



2024-2025 Student Health Plan

Brought to you by





Dear Student,

Gannon University is committed to the health and well-being of the student body. For care involving the treatment of minor illnesses and injuries, the university maintains the Student Health Services Center on campus. We understand that more serious medical situations and preventive care require the support of local doctors, hospitals, and urgent care facilities, which can be expensive if you are not adequately insured. Treatment costs for even a routine medical concern could negatively affect your ability to reach your goal of completing a college education. To mitigate this risk, the university provides access for all full-time students to purchase minimum essential coverage that complies with the requirements established by the Affordable Care Act. The university partners with Highmark, Inc. to provide the Student Health Insurance Plan, which offers in-network coverage at nearby and national medical facilities.

The Highmark, Inc. PPO Plan is both an affordable and easy to use plan, and it allows students to access:

- Preventive care.
- Treatment for illnesses and injuries, including sports and exercise injuries.
- Virtual Care / Telemedicine, an online healthcare program.
- Highmark, Inc. Member Portal for online benefits management.
- Access to In-Network care when traveling outside of the Highmark, Inc. coverage area.

We encourage you to review this booklet to determine whether the Student Health Insurance Plan would meet your needs. It is important to consult your Student Advisor to determine if your area of study maintains an insurance requirement. Any student who would like to enroll in the Student Health Insurance Plan may do so by accessing the GallagherStudent.com/Gannon website and completing the online enrollment process. Health insurance cards will be mailed to all enrolled students immediately following the enrollment process and an electronic version is available through the Highmark, Inc. Member Portal.

If you have any questions about the medical coverage that's available through the Student Health Insurance Plan, please call

C. H. Reams & Associates, Inc.

Toll Free 1-800-673-2518

Gannon University Health Services

Telephone: (814)871-7622

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Your Health Comes First

As a student, you have access to the following valuable services from University Health Services.

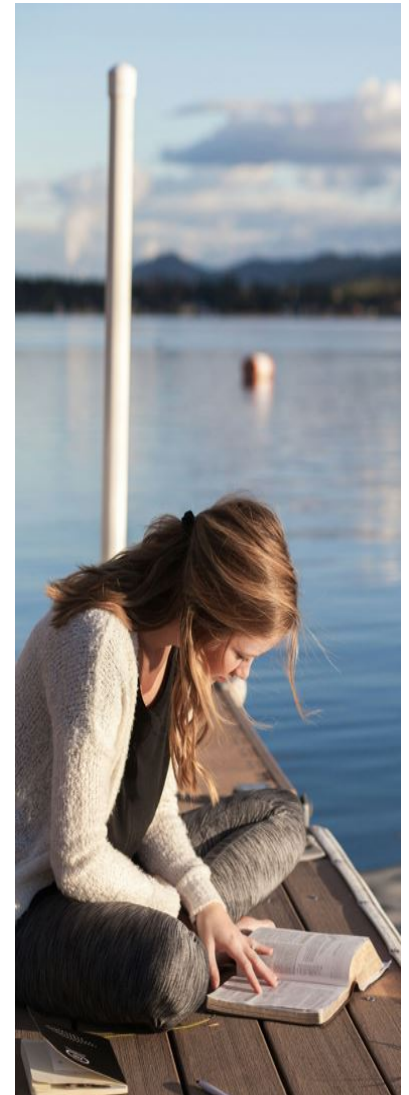
• First aid intervention

• Illness and injury assessment

Ubcw University Student Health Services

As a student, you have access to the following valuable services from University Health Services.

- First aid intervention
- Illness and injury assessment
- Starter doses of over-the-counter medications
- Various health screenings
 - Blood pressure checks
 - Height and weight measurements
 - Community health referrals
- Health education resource materials



Contact Information

Health Services

360-432-2345, 360-432-2345
 360-432-2345
 360-432-2345

Student Counseling Services

360-432-2345, 360-432-2345
 360-432-2345
 360-432-2345

Introducing Highmark, Inc. Health Plan

The Highmark, Inc. PPOBlue Health Insurance Plan is designed to provide complete health insurance coverage for enrolled students at Gannon University. Providing the broadest access both regionally as well as nationally is an important part of the plan selected for students. Whether it is a Preventative Screening, Urgent Care Need, or an Emergency Room related service, the Highmark, Inc. PPOBlue Plan has you covered.

For a complete overview of the full range of covered benefits please reference the enclosed Benefit Plan Summary. The Highmark, Inc. network or providers and hospitals spans the entire United States with access to over 600,000 Network Providers, 6,000 Network Hospitals, and access to major pharmacies in all regions. For covered students at Gannon University this means you maintain access to care in most any region of the United States.

**Find a provider
online**

[www.highmarkbcbs.com/login/
/find-a-doctor](http://www.highmarkbcbs.com/login#/find-a-doctor)



Highmark, Inc. Health Plan Student Health Insurance 2024-2025 Timelines

Term	Effective dates of coverage
Annual	07/01/2024 through 06/30/2025
Fall	07/01/2024 through 12/31/2024
Spring	01/01/2025 through 06/30/2025

2024-2025 Premiums

Premiums	Annual	Fall	Spring
Student	\$2,256.00	\$1,128.00	\$1,128.00
Student + Child	\$4,512.00	\$2,256.00	\$2,256.00
Student + Spouse	\$4,512.00	\$2,256.00	\$2,256.00
Student + Children	\$6,768.00	\$3,384.00	\$3,384.00
Family (Spouse and 2 or more Children)	\$9,024.00	\$4,512.00	\$4,512.00

Gannon University PPO Blue Student Health Insurance Plan

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

	Network	Out-of-Network
General Provisions		
Benefit Period¹	Contract Year	
Deductible (per benefit period)		
Individual	\$500	\$750
Family	\$1,000	\$1,500
Plan Payment Level – based on the plan allowance	80% after deductible	50% after deductible
Out-of-Pocket Limit		
Individual	None	\$10,000
Family	None	\$20,000
Total Maximum Out-of-Pocket		
Individual	\$2,000	None
Family	\$4,000	None
Outpatient Medical Care Visits and Telemedicine Services		
Retail Clinic Visits & Virtual Visits	100% after \$25 copayment	50% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits^{2,3}	100% after \$25 copayment	50% after deductible
Specialist Office Visits & Virtual Visits²	100% after \$25 copayment	50% after deductible
Virtual Visit Provider Originating Site Fee	80% (deductible does not apply)	50% (deductible does not apply)
Urgent Care Center Visits	\$25 copayment after deductible then 100% thereafter	50% after deductible
Telemedicine Services⁴	100% after \$25 copayment	Not Covered
Preventive Care Services⁵		
Routine Physical exams (Adult & Pediatric)	100% (deductible does not apply)	Not Covered
Adult immunizations	100% (deductible does not apply)	50% after deductible
Breast Cancer Screenings (includes mammograms and BRCA-Related Genetic Counseling and Genetic Testing)	100% (deductible does not apply)	50% after deductible
Colorectal cancer screenings	100% (deductible does not apply)	50% after deductible
Diabetes Prevention Program	100% (deductible does not apply)	Not Covered
Pediatric immunizations	100% (deductible does not apply)	50% (deductible does not apply)
Routine Gynecological Examinations and Papanicolaou Smear	100% (deductible does not apply)	50% (deductible does not apply)
Routine Screening tests and procedures	100% (deductible does not apply)	50% after deductible
Tobacco Use Counseling and Interventions	100% (deductible does not apply)	50% after deductible
Vision Care Services		
Pediatric Vision Care ⁶	100% (deductible does not apply)	Not Covered
Adult Routine Eye Exam	100% (deductible does not apply)	Not Covered
Pediatric Dental Services⁶		
Consultations, Routine Exams, X-rays, Cleanings, Fluoride Treatments, Palliative Treatment (emergency), Sealants and Space Maintainers	100%	Not Covered
Other Pediatric Dental Services	50%	Not Covered
Emergency Room and Ambulance Services		
Emergency Room Services	\$175 copayment after network deductible then 100% thereafter	
Ambulance - Emergency	80% after network deductible	
Ambulance – Non-emergency⁷	80% after deductible	50% after deductible
Hospital and Medical/Surgical Services		
Hospital Inpatient	80% after deductible	50% after deductible
Hospital Outpatient	80% after deductible	50% after deductible
Maternity Services⁹	80% after deductible	50% after deductible
Inpatient Medical Care Services	80% after deductible	50% after deductible
Surgical Services	80% after deductible	50% after deductible
Habilitative and Rehabilitative Services		
Cardiac Rehabilitation	80% after deductible	50% after deductible
	Cardiac Rehabilitation does not include services provided for habilitative purposes.	
Occupational Therapy	80% after deductible	50% after deductible
	Limits: 30 habilitative Visits per Benefit Period and 30 rehabilitative Visits per Benefit Period. Limits do not apply to services prescribed for the treatment of Mental Health or Substance Abuse.	
Physical Medicine	80% after deductible	50% after deductible
	Limits: 30 habilitative Visits per Benefit Period and 30 rehabilitative Visits per Benefit Period. Limits do not apply to services prescribed for the treatment of Mental Health or Substance Abuse.	

	Network	Out-of-Network
Speech Therapy	80% after deductible Limits: 30 habilitative Visits per Benefit Period and 30 rehabilitative Visits per Benefit Period. Limits do not apply to services prescribed for the treatment of Mental Health or Substance Abuse.	50% after deductible
Mental Health Care Services and Substance Abuse Services		
Inpatient Care	80% after deductible	50% after deductible
Outpatient Care	100% after \$25 copayment	50% after deductible
Other Services		
Allergy Extracts and Injections	\$25 copayment after deductible then 100% thereafter	50% after deductible
Anesthesia for Non-Covered Dental Procedures (Limited) and Dental Services Related to Accidental Injury	80% after deductible	50% after deductible
Artificial Insemination	80% after deductible	50% after deductible
Diabetes Treatment		
Equipment and Supplies	80% after deductible	50% after deductible
Diabetes Education Program	80% after deductible	50% after deductible
Diabetes Care Management Program (Digitally Monitored)	100% (deductible does not apply); continuous glucose monitor sprints are limited to three (3) per benefit period	Not Covered
Diagnostic Services		
<i>Advanced Imaging</i> (CT, CTA, MRI, MRA, PET scan, PTE/CT scan, etc.)	80% after deductible	50% after deductible
<i>Basic Diagnostic Services</i> (standard imaging, diagnostic medical, lab/pathology, allergy testing)	80% after deductible	50% after deductible
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances	80% after deductible	50% after deductible
Enteral Foods	80% (deductible does not apply)	50% (deductible does not apply)
Home Health Care and Hospice Care Services	80% after deductible	50% after deductible
	Respite Care is limited to 15 days every six (6) consecutive months	
Home Infusion and Suite Infusion Therapy	80% after deductible	50% after deductible
Private Duty Nursing Services	80% after deductible	50% after deductible
	Limit: 240 Hours per Benefit Period	
Skilled Nursing Facility Services	80% after deductible	50% after deductible
Spinal Manipulations	80% after deductible	50% after deductible
	Limit: 30 Visits per Benefit Period	
Therapeutic Injections	80% after deductible	50% after deductible
Therapy Services (Chemotherapy, Dialysis, Infusion Therapy, Pulmonary Therapy, Radiation Therapy, Respiratory Therapy)	80% after deductible	50% after deductible
Transplant Services	80% after deductible	50% after deductible
Coverage Outside of the United States	Coverage for medical services provided outside of the United States is the same as coverage for medical services provided inside the United States. In most cases you will need to pay up front and submit a claim for reimbursement. To learn more, visit www.bcbsglobalcore.com . Prescription drugs are not covered when dispensed outside the United States	
Travel Assistance Services	Your plan includes a package of Travel Assistance Services to help you when you are traveling outside of your home country or more than 100 miles from your home. This package includes emergency medical evacuation, medical repatriation, return of mortal remains and many other benefits. The maximum benefit per trip is \$500,000. See your Travel Assistance Program Brochure for more details.	

Note: Certain benefits may be subject to day, visit, and/or hour limits. In connection with such benefits, all services you receive during a benefit period will reduce the remaining number of days, visits, and/or hours available under that benefit, regardless of whether you have satisfied your deductible.

- ¹ Your group's benefit period is based on a contract year. The contract year is a consecutive 12-month period beginning on July.
- ² You **may** be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a hospital, facility provider, ancillary provider, retail clinic or urgent care center. The virtual visit is subject to availability within your service area.
- ³ A physician whose practice is limited to family practice, general practice, internal medicine or pediatrics.
- ⁴ Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- ⁵ Services are limited to those on the Highmark Preventive Schedule and the Women's Health Preventive Schedule. Gender, age and frequency limits may apply.
- ⁶ Pediatric vision and dental benefits are only available to dependent children or health plan members under age 19.

- ⁷ Medically necessary Air Ambulance services rendered by out-of-network providers will be covered at the network level of benefits.
- ⁸ Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services – Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
- ⁹ The maternity home health care visit for network care is not subject to the program copayment, coinsurance or deductible amounts, if applicable. See Maternity Home Health Care Visit in the Maternity Services section of the Description of Benefits.

Prescription Drug Benefits	Retail Pharmacy Up to 31-day supply ^{1,2}	Maintenance Prescription Drugs through Mail Order Up to 90-day supply
Pharmacy Network	National	Express Scripts Pharmacy
Formulary ³	Your plan uses the Comprehensive Formulary with an Incentive Benefit Design ⁴	
Mandatory Generic Provision	SensibleRx Choice ⁵	
The following cost-sharing provisions do NOT apply to self-administered chemotherapy medications, including oral chemotherapy medications.		
Prescription Drug Deductible		
Individual		None
Family		None
Generic Prescription Drug	\$20 copay	\$40 copay
Brand Formulary Prescription Drug	\$40 copay	\$80 copay
Brand Non-Formulary Prescription Drug	\$75 copay	\$150 copay
Preventive Medications		
Preventive Covered Drugs and Immunizations ⁶	Deductibles, coinsurance and/or copayments do not apply	

- Certain retail participating pharmacy providers may have agreed to make covered medications available at the same cost-sharing and quantity limits as the mail order coverage. You may contact Highmark at the toll-free number or the Web site appearing on the back of your ID card for a listing of those pharmacies who have agreed to do so.
- The quantity level limit for your initial prescription order may be reduced, depending on the particular medication, to a quantity level necessary to establish that you can tolerate the medication. The cost-sharing provisions indicated above will be adjusted accordingly for the initial prescription order based upon the initial quantity dispensed. If you are able to tolerate the medication, the remainder of the available days supply for the initial prescription order will be filled and you will be responsible for the balance of the applicable cost-sharing amount indicated above.
- The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and by their cost-sharing requirements.
- Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. This formulary covers all FDA-approved generic and brand-name drugs.
- Under the SensibleRx Choice mandatory generic provision, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand-drug copayment and/or coinsurance plus the difference in cost between the brand and generic drugs, unless your doctor requests that the brand drug be dispensed.
- This includes prescriptions, over-the-counter drugs and immunizations that are set forth within the predefined schedule and that are prescribed for preventive purposes. Please refer to the Description of Benefits - Prescription Drug Program section for more information.

Here's How to Have a Virtual Doctor's Visit



**Haven't had a visit yet?
It's easy — here's how.**

From check-in to diagnosis, virtual doctor visits are designed to be comfortable and familiar, while being as simple as possible. Here's how it works:

Create an account.

Follow the simple directions.

1. Visit [amwell.com](https://www.amwell.com) and follow the instructions to register or download their mobile app.
2. Enter your name, address, etc.
3. Complete the brief online health history form.
4. Enter your health insurance information.

Select your doctor.

You can choose the doctor that's right for you.

1. Look through doctor's profiles.
 2. Choose a doctor and click **Start Visit**.
- Note: In some cases, a doctor may be assigned to you.

Enter your health info and start the visit.

Tell us what you'd like to discuss.

1. Tell us if the visit is for you or your child.
2. Tell the doctor the reason for your visit.
3. Begin your live video visit.

Wrap up.

Get information fast after your visit.

1. View the doctor's notes and diagnosis.
2. If you are prescribed medication, it will automatically be sent to your pharmacy.

You need to plan for the unexpected. Highmark has you covered.



We help you stay healthy — so you can focus on what matters most.

If you're young and healthy, you may think you don't need health insurance. But having insurance means you can get preventive care that helps you stay healthy.

Plus, accidents and illness can happen to anyone, and the cost of care could be much higher than you think. If you don't have health insurance, you're responsible for 100% of the bill.

To ensure you can get the care you need no matter what, your school sponsors a student health insurance plan through Highmark Blue Cross Blue Shield.

Highmark student plans include:



- Prescription drugs.
- Preventive care like vaccines and gynecology visits.
- Emergency room visits.
- Doctor visits.
- Hospital stays.
- Diagnostic services, like X-rays and bloodwork.
- Mental health care and substance use disorder treatment.
- Coverage for sports-related injuries.

Access to care wherever you go

When you need care, you have plenty of options close to school — whether you want to see a doctor, therapist, physical therapist, or another kind of provider.

We also offer virtual doctor visits, so you can get care straight from your smartphone, tablet, or computer when you're not feeling well.

And if you need care when you're home from school or traveling:



- You have access to over 1.7 million providers in the U.S., including 95% of all hospitals.¹
- If you plan to study abroad or take a trip overseas, Blue Cross Blue Shield Global[®] Core gives you access to medical care when traveling outside the U.S.
- You may also get 24/7 emergency travel assistance when you're 100 miles or more away from your primary residence. Check your plan's documents.

Additional perks that come with Highmark student plans:

- Discounts of up to 30% on health-related products and services such as massages, acupuncture, fitness memberships, nutrition counseling, and more.
- Access to a registered nurse or health coach 24/7.
- A convenient app where you can access your ID card, enroll in a wellness program, find a doctor, and more.

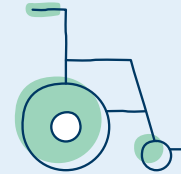
The cost of care without insurance:



Average cost to diagnose and treat a broken leg: \$7,500²



Average cost of an appendectomy (removal of appendix) ranges \$9,600 to \$30,000, depending on the procedure³



Average cost of three-day hospital stay: \$30,000*²

Sign up for this valuable insurance plan from Highmark.



Because Life.™

Sources:

¹ Blue Cross Blue Shield Association

² Healthcare.gov

³ KHN (Kaiser Health News)

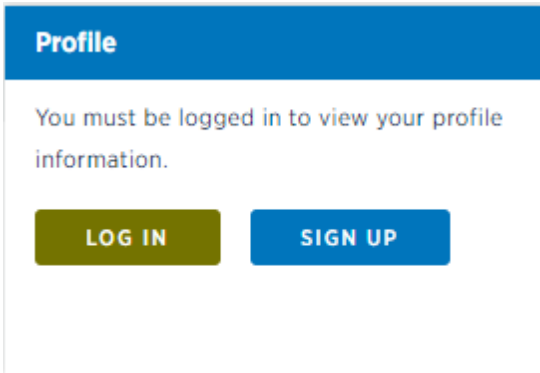
Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, Highmark Benefits Group, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue and Shield Association.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.



How to Enroll in Highmark Coverage

1. Visit www.gallagherstudent.com/gannon
2. Under the Profile box on the top let-handed side, click Sign Up



Note: Please use your Gannon.edu email address. Upon registration, look for an email from Gallagher Student Health to verify your email address and activate your account. Click on the link within the email and it will take you directly to your newly created Gallagher Student Health account. If you are unable to locate the link within your email, please check your junk/spam folder and activate your account.

3. Once logged into your Gallagher account, under the **My Coverage Options** box located at the top-middle, select the appropriate 2024-2025 Gannon University coverage option.




4. Click on the **Enroll** button under the **Plan Summary** box on the left-hand side of the page.

5. Read the **Disclaimer** and check the box to note your agreement.

6. If you are enrolling a Spouse, you will need to provide supporting documentation such as a marriage certificate or proof of domestic partnership. Next click on the **Enroll Spouse/Partner button**.

Dependent Spouse / Partner



The screenshot shows a grey rectangular box with a white information icon (an 'i' in a circle) on the left. To the right of the icon, the text reads: "Add dependent by clicking the 'Enroll Spouse/Partner' button and 'Add Spouse/Partner' link to the right." Below this text is a button with the text "Enroll Spouse/Partner".

7. Next, on the right-hand side of the page, click **Add Spouse/Partner**.

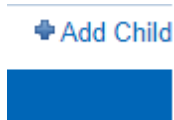


8. Complete demographic information regarding your spouse/domestic partner, then click on **Save Changes** in the top right-hand corner.

9. Upload supporting documentation. Click on **Choose File**. Once copy of your supporting documentation is selected. Click on **Save** in the top right-hand corner then **Save Changes** on the next page (top right-hand corner).

10. If you are done enrolling your dependents, skip to step # 14.

11. If you are enrolling a Child/Children, you will need to provide supporting documentation such as a birth certificate or proof of legal guardianship. Next click on **Add Child** located on the right-hand side/middle of page.



12. Complete demographic information regarding each child, then click on **Save Changes** in the top right-hand corner.

13. Upload supporting documentation. Click on **Choose File**. Once copy of your supporting documentation is selected, click on **Save** in the top right-hand corner then **Save Changes** on the next page (top right-hand corner).

14. Next under **Available Plans**, select the 2024-2025 plan coverage in which you want to enroll yourself and your dependents.

15. Next check the appropriate boxes for the individuals you want to enroll (they will be listed.) Then click on **Save and Continue** at top right-hand corner.

16. Then click **Submit** at the top right-hand corner.

17. You will now be prompted to make payment either by e-check or credit card (MasterCard, Visa, or Discover are accepted).

18. An enrollment confirmation email will be sent.

Highmark, Inc. Member Portal

24/7 Access to Health Plan Information & Health Improvement Tools

All students enrolled in the Highmark, Inc. PPOBlue Health Plan have access to the Highmark, Inc. Member Portal. This portal acts as the central hub for your health insurance plan information, claims history, and provides access to various individual programs and information to improve your healthcare experience.

Access is easy, once you receive your Highmark, Inc. Insurance Card simply follow the steps included to sign up for your account.

Go to www.highmark.com/member/member-guide

Set up your account

Enter your membership information the same as it appears on your ID card.
Your member ID is the set of numbers (no letters) on the front of your card as highlighted in the example below.



Member ID or Social Security Number *

First Name *

Last Name *

Date of Birth (MM/DD/YYYY) *



Travel & Medical Assistance Program

Peace of mind wherever you roam

When you travel more than 100 miles from home—even around the world—you have 24/7 access to help through Highmark, Inc. Health Plan's global emergency travel assistance partner, AXA Assistance. Please see attached brochure for program details.





Travel Assistance Program

Gannon University
Highmark Student Health
Insurance Plan

24/7 Travel and Medical Assistance

With one simple phone call, you will be connected to multilingual assistance coordinators and medical professionals to assist you when away from home.

Whether it's needing a referral for a doctor or arranging a medical air evacuation, you have immediate access to a broad range of travel assistance services.

Anytime, anywhere.

Contact us

24 hours, 7 days a week

If you have questions about the services or require assistance, contact us:

Within the U.S.

1-888-647-5637 (toll-free)

From anywhere in the world

+1-630-766-7799 (collect)



Travel Assistance Program

Within the U.S.

1-888-647-5637

From anywhere in the world

+1-630-766-7749

Call AXA Assistance if you require:

- Medical and dental referrals
- Medical evacuation or repatriation
- Hospital admission and critical care monitoring
- Dispatch of prescription medication
- Lost document and luggage assistance
- Emergency cash and bail assistance
- General travel information

THIS IS NOT A MEDICAL INSURANCE CARD.
ALL SERVICES MUST BE AUTHORIZED AND PROVIDED BY AXA ASSISTANCE USA, INC.
NO REIMBURSEMENTS WILL BE ACCEPTED



Just a phone call away,
assistance services can be accessed worldwide
24 hours a day, 7 days a week, 365 days a year

Medical assistance

Medical and Dental Referrals

With a worldwide network of providers at our fingertips, this service is able to offer you referrals to primary care physicians, dentists, clinics and hospitals.

Coordinate Hospital Admission

This service will assist with pre-certification for admission and elective outpatient surgical intervention. In the event that a hospital does not recognize your medical insurance, we will assist in guaranteeing hospital admission for you or your dependents by validating your health coverage and/or assisting with arrangements to advance funds.

Critical Care Monitoring

During your hospitalization, our medical professionals will remain in regular communication with the treating facility to monitor your care.

Emergency Medical Evacuation

Whenever adequate medical facilities are not available locally, our medical professionals will recommend and arrange the appropriate method of transportation, equipment and personnel to evacuate you to the nearest facility capable of providing proper care.

Medical Repatriation

If you need medical assistance to return home, our medical professionals will determine the appropriate transportation method and assist with all necessary travel arrangements based upon your medical condition.

Transportation to Accompany Patient

If you are traveling alone and expected to be hospitalized for more than seven days, this service will provide round-trip common carrier transportation to the place of hospitalization for a designated family member or companion.

Return of Travel Companion

In the event that you need to be medically evacuated or repatriated, this service will arrange for a family member or companion who is traveling with you, to escort you to your destination.

Return of Dependent Children

If a minor child is left unattended as a result of an accident or illness, this service will provide assistance with arranging transportation, with attendants if required, to return home.

Return of Mortal Remains

This service will arrange the transportation and offer reasonable assistance in legal formalities, for the return of mortal remains.

Dispatch of Prescription Medication

If you forget or lose a prescribed medication, this service will assist with replacement medication. This service is also available for medical devices and eye glasses.

Travel assistance

Lost Document and Article Assistance

This service will assist with arrangements to replace or forward copies of lost or stolen documents, including passports, driver's licenses and credit cards, as well as assist with procedures to file loss reports and to recover lost or stolen articles such as luggage.

Emergency Cash and Bail Assistance

If your wallet is stolen, this service can help arrange an emergency cash advance. This program can also provide assistance in obtaining bail bonds, where available.

Legal Referrals

This service will provide referrals to an interpreter or legal personnel to you as necessary.

Urgent Message Relay

This service will relay emergency messages on the your behalf.

General Travel Information

Before you travel, this service will provide information about visa, passport, immunization requirements and local customs. You can also obtain 24-hour pre-departure information on weather, currency or holidays over the phone.

Program Terms

Individuals with a Highmark Student Health Insurance Plan have access to the travel assistance program. Services are available when traveling more than 100 miles away from home. The travel assistance program duration may vary; contact your university or call AXA for duration terms.

Assistance services are not available for any sickness, loss or injury that is caused by, or results from:

- Normal childbirth, normal pregnancy (except complications of pregnancy) or voluntary induced abortion
- Mental or nervous conditions, unless hospitalized
- Traveling against the advice of a medical professional
- Traveling for medical treatment

Emergency medical evacuation, medical repatriation, return of mortal remains, visit of a family member or friend, return of travel companion and return of dependent children services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. All additional costs would be the responsibility of the member. Services will be provided as permitted under applicable law. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. The maximum benefit is \$500,000 per member per trip.

No reimbursements for out-of-pocket expenses will be accepted.

Reach AXA anytime.

Within the U.S.

1-888-647-5637 (toll-free)

From anywhere in the world

+1-630-766-7799 (collect)

Gannon University

2024–2025

Student Health Insurance Plan

Frequently Asked Questions



Student Health &
Special Risk



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Contacts

Answer Needed	Who To Contact	Contact Information
Insurance Broker	C.H. Reams & Associates, Inc.	401 Cranberry Street, Suite 100 Eerie, PA 16507 814.453.4357
Enrollment, Coverage or Service Concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 gallagherstudent.com/gannon ; Phone: 1.833.818.7087 click "Help Center"
ID Cards, Claims, Claims Payment Incurred and Tax Forms Prior to	Highmark BCBS	P.O. Box 3355 Mail Code PAPHM-023B Pittsburgh, PA 15222 Phone: 1-800-241-5704 Highmark Login and Member Guide
Preferred Provider Network	In PA: PPOBlue Outside of PA: BCBS PPO	Highmark Login and Member Guide or gallagherstudent.com/gannon ; click "Find a Doctor"
Participating Pharmacies	Express Scripts	Attn: Direct Claims P.O. Box 2824 Clinton, IA 52733-2824 or gallagherstudent.com/gannon ; click "Pharmacy Program"
Voluntary Dental and Vision	Ameritas	Phone: 1.855.672.3232 or gallagherstudent.com/gannon , click "Additional Products" under the Plan Details box, then "Dental Insurance" or "Vision Insurance"



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Answer Needed	Who To Contact	Contact Information
Gallagher Student Health Complements (SHIP Plan Enhancements)	Coast to Coast Vision (Discount Vision) UNI-CARE (Dental Savings) SilverCloud (Behavioral Health)	Phone: 800.252.3059 findbestbenefits.com/student Phone: 800.252.3059 findbestbenefits.com/student gsh.silvercloudhealth.com/signup
Worldwide Assistance Services (Medical Evacuation and Repatriation)	AXA	Phone: 1-888-647-5637, or 1-630-766-7799 medassist-usa@axa-assistance.us

Getting Started

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

ALL ATHLETES (must either Enroll or Waive):

1. Visit gallagherstudent.com/gannon.
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.)

Returning users: Log in with your Gannon.edu email address and the password you previously created. If you do not remember your password, please choose the "Forgot your password?" option on the login page.

DOMESTIC NON-ATHLETES (voluntary enrollment only):

1. Visit gallagherstudent.com/gannon.
2. Under "Profile," click "Log In" and enter your student login credentials.

First-time users: You will need to complete the registration form by clicking on "Sign Up." Please register



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using your school email address. Upon registration, look for an email from Gallagher Student Health to verify your email address and activate your account. Click on the link within email and it will take you directly to your newly created Gallagher Student Health account. If you are unable to locate the link within your email, please check your junk/spam folder and activate your account.

Returning users: Log in with your Gannon.edu email address and the password you previously created. If you do not remember your password, please choose the “Forgot your password?” option on the login page.

How do I enroll?

ALL ATHLETES:

1. Go to gallagherstudent.com/gannon.
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.

DOMESTIC NON-ATHLETES:

1. Go to gallagherstudent.com/gannon.
2. Follow the login instructions.
3. Click on the “Enroll” button under “Plan Summary.”
4. Follow the instructions to complete the form.
5. You will be prompted to submit payment.
6. Enrollment confirmation email will be sent.

How do I enroll my dependents?

1. Go to gallagherstudent.com/gannon.
2. Follow the login instructions.
3. Click on the “Enroll” button under “Plan Summary.”
4. Follow the instructions to complete the form to:
 - a. Enter your “dependent spouse” and/or “dependent children.”
 - b. Upload supporting documentation.*
 - c. Enroll your dependents
5. You will be prompted to submit payment.
6. 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 (*only student athletes are subject to the waiver process; all other students can enroll in the plan on a voluntary basis*)

To be eligible to waive your SHIP, you must be currently enrolled in a health insurance plan that meets your school's waiver requirements.

If you are an athlete, in order to waive coverage, you must meet the requirements on the following page. If a claim is submitted before you have an approved waiver, you will remain enrolled in the plan.

1. Go to gallagherstudent.com/gannon.
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.

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.

This must be [completed prior to the](#) waiver/enrollment deadline of **August 1, 2024**.

1. Go to gallagherstudent.com/gannon.
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 your waiver is rescinded, this action cannot be reversed.

You may not edit your form after **August 1, 2024**.



Waiver Requirements

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Important Considerations

- 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:
- Fully compliant with all aspects of the Affordable Care Act;
- Underwritten and administered in the United States;
- Access to local doctors, specialists, hospitals and other healthcare providers near campus;
- Provides coverage for urgent and non-urgent care including;
 - a. Preventative and routine benefits;
 - b. In-patient and out-patient surgery and hospitalization;
 - c. Lab work, diagnostic x-rays, physical therapy, chiropractic care, emergency room treatment, ambulance services and prescriptions;
 - d. In-patient and out-patient mental health, substance abuse and counseling services;
- If I am enrolled in an HMO, Medicaid, TRICARE, any other Government Insurance plan, or 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.
- I acknowledge that by waiving the student health insurance plan that I will be responsible for any medical expenses I incur.
- I participate in an NCAA intercollegiate sport and my plan meets the NCAA required minimum coverage amount of \$90,000 for intercollegiate sports injuries.



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 gallagherstudent.com/gannon.
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 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 gallagherstudent.com/gannon or [Highmark Login and Member Guide](#)

How much does my student health insurance cost?

See chart below:

	Fall (07/01/2024–12/31/2024)	Spring (01/01/2025–06/30/2025)
Enrollment/Waiver Deadline	August 1, 2024	January 16, 2025
Student	\$1,128	\$1,128
Spouse	\$1,128	\$1,128
Child	\$1,128	\$1,128
Spouse and 2 or more Children	\$3,384	\$3,384

Have changes been made to this year’s plan?

Here are the changes made for the 2024–2025 Policy Year:

- The insurance carrier has changed from Wellfleet to Highmark BCBS.
- Please see the 2024-2025 benefits summary located under the Plan Details box, Plan Materials 2024-2025 drop down for detailed information on in-network and out-of-network benefits. In order to decrease your out-of-pocket expense, always try to use in-network physicians and medical facilities.

Am I still covered while traveling? When studying abroad?

With Travel Assistance:

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 AXA 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.



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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.