

University of La Verne

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
Enrollment, coverage, or service concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 Website: www.gallagherstudent.com/Laverne , click 'Help Center' link
ID Cards, Benefits, Claims, Claims Payments Incurred and Tax Forms	Anthem Blue Cross	P.O. Box 60007 Los Angeles, CA 90060 Phone: 1-800-888-2108 Website: www.anthem.com/ca
Preferred Provider Network	Anthem Blue Cross PPO Prudent Buyer Network	www.gallagherstudent.com/Laverne ; click "Find a Doctor" Phone: 1-800-888-2108
Participating Pharmacies	IngenioRx	www.gallagherstudent.com/Laverne ; click "Pharmacy Program" Phone: 1-833-261-2460
Worldwide assistance services (medical evacuation and repatriation)	GeoBlue	Phone: 1-833-511-4763

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/laverne.
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 SHIP

Am I eligible for student health insurance?

As a condition of enrollment, the University of La Verne (ULV) requires Students to participate in the Student Health Insurance program (SHIP). This requirement protects against unexpected high medical costs and provides access to quality care. The University will charge a SHIP fee to participating Students upon enrollment, unless the Student "waives out" by providing a qualified waiver that is approved by the University.

Where a waiver has been approved, it is the student's affirmative responsibility to maintain the alternate health insurance coverage at all times while enrolled at the University.

Required Groups

The following Students will be charged a SHIP fee unless they provide a qualified waiver:

- "Traditional" degree seeking undergraduate domestic students enrolled in 12 credit hours or more during a semester.
- Graduate and undergraduate students holding F-1 or J-1 visas (i.e., International Students), enrolled in at least 1 credit hour or more during a semester.

Exempt Groups

- "Traditional" degree seeking Undergraduate domestic students enrolled in less than 12 credit hours during a semester.
- Degree seeking Undergraduate domestic students enrolled in a Regional and Online Campus or the Campus Accelerated Program (i.e., "Adult" Students).
- Degree seeking Graduate domestic students.

Exempted degree seeking students enrolled in at least 3 credit hour per semester/term are eligible to voluntarily purchase the SHIP and will have the appropriate fee placed on their Student account.

Non-Degree seeking students are exempt from this requirement and are not eligible to participate in SHIP.

How do I enroll?

1. Go to www.gallagherstudent.com/laverne.
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.

Waiving SHIP Coverage

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 or Medicaid plan (outside of Los Angeles County, San Bernardino County, Riverside County, or Orange County), your coverage will likely be limited — or unavailable — outside of your school's service area and will not meet the waiver requirements. **If a claim is submitted before you have an approved waiver, you will remain enrolled in the plan.**

Waiver Periods

- Students can "waive out" of the SHIP each academic year during the Fall Waiver/Enrollment period. Students who are not able to waive out during the Fall Waiver/Enrollment period will be required to have SHIP for the full academic year (i.e. Fall and Spring Semester/Term).
- Students whose first semester/term of enrollment for that academic year is Fall Session II, Jan Term, Spring Semester/Jan Term, Spring Session II, and Summer can waive out during the corresponding waiver period.
- Waiver requests **MUST** be submitted during the open waiver/enrollment periods. Waiver requests made after the open waiver/enrollment period ends will not be approved, and the charge for the SHIP will remain on the Student Account.

The coverage and waiver periods are as follows:

Coverage Period	Effective Date	Termination Date	Waiver Start Date	Waiver End Date
Fall	08/01/2024	12/31/2024	06/05/2024	08/19/2024
Fall II	10/21/2024	12/31/2024	09/09/2024	10/21/2024
Spring/Summer	01/01/2025	07/31/2025	11/13/2024	02/03/2025
Spring/Summer II	04/07/2025	07/31/2025	02/17/2025	04/07/2025
Summer	06/1/2025	07/31/2025	04/28/2025	06/09/2025

How do I submit a waiver form?

1. Go to www.gallagherstudent.com/laverne.
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.

Can I cancel the waiver form?

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 deadline.

1. Go to www.gallagherstudent.com/laverne.
2. Follow the login instructions.
3. Navigate to “Account Details.”
4. Click “Click Here to Rescind Your Waiver.”
5. Click “Rescind My Waiver.”

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.

To initiate the Qualifying Life Event process:

1. Go to www.gallagherstudent.com/laverne.
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.

Where can I get more information about my plan?

Go to www.gallagherstudent.com/laverne.

Have changes been made to this year's plan?

The following changes were made for the 2024–2025 Policy Year:

- The insurance carrier changed from Wellfleet to Anthem
- In-network urgent care changed from 10% coinsurance after the deductible is met to \$15 copay with the deductible waived

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 GeoBlue 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.

APPENDIX

How to Submit a Waiver Form

How do I waive health insurance coverage?

1. Go to www.gallagherstudent.com/Laverne.
2. Follow the login Instructions.
3. Click on the “**WAIVE**” button under ‘Plan Summary’ for the coverage period that you are waiving.

Plan Summary

Carrier: **Anthem**

**2024-2025 University of La Verne
Student Health Insurance Plan - Fall**

ENROLL

WAIVE

**Enrollment - 6/5/2024 - 8/19/2024
Waiver - 6/5/2024 - 8/19/2024**

4. If you have previously waived, you will be asked if you would like to use the prior waiver information.

Do you want to use your prior years waiver information to fill out this waiver form?

YES


NO

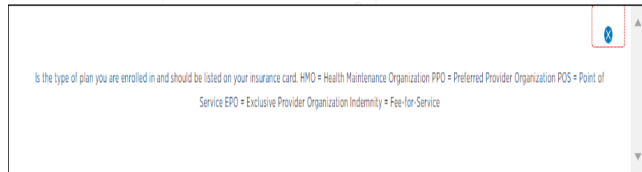
5. Please carefully read the Important Considerations and click the checkbox to acknowledge.

Step 1: 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:
 - i. Preventative and routine benefits;
 - ii. In-patient and out-patient surgery and hospitalization;
 - iii. Lab work, diagnostic x-rays, physical therapy, chiropractic care, emergency room treatment, ambulance services and prescriptions;
 - iv. In-patient and out-patient mental health, substance abuse and counseling services;
- 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.
- I acknowledge that by waiving the student health insurance plan that I will be responsible for any medical expenses I incur.

- 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.

NOTE: You will see an information icon, next to most information boxes, it will provide you with additional information. For example, this is the result of clicking on the  for **Type of Plan**.



Is the type of plan you are enrolled in and should be listed on your insurance card. HMO = Health Maintenance Organization PPO = Preferred Provider Organization POS = Point of Service EPO = Exclusive Provider Organization Indemnity = Fee-for-Service

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.

Name of person completing the application

Full Name 

Alternate Email Address

Enter an Alternate Email Address 

CONTINUE

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)

Zip Code

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.