

University of La Verne | 2026–2027
Student Health Insurance Plan
Frequently Asked Questions

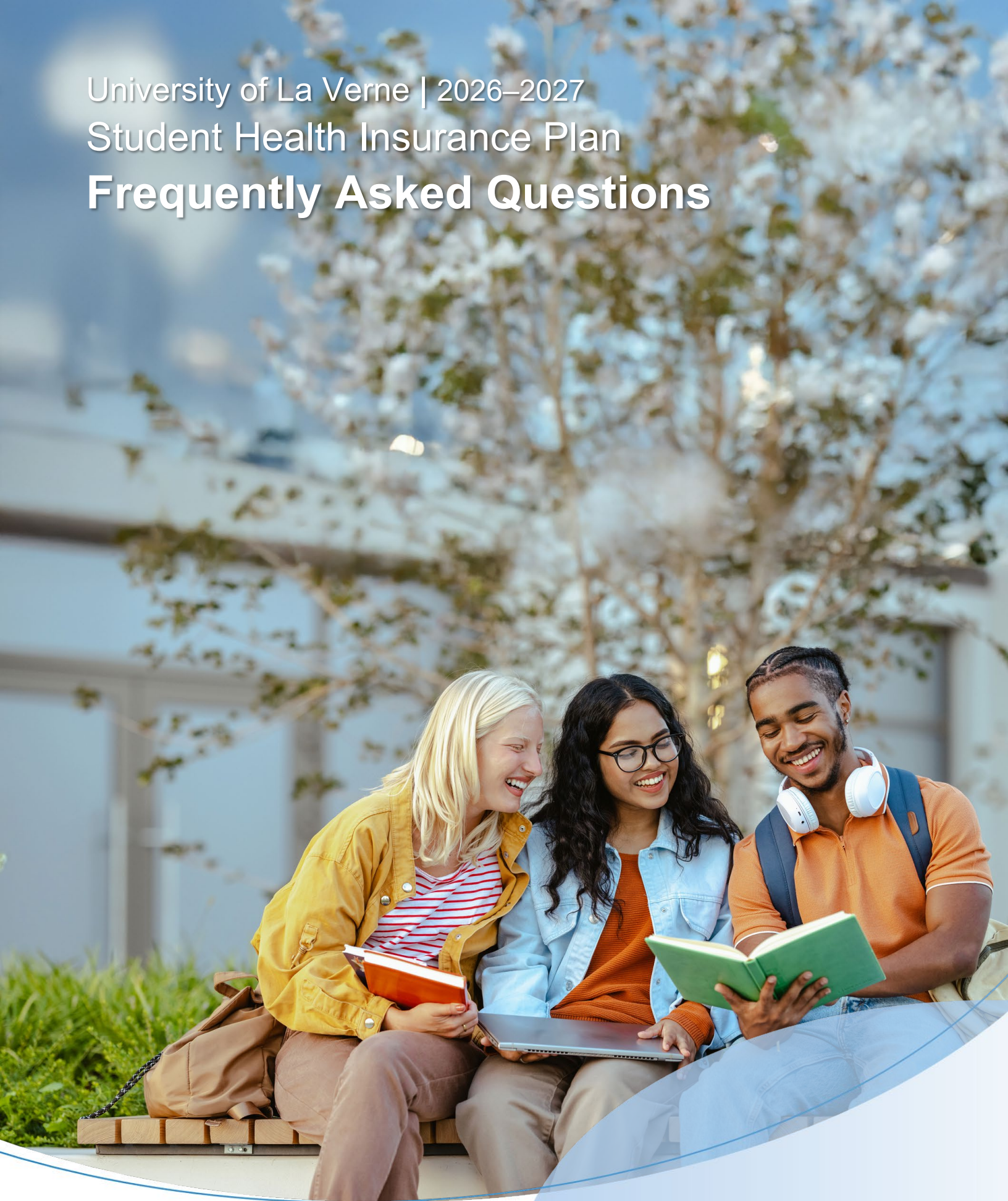


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Answer Needed	Who To Contact	Contact Information
Enrollment, Coverage or Service Concerns	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 www.gallagherstudent.com/laverne click "Help Center"
ID Cards, Claims, Claims Payment Incurred	Aetna Student Health	Phone: 1-866-746-6590 Click the "Aetna Member Website" link to login Website: www.aetnastudenthealth.com
Preferred Provider Network	Aetna PPO Network	www.gallagherstudent.com/laverne click "Find a Doctor"
Participating Pharmacies	Aetna Pharmacy Network	Phone: 1-888-792-3862 www.gallagherstudent.com/laverne ; click "Pharmacy Program"
Worldwide Assistance Services (Medical Evacuation and Repatriation)	On Call International	Toll-free within the United States: 1-800-850-4556 Collect from outside of the United States: 1-603-328-1713 Website: www.oncallinternational.com
Telehealth Services	Teladoc (Aetna)	https://www.teladoc.com/aetna-therapy/

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," click "Log In" and enter your student login credentials.

Or you can scan the QR code below to access the website portal:



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 submit payment directly to Gallagher Student Health.

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

How do I enroll?

Required Group Students:

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.

Exempt Group Students:

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

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, your coverage will likely be limited — or unavailable — outside of your state's service area and will not meet your school's 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 Waiver/Enrollment period. Students who are not able to waive out during the Waiver/Enrollment period will be required to have SHIP for the full academic year.
- International 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.
- Traditional degree-seeking undergraduate domestic students enrolled in 12 or more credit hours whose first term of academic year is Fall Session II, Spring Session II, or Summer will not be enrolled or required to waive coverage during that initial session. Instead, they must enroll or submit a waiver during their next full term of enrollment (i.e., Full Fall or Spring Semester)

Coverage Period	Effective Date	Termination Date	Waiver Start Date	Waiver End Date
Fall	08/01/2026	12/31/2026	06/1/2026	08/24/2026
Spring/Summer	01/01/2027	07/31/2027	11/19/2026	01/11/2027
Summer	06/1/2027	07/31/2027	04/29/2027	06/14/2027

How do I waive?

- Go to www.gallagherstudent.com/laverne.
- Follow the login instructions.
- Click on the “Waive” button under “Plan Summary.”
- You will need your health insurance information.

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 8/24/26.

- Go to www.gallagherstudent.com/laverne.
- Follow the login instructions.
- Navigate to “Account Details.”
- Click “Click Here to Rescind Your Waiver.”
- Click “Rescind My Waiver.”

Note: Once your waiver is rescinded, this action cannot be reversed. You may not edit your form after 8/24/26.

If I waive, but then lose my coverage, can I enroll in SHIP?

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?

You can request to terminate the remainder of your coverage (and receive a pro-rated premium refund) under the following circumstances:

1. You have graduated from the University.
2. You have permanently withdrawn from the University.
3. You have entered the armed forces.
4. You have been approved for a leave of absence from the University.

To Request Termination of Coverage:

1. Visit www.gallagherstudent.com/laverne or scan the QR code above.
2. In the “Account Detail” tile under “Plan Summary,” click the “**Termination of Coverage**” link.
3. Complete the termination form and select the appropriate termination reason from the list.
4. Submit the form.

If your request is approved, your coverage will terminate at the end of the month during which your request was received. Also, the prorated premium refund will be credited to your student account at the end of month.

Where can I get more information about my plan?

Go to www.gallagherstudent.com/laverne, or scan the QR code below to access the website portal:



Have changes been made to this year’s plan?

Here are the changes made for the 2026–2027 Policy Year:

- A new insurance card is required because the insurance Carrier has changed from Anthem BCBS to Aetna.

- Exempt Group students may only enroll by submitting payment directly to Gallagher Student Health.
- The In-Network Office Visit Copay has been changed from \$15 to \$25.
- The prescription copays changed from \$10/\$30/\$50 to \$25/\$50/\$75.

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 On Call International before making arrangements on your own. Otherwise, these services will not be covered.

If you have an emergency while traveling at least 100 miles from your primary residence or when traveling in a foreign country, call On Call International as soon as possible by dialing 1-866-525-1956 (within the United States) or 1-603-328-1956 (outside the United States). On Call International can provide the travel and medical assistance services.

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

How to request your ID card

To request a secure email with a PDF of your ID card, follow these steps Or, use the [Aetna Health™ app](#) to view your ID card on your mobile device.:

1. Go to <https://www.aetnastudenthealth.com/en/get-id-card.html>
2. Find your school
3. Once on your school's page, choose "Get your ID card"
4. Enter the following info, making sure it matches the info your school provided to Aetna:
 - Student ID number
 - Date of birth

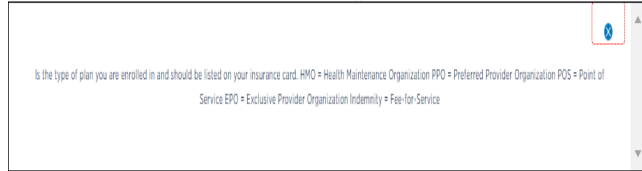
- Email address
5. Then select “Submit” and a PDF of your ID card will be emailed to you.

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 Name: Anthem Blue Cross Blue Shield University of La Verne Student Health Insurance Plan with Anthem Blue Cross Blue Shield coverage is administered by Gallagher Student Health. Please review the documents in the Plan Details section for answers to frequently asked questions. 2025-2026 University of La Verne Student Health Insurance Plan - Fall Coverage Period: 08/01/2025 - 12/31/2025 WAIVE Enrollment Period: 05/14/2025 - 09/09/2025 Waiver Period: 05/13/2025 - 09/09/2025
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)

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 :-

- Click on **"COMPLETE & SUBMIT"**. Or,
- 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.