

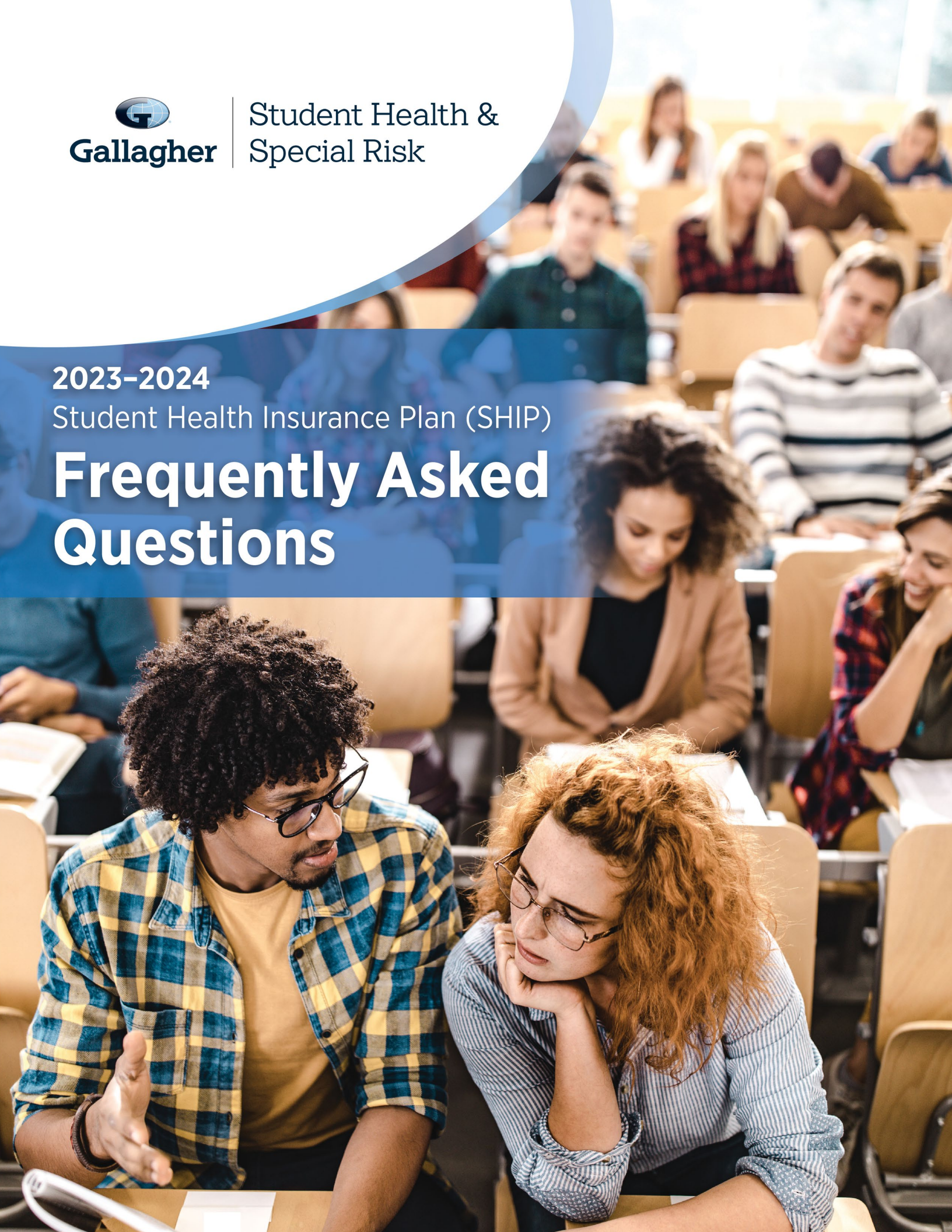


Student Health &  
Special Risk

2023–2024

Student Health Insurance Plan (SHIP)

# Frequently Asked Questions







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## Getting Started

### Where can I learn about the student health insurance plan (SHIP)?

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

## Enrolling in My SHIP

### Am I eligible for student health insurance?

All 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 unless proof of comparable coverage is provided by the posted deadline. Eligible Dependents of enrolled students may participate 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 login to enroll or waive (opt out) of 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.)

### 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.

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.*

## Am I eligible to waive?

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, your coverage will likely be limited — or unavailable — outside of your HMO's 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:** International students who are wanting to waive (opt-out) the student health insurance plan should bring their insurance information to the SIU Student Health Center.



## How do I waive health insurance coverage?

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 form.
6. A reference number will be emailed upon submission; however, final determination may take 24–48 hours.

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

**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?

No, we will not verify the information provided on your waiver. It is your responsibility to review the SHIP material to be sure your health insurance plan meets your school's waiver requirements. However, if you are covered by an out-of-state Medicaid plan, your request to waive may be denied as this plan will only cover you for emergency situations outside of the plan's service area. If you elect to waive, you will be responsible for any medical expenses you incur.

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

Yes, but only if it's before your waiver/enrollment deadline of September 1, 2023.

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.”

**Note:** Once waiver is rescinded, this action cannot be reversed. You may not edit your form after September 1, 2023.

## 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.

**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.

## About My Benefits

### What do my benefits include?

Your 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 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).

### How 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://SouthernIllinoisUniversity-Carbondale|UnitedHealthcareStudentResources(uhcsr.com)).

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

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



## Am I still covered if I live off campus? 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.





## **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/>

## **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.

## 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 <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)  UNI-CARE (Dental Savings)  SilverCloud (Behavioral Health)	800-252-3059 findbestbenefits.com/student  800-252-3059 findbestbenefits.com/student  <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

## 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> <div>Plan Summary</div> <div> <p><b>Carrier Name:</b> UnitedHealthcare StudentResources</p> <p>Student Health Insurance plan</p> <hr/> <p><b>2022-2023 Southern Illinois University Student Health Insurance Plan - Summer</b></p> <p><b>Coverage Period:</b> 06/12/2023 - 08/14/2023</p> <div> <div>ENROLL</div> <div>WAIVE</div> </div> <p>Enrollment Period: 05/03/2023 - 06/16/2023</p> <p>Waiver Period: 05/03/2023 - 06/16/2023</p> </div> </div>
<ol style="list-style-type: none"> <li>4. If you have previously waived, you will be asked if you would like to use the prior waiver information.</li> </ol>	<div> <p>Do you want to use your prior years waiver information to fill out this waiver form?</p> <div> <div>YES</div> <div>NO</div> </div> </div>
<ol style="list-style-type: none"> <li>5. If this is the first time that you are submitting a waiver form or your insurance information has changed, read the Important Considerations and click the checkbox to acknowledge.</li> </ol>	<div> <p><b>Step 1: Important Considerations</b></p> <ul style="list-style-type: none"> <li>• In waiving the student health insurance plan, I confirm that I am currently enrolled in health insurance that meets my school's waiver requirements which include the following criteria: <ul style="list-style-type: none"> <li>• Fully compliant with all aspects of the Affordable Care Act;</li> <li>• Underwritten and administered in the United States;</li> <li>• Access to local doctors, specialists, hospitals and other healthcare providers near campus;</li> <li>• Provides coverage for urgent and non-urgent care including: <ul style="list-style-type: none"> <li>i. Preventative and routine benefits;</li> <li>ii. In-patient and out-patient surgery and hospitalization;</li> <li>iii. Lab work, diagnostic x-rays, physical therapy, chiropractic care, emergency room treatment, ambulance services and prescriptions;</li> <li>iv. In-patient and out-patient mental health, substance abuse and counseling services;</li> </ul> </li> </ul> </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> </div>

<p>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 <b>Type of Plan</b>.</p>	
<p>6. 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.</p>	<p><b>Name of person completing the application</b></p> <p>Full Name </p> <p><b>Alternate Email Address</b></p> <p>Enter an Alternate Email Address </p> <p><b>CONTINUE</b></p>



7. You will need your health insurance information.
8. Follow the instructions to complete the form.
9. If you are under your parent's plan, please select "No" to "Are you the subscriber?"

## 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\*

 ⓘ

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

☐ Yes  
☐ No ⓘ

#### Country\*

#### Insurance ID\*

 ⓘ

#### Type of Plan\*

 ⓘ

#### Insurance Company Address\*

 ⓘ

#### City\*

#### State\* (optional)

#### Zip Code\*

(optional)

#### Insurance Company Phone Number\*

 ⓘ

### Subscriber Information

#### Are you the subscriber?\*

☐ Yes  
☐ No ⓘ

10. Complete the Subscriber Information.

### Subscriber Information

Are you the subscriber?\*

☐ Yes

☒ No



Subscriber First Name\*

Enter the Subscriber First Name

Subscriber Last Name\*

Enter the Subscriber Last Name

Subscriber ID\*

Enter your Subscriber ID



Subscriber Date of Birth\*

mm/dd/yyyy



Subscriber Gender\*

Select an Option

Relationship to Student\*

Select an Option

CONTINUE

11. Please review the information entered for accuracy.
12. You can either :-
  - a. Click on **"COMPLETE & SUBMIT"**.
  - Or,
  - b. Click on **"SAVE AS DRAFT"** if needing to return to complete the form.
13. If you completed and submitted, a reference number will be emailed upon submission, however final determination may take 24-48 hours.

Supporting documentation does not need to be uploaded when submitting a waiver.

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.

COMPLETE & SUBMIT

SAVE AS DRAFT

BACK TO DASHBOARD

**IMPORTANT NOTE:** If you do not **"COMPLETE & SUBMIT"** or **"SAVE AS DRAFT"**, your information will be lost.