



Frequently Asked Questions For Brandeis University Undergraduate Students 2013-2014 Student Health Insurance Plan

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Important Contact Information

I have questions about what is covered, how to access benefits, enrollment concerns, or replacement ID cards.

Gallagher Koster
500 Victory Road
Quincy, MA 02171
Website: www.gallagherkoster.com/Brandeis
Phone: 1-800-397-1836
Email: BrandeisStudent@gallagherkoster.com

I have questions about a specific claim or claims payment.

UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, TX 75380-9025
Website: www.uhcsr.com
Phone: 1-866-948-8472
Email: gkclaims@uhcsr.com

How can I find a Preferred Provider?

Harvard Pilgrim (Regionally in MA, NH, and ME)
UnitedHealthcare Options PPO (Nationally)
Website: www.gallagherkoster.com/Brandeis, click on 'Find a Doctor'
Phone: 1-800-977-4698

How can I find a Participating Pharmacy?

UnitedHealthcare Network Pharmacy
Website: www.gallagherkoster.com/Brandeis, click on 'Pharmacy Program'
Phone: 1-855-828-7716

How do I learn more about Gallagher Koster Complements?

EyeMed Discount Vision Plan
Website: www.enrollwiththeyemed.com
Phone: 1-866-839-3633

Basix Dental Savings and CampusFit
Website: www.basixstudent.com
Phone: 1-888-274-9961

How do I learn more about Worldwide Assistance Services?

FrontierMEDEX
Toll-free within the United States: 1-800-527-0218
Collect from outside of the United States: 1-410-453-6330
Email: operations@frontiermedex.com

How do I reach the Collegiate Assistance Program?

24/7 Hour Nurse Advice Line
Phone: 1-877-643-5130

Enrollment & Eligibility

Who is eligible for the plan?

Enrollment in a health insurance plan is required for all students at Brandeis University. To ensure compliance with this policy, students (as defined below), are automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable insurance coverage is documented. Documentation is provided by completing a waiver form identifying the in-force comparable coverage and submitting it by the posted deadline. If a form is not submitted by the deadline, the student will remain enrolled in the Student Health Insurance Plan for the policy year.

- All full-time and 3/4 time undergraduate students.
- Eligible Students may also insure their dependents. Eligible dependents are the spouse, husband, wife or domestic partner and unmarried children under 19 years of age; or 26 years, if a full time student at an accredited institution of higher learning, who are self-supporting.

How do I enroll?

All eligible students who do not submit an online waiver by the deadline will be automatically enrolled in the Student Health Insurance Plan.

How do I enroll my eligible dependents?

Students must purchase coverage for their eligible dependents. A student's dependent(s) must be enrolled within 30 days from the effective date of the policy, or within 31 days of a qualifying event. A qualifying event is when a student experiences one of the following: (a) marriage (b) birth of a child, (c) divorce or (d) if the dependent is entering the country for the first time. Reminder, with the exception of the dependent entering the country for the first time, all other qualifying events noted will only be approved if experienced by the student.

Students may enroll their eligible dependents through the Insurance Selection/Reporting Form in Sage by completing the form by the published deadline.

Can I waive the Student Health Insurance Plan with any of the insurance plans offered through the Commonwealth Connector?

Students are not eligible for any of the subsidized Commonwealth Care programs and these programs cannot be used to waive the Student Health Insurance Plan. Students are eligible for the insurance plans offered through Commonwealth Choice, but these plans should be reviewed carefully as they may have very high deductibles and often times limited benefits.

Is there anything I need to know before waiving coverage?

Before waiving you should review your current policy, considering the following:

- Will your current plan cover medical care beyond emergency services (i.e. doctor's office visits, diagnostic testing, x-rays, prescription drugs, mental health, etc.) in the Waltham, MA area?
- Does your plan have doctors and hospitals in the Waltham, MA area?
- Check the cost -- is the annual cost of this Student Plan less expensive than the cost of being added as a dependent to your parents' plan? Be sure to compare deductibles and total out-of-pocket costs, not just the annual premium.
- Are there administrative pre-requirements, pre-certification, or Primary Care Physician referrals required under your current plan that may delay receipt of care?

What about Health Care Reform? How does that affect my Student Health Insurance Plan?

If you are under the age of 26, you MAY be eligible to enroll as a dependent under the employer health insurance plan held by your parent(s). However, before you do so, you should fully compare the employer plan against this Student Plan to determine which plan's rates, benefits and coverage are most appropriate for you.

In addition to the items mentioned above, keep in mind that Student Insurance Plans are generally less expensive than individual plans with similar benefits. In fact, your total out-of-pocket cost (including premium and deductibles) may be significantly LESS with this Student Plan, especially if your parents' employer plan is considered a 'high deductible' plan.

How do I waive coverage under the Student Health Insurance Plan?

If you determine your coverage to be comparable and would like to waive the Student Health Insurance Plan, you may do so by submitting an online Insurance Selection/Reporting form in Sage to Brandeis University.

Please Note:

- International students cannot waive coverage unless they are insured through a plan of comparable coverage to the Brandeis Student Health Insurance Plan that is underwritten by a U.S. based insurance company.

Insurance Plan Benefits

What changes have been made to the plan for the 2013-2014 Policy Year?

The Student Health Insurance Plan is compliant with the second phase of Federal Health Care Reform. The plan maximum has been increased from \$100,000 per Injury or Sickness to \$500,000 per Injury or Sickness.

What is covered under the Student Health Insurance Plan?

- The plan offers comprehensive benefits that include 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.
- Preventive Care Services are available to cover routine physicals and examinations, routine screenings, routine GYN examinations, and most immunizations with no cost sharing for a student when services are received by Preferred Providers.
- The maximum benefit allowed for each Injury or Sickness is \$500,000. Students should refer to their brochure schedule for details.
- Services provided by a participating Preferred Provider are generally covered at 100%, while services provided by an Out-of-Network Provider are generally covered at 80%.
- Please refer to the plan brochure available at www.gallagherkoster.com/Brandeis and click on 'My Benefits and Plan Information' for complete details about coverage, limitations, and exclusions.

How much does the plan cost?

| Rates | Annual | Spring |
|----------------------|-------------------|------------------|
| Effective Dates | 8/15/13 - 8/14/14 | 1/1/14 – 8/14/14 |
| Student | \$1,389 | \$859 |
| Student & Spouse | \$5,727 | \$3,545 |
| Student & Child(ren) | \$3,584 | \$2,217 |
| Student & Family | \$7,922 | \$4,903 |

How do I get my prescriptions filled?

- Prescriptions can be filled at a UnitedHealthcare Pharmacy Network participating pharmacy. To find a list of participating pharmacies near you, visit www.gallagherkoster.com/Brandeis and click on 'Pharmacy Program'.
- At designated UnitedHealthcare Pharmacy Network pharmacies, you will pay a \$10 co-payment for a 30-day supply of a generic/Tier-1 drug, a \$25 co-payment for a 30-day supply of a preferred brand name/Tier-2 drug, and a \$40 co-payment for a 30-day supply of a non-preferred brand name/Tier-3 drug, up to the policy maximum benefit.
- Prescriptions are also available through a Mail Service Program. Through the Mail Service Program you will pay 2.5x the cost of a 30-day supply for a 90-day supply of your prescription drug. Click on 'Pharmacy Program' at www.gallagherkoster.com/Brandeis to learn the details of the pharmacy program, including the Mail Service Program. Students who take maintenance drugs are encouraged to use the Mail Service Program to be able to receive the maximum benefit available.
- Outpatient medications for treatment of a Covered Expense are covered prescriptions. If the treatment of a medical condition is limited or excluded from the plan, the outpatient prescription is likewise limited or excluded.
- Students who plan on studying abroad may fill out a Prescription Override form by visiting www.gallagherkoster.com/Brandeis and selecting 'Pharmacy Program', then 'Pharmacy Override Form'.
- Supply Limit Program
 - There are specific prescriptions that fall under this program, generally under the categories of anti-depressants and hypnotics or sedatives. The Quantity Level Limits (QLL) program defines the maximum quantity of medication that is covered for one prescription or copayment and the Quantity Duration (QD) program defines the maximum quantity of medication that can be covered in a specified time period.

- These drugs are covered but could require additional follow up by your physician if the prescription quantity exceeds and/or duration is shorter than the established supply limits. These supply limits follow manufacturing dosing guidelines, clinical based trials of the drug itself, therapeutic efficiency and other corresponding medical literature.

Am I covered if I have a pre-existing condition?

Yes, pre-existing conditions are covered immediately as any other Injury or Sickness; there is no waiting period.

Am I required to get a referral from my school's Health Services before I seek treatment?

No, a referral is not required with the Student Health Insurance Plan, but there are many benefits to first seeking care or advice from Health Services. Students should be aware that on-campus Health Services are available to them. Your school's Health Services website is: www.brandeis.edu/studentaffairs/health/.

Do I get an ID Card?

Yes, ID cards are made available online. For students who actively enroll in the plan, they are also mailed to the address that your school has on file for you. Students who are enrolled by default will receive their ID card in their campus mailbox. ID cards for international students with international addresses will be delivered to the Student Health Center.

How do I print an ID Card online?

1. Go to www.gallagherkoster.com/Brandeis.
2. First time users will need to create a User Account. Returning users can log in using their existing account information.
3. On the Left toolbar, under 'My Account', click on 'Authorize Account'.
4. Enter your Student ID number and your date of birth and click on 'Authorize Account'.
5. You will be redirected to the 'Account Home' page, then click on 'Generate ID Card'.

Does this plan cover me when I am off campus, traveling or studying abroad?

Yes, the Student Health Insurance Plan covers you during semester breaks, summer vacation and even if you're traveling or studying abroad. You'll be covered for the period for which you paid premium.

In addition to being covered for medical treatment and services, you will also be covered for Repatriation of Remains, Emergency Medical Expense Benefit and Travel Assistance Services through FrontierMEDEX, the 24-hour worldwide assistance service. All services must be arranged for in advance and provided by FrontierMEDEX. Any services not arranged by FrontierMEDEX will not be considered for payment.

- When studying or traveling abroad, keep your Student Health Insurance Plan identification card with you and take a copy of the brochure for reference.
- When outside of the United States, you will likely be asked to pay for your medical care first and will then need to seek reimbursement. Covered Expenses will be reimbursed on an Out-of-Network basis.
- When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the claims administrator that you are seeking reimbursement for charges previously paid.
- Please ensure that your name, ID number, address (to receive your reimbursement check), and the University's name are on the bill.

What is a deductible? Does this plan have a deductible?

A deductible is the amount for which you are responsible before payment is made by the claims company. Once you have paid the deductible, whether it's applied to one service or multiple services, the plan will pay for covered medical expenses as indicated in the plan brochure.

The 2013-2014 Student Health Insurance Plan does not have a deductible.

Finding a Provider

Can I go to any doctor or hospital?

Yes, you can go to any provider; however, you will save money by seeing providers that participate in the Harvard Pilgrim Network in MA, ME, and NH and the UnitedHealthcare Options PPO Network outside of these states because providers participating in these networks have agreed to accept a predetermined negotiated amount, or Preferred Allowance, as payment for their services.

Go to www.gallagherkoster.com/Brandeis and click on 'Find a Doctor' to locate participating providers.

Claims Processing

What should I do if I receive a bill, or need to be reimbursed, for services I received?

Physicians should bill the claims administrator. The billing information is on the back of your health insurance ID card. However, if you do receive a bill or if you have paid for a service and need to be reimbursed, please send your bill (and proof of payment if seeking reimbursement) to the claims administrator at the following address. You do not need an additional claim form. Make sure your name, health insurance ID number, and school name are on the bill. Make a copy for your records before sending to the claims administrator at the following address:

UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, TX 75380-9025

Is any other information needed in order to pay a claim?

If the treatment you received was a result of an accident, you will receive a letter from the claims administrator asking for information about the accident, i.e. was it the result of a car accident, from playing sports, etc. Your claim cannot be processed without this information, so please respond to the letter promptly. You may also receive a letter asking if you are covered by any other health insurance plan. It is important that you respond promptly to this as well.

How will my claims be paid if I have other health insurance in addition to the Student Health Insurance Plan?

The Student Health Insurance Plan is an excess policy. This means if you have other health insurance, then that plan will pay first as your primary insurance. The student insurance will not pay for benefits until the primary insurance has paid first. Please refer to your brochure for details.

Plan Enhancements

What enhancements are available under this plan?

Exclusively from Gallagher Koster, enrolled students have access to a menu of products at no additional cost. More information is available by visiting www.gallagherkoster.com/Brandeis and clicking on the 'Discounts and Wellness' link.

Will I be covered under the plan after I graduate?

Yes, you will be covered under the Student Health Insurance Plan until the end of the period for which you have purchased coverage.

Can I continue coverage after the policy terminates?

No, there is no option to continue coverage after this policy terminates.

Are there any additional insurance products available?

Please visit www.gallagherkoster.com/Brandeis and click on the 'Other Insurance Products' link for complete details about additional insurance products that are available as well as enrollment information.

This document is only a summary of the benefits available. Please refer to the Summary Plan Description for a description of the benefits available and exclusions and limitations of the plan.