address**

Enter an Alternate Email Address 

**CONTINUE**

6. You will need your health insurance information.

7. Follow the instructions to complete the form.

### Step 2: Insurance Company Information

You will need to know the basics about your current insurance, which can be found on your insurance ID card.

Insurance Company Information

**Choose Your Insurance Company\***

Select an Option

**US-based Insurance Company?\***

Yes
  No

**Country\***

Select an Option

**Insurance ID\***

Enter the Insurance ID

**Type of Plan\***

Select an Option

**Insurance Company Address\***

Address

**City\***

City

**State\* (optional)**

Select an Option

**Zip Code\* (optional)**

Zip Code

**Insurance Company Phone Number\***

Phone Number

<p>8. If you are under your parent’s plan, please select “No” to “Are you the subscriber?”</p> <p>9. Complete the Subscriber Information.</p>	<h3>Subscriber Information</h3> <p><b>Are you the subscriber?*</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No <span style="float: right;">?</span></p> <p><b>Subscriber First Name*</b></p> <input type="text" value="Enter the Subscriber First Name"/> <p><b>Subscriber Last Name*</b></p> <input type="text" value="Enter the Subscriber Last Name"/> <p><b>Subscriber ID*</b></p> <input style="float: right;" type="text" value="Enter your Subscriber ID"/> ?"/> <p><b>Subscriber Date of Birth*</b></p> <input style="float: right;" type="text" value="mm/dd/yyyy"/> 📅"/> <p><b>Subscriber Gender*</b></p> <input type="text" value="Select an Option"/> <p><b>Relationship to Student*</b></p> <input type="text" value="Select an Option"/> <p style="text-align: center;"><b>CONTINUE</b></p>
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<p>10. You are required to show proof of medical evacuation and repatriation coverage by uploading supporting documentation.</p> <p>11. Click on <b>Upload Documents</b> and choose file to upload.</p>	<p><b>Document Upload Required:</b></p> <p>All International Students are required to show proof of Medical Evacuation and Repatriation coverage by uploading supporting documentation.</p> <p><b>Upload Documents</b> <small>The acceptable file types are pdf, jpg, gif, png, jpeg</small></p> <p><input type="button" value="Choose Files"/> No file chosen</p> <p><small>I understand a waiver form must be submitted each academic year I am enrolled in school and my current health insurance plan will cover me for this period of time.</small></p>
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<p>12. Please review the information entered for accuracy.</p> <p>13. You can either :-</p> <p>a. Click on <b>“COMPLETE &amp; SUBMIT”</b>. Or,</p> <p>b. Click on <b>“SAVE AS DRAFT”</b> if needing to return to complete the form.</p> <p>14. If you completed and submitted, a reference number will be emailed upon submission, however final determination may take 24-48 hours.</p>	<p>Supporting documentation does not need to be uploaded when submitting a waiver.</p> <p>I understand a waiver form must be submitted each academic year I am enrolled in school and my current health insurance plan will cover me for this period of time.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span style="background-color: #6b8e23; color: white; padding: 5px 15px; border-radius: 3px;">COMPLETE &amp; SUBMIT</span> <span style="background-color: #3498db; color: white; padding: 5px 15px; border-radius: 3px;">SAVE AS DRAFT</span> <span style="background-color: #f1c40f; color: white; padding: 5px 15px; border-radius: 3px;">BACK TO DASHBOARD</span> </div> <p style="color: red; margin-top: 10px;"><b>IMPORTANT NOTE:</b> If you do not <b>“COMPLETE &amp; SUBMIT”</b> or <b>“SAVE AS DRAFT”</b>, your information will be lost.</p>
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