Frequently Asked Questions
For Hamilton College Students
2016-2017 Student Health Insurance Plan

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### “How do I...?”

| 2. On the top right corner of the screen, click ‘Student Login’.  
| 3. Follow the login instructions. |
| 2. On the top right corner of the screen, click ‘Student Login’.  
| 3. Log in (if you haven’t already).  
| 4. Click the ‘I want to Enroll/Waive’ button.  
| 5. Follow the instructions to complete the form.  
| 6. Print or write down your reference number. |
| 2. On the top right corner of the screen, click ‘Student Waive/Enroll’.  
| 3. Log in (if you haven’t already).  
| 4. Click the ‘I want to Enroll/Waive’ button.  
| 5. Follow the instructions to complete the form.  
| 6. Print or save a copy of the confirmation page. |
| **Wаive** | If your current coverage is comparable to the Student Health Insurance Plan:  
| 2. On the top right corner of the screen, click ‘Student Waive/Enroll’.  
| 3. Log in (if you haven’t already).  
| 4. Click the ‘I want to Enroll/Waive’ button.  
| 5. Follow the instructions to complete the form.  
| 6. Print or write down your reference number. Receipt of this number only confirms submission, not acceptance, of your form. |
| **Obtain an ID card** | Students who were enrolled in the 2015-2016 policy can continue using their current ID card. A new one will be delivered on campus in August.  
| ID cards for newly enrolled students will be delivered on campus for distribution to student boxes around the effective date of the policy.  
| If you need a replacement ID card, you can request one by going to [www.cdphp.com](http://www.cdphp.com) and registering for an account. Your member ID number is your 9 digit student ID number. The suffix is ‘00’. |
| **Obtain a tax form** | Tax forms are mailed by either the Insurance Carrier or the Claims Administrator. Please refer to the Important Contact Information Section of this document for further information. |
| **Print a Verification Letter** | Verification letters are usually available 5-7 business days after your eligibility is confirmed.  
| 2. On the top right corner of the screen, click ‘Account Home’.  
| 3. Log in (if you haven’t already).  
| 4. You will be redirected to the ‘Account Home’ page, then click on ‘Verification Letter’ under ‘Coverage History’. |
| **Change my address** | 1. Go to [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton).  
| 2. On the top right corner of the screen, click ‘Customer Service’.  
| 4. Complete the required fields.  
| 5. Click ‘Submit’. |
| **Find a Doctor** | Go to [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton) and click on ‘Find a Doctor’. |
| **Find a Participating Pharmacy** | Go to [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton) and click on ‘Pharmacy Program’. |
Insurance Plan Benefits

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 when services are received by In-Network Providers.
- Services provided by a participating In-Network Provider are generally covered at 90%, while services provided by an Out-of-Network Provider are generally covered at 70%.
- This plan does not have an In Network policy year deductible. This plan has a $400 single, $1,200 Family Out-of-Network policy year deductible.
- Preventive Care Services are available to cover routine physicals and examinations, routine screenings, routine GYN examinations, and most immunizations with no cost-sharing when services are received by In-Network Providers.
- At participating pharmacies, you will pay a $10 copayment for a 30-day supply of a Tier-1 drug, a $45 copayment for a 30-day supply of a Tier-2 drug, and a $75 copayment for a 30-day supply of a Tier-3 drug.
- Intercollegiate Sports are covered as any other Injury.
- Please refer to the plan brochure available at www.gallagherstudent.com/hamilton by clicking on 'My Benefits and Plan Information' for complete details about coverage, limitations, and exclusions.

What changes have been made to the plan for the 2016-2017 Policy Year?

- No changes have been made to the plan for the 2016-2017 Policy Year.

Are dental benefits included in the Student Health Insurance Plan?

There is a pediatric preventive dental benefit available for students and their enrolled eligible dependents up to the age of 19. Please see the Student Health Insurance Plan brochure for details. For students age 19 and older, please visit the Gallagher Student Health & Special Risk website (www.gallagherstudent.com) for coverage options available for purchase.

How much does the plan cost?

<table>
<thead>
<tr>
<th></th>
<th>Annual (8/13/2016-8/12/2017)</th>
<th>Spring/Summer (1/1/2017-8/12/2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,677</td>
<td>$979</td>
</tr>
<tr>
<td>Spouse*</td>
<td>$3,295</td>
<td>$1,923</td>
</tr>
<tr>
<td>Each Child*</td>
<td>$5,277</td>
<td>$3,079</td>
</tr>
</tbody>
</table>

*A nominal, non-refundable processing fee applies.

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.hamilton.edu/healthcenter.

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 have paid premium.

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

- When studying or traveling abroad, keep your Student Health Insurance ID 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 your school’s name are on the bill.

**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 policy period for which you have purchased coverage. There is no option to continue coverage after the policy terminates.

**Eligibility, Enrollment & Waiving**

**Who is eligible for the plan?**

All full time students will be enrolled in and billed for the Student Health Insurance Plan unless an approved waiver form is submitted before the deadline.

Students must actively attend classes for at least the first 31 days after the effective date of the period for which coverage is purchased.

**Can I enroll my eligible dependents?**

Yes, you can enroll your eligible dependent(s) at the same time as your own initial plan enrollment by following the steps described in the “How do I...?” section of this document. Dependent coverage must be purchased for the same time period as the student’s period of coverage and cannot exceed coverage purchased by the student. For example, a student enrolled for annual coverage cannot purchase dependent coverage for the spring semester unless a qualifying event, as defined below, occurs.

Students can also add eligible dependent(s) if the student experiences one of the following qualifying events: (a) marriage, (b) birth of a child, (c) divorce, or (d) if the dependent is entering the country for the first time. If the student experiences one of these qualifying events, the Dependent Enrollment Form, supporting documentation, and payment **must** be received by Gallagher Student Health & Special Risk within 31 days of the qualifying event. Forms received more than 31 days after the qualifying event will not be processed. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

**How does Health Care Reform affect the 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 Health Insurance 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 Health 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 Health Insurance Plan, especially if your parents’ employer plan is considered a ‘high deductible’ plan.

**What is considered ‘comparable coverage’?**

You need to compare your current health insurance plan to the one sponsored by your school to look at cost-sharing levels (deductibles and coinsurance) and access to In-Network Providers. The amount of your current plan’s deductible and In-Network and Out-of-Network coinsurance may result in high out-of-pocket costs. The level of benefits should be compliant with the Affordable Care Act (ACA) and meet or exceed the benefits provided through the Student Health Insurance Plan. Coverage is considered comparable if it provides students with access to a range of services in and around the area where they attend school. Services include, but are not limited to, preventive and primary care, emergency care, surgical care, inpatient and outpatient hospitalization, lab work, diagnostic x-rays, physical therapy and chiropractic care, prescription drugs, mental health and substance abuse treatment. Students should be able to seek these services from providers who are considered In-Network or Preferred. If your current plan is an HMO, it is very likely that coverage is limited, or not available, outside of the HMO’s service area.

Plans that only provide emergency services in the campus area, that are purchased on a short term basis, that are international or travel insurance plans, or that are out-of-state Medicaid plans are not considered comparable.
Can I waive the Student Health Insurance Plan with any of the insurance plans offered through my State’s Marketplace?

Students are eligible for the insurance plans offered through the Marketplace in their home State. If you are a resident of the State in which you are attending college, you can waive the Student Health Insurance Plan with a plan purchased through your State’s Marketplace. Please review these plans carefully. Many of these plans will have a deductible greater than the deductibles on the Student Health Insurance Plan which will increase your out-of-pocket costs. Also, many of these plans are HMOs with restrictive provider networks so, look at the provider network to be sure that In-Network Providers are located near your campus. Please note, choosing to enroll in a State Marketplace plan mid-year is not considered a qualifying event that would allow you to terminate enrollment in the Student Health Insurance Plan.

Is there anything I need to know before waiving coverage?

Before waiving coverage 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.) on- and off-campus?
- Does your plan have doctors and hospitals near campus?
- Check the cost -- is the annual cost of this Student Health Insurance 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?

Please Note:

- Students who do not complete a decision form by the published deadline will be automatically enrolled in and billed for the Student Health Insurance Plan.
- It is recommended that all students submit an online decision form, whether enrolling or waiving.

Will my waiver be audited/verified?

Yes, all submitted waiver forms will be subject to verification. The verification will confirm that the information submitted is accurate and that your coverage is currently in force. Most waivers will be verified within 24-48 hours. Once your waiver has been verified, an email notification will be sent to the address we have on file for you informing you of the acceptance or denial of the waiver. If your waiver is denied, the email will contain further information on how to revise and resubmit your form and any available supporting documentation.

Can I enroll in the Student Health Insurance Plan if I lose coverage under the plan I waived with?

Yes, students who waive the Student Health Insurance Plan, and then lose coverage under that plan, may submit a Petition to Add form. The form can be found by visiting www.gallagherstudent.com/hamilton and clicking the ‘Petition to Add’ link on the left side of the page. Make sure you read the form carefully as it contains very specific information on the Petition to Add process.

Once I’m enrolled in the Student Health Insurance Plan, can I terminate coverage? Can I get a refund?

Yes, students can request to terminate coverage and receive a pro-rated refund of premium in the following situations:

1. When a student enters the armed forces.
2. At the end of the month during which a student submits written request to Gallagher Student Health & Special Risk to terminate coverage. Please be aware that students who do not have coverage that is comparable to the school plan will not be allowed to terminate coverage. Students should contact Gallagher Student Health & Special Risk to receive further information and instructions.

Plan Enhancements

What enhancements are available under this plan?

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to a menu of products at no additional cost. More information is available by visiting www.gallagherstudent.com/hamilton and clicking on the ‘Discounts and Wellness’ link.
Are there any additional insurance products available?

Please visit [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton) 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 intended to provide a summary of the available benefits. Please refer to the brochure for a complete description of the benefits, exclusions, and limitations of the plan._
# Important Contact Information

<table>
<thead>
<tr>
<th>Information Needed</th>
<th>Who to Contact</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Questions about enrollment, coverage, benefits or ID cards | Gallagher Student Health & Special Risk             | Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
Phone: 1-877-308-0473  
Website: [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton) |
| Questions about benefits, claims, and claims payments | Capital District Physicians’ Health Plan (CDPHP)   | CDPHP  
P.O. Box 66602  
Albany, NY 12206-6602  
Phone: 1-877-269-2134  
Website: [www.cdphp.com](http://www.cdphp.com) |
| Questions about preferred providers      | Capital District Physicians’ Health Plan (CDPHP)   | Phone: 1-877-269-2134  
Website: [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton), click ‘Find a Doctor’ |
| Questions about participating pharmacies | CVS Caremark                                        | Phone: 1-877-269-2134  
Website: [www.gallagherstudent.com/hamilton](http://www.gallagherstudent.com/hamilton), click ‘Pharmacy Program’ |
| Questions about tax forms                | Capital District Physicians’ Health Plan (CDPHP)   | CDPHP  
P.O. Box 66602  
Albany, NY 12206-6602  
Phone: 1-877-269-2134  
Website: [www.cdphp.com](http://www.cdphp.com) |
| Questions about Gallagher Student Complements | EyeMed (Discount Vision), Basix (Dental Savings), and CampusFit | EyeMed  
Phone: 1-866-839-3633  
Website: [www.enrollwitheyemed.com](http://www.enrollwitheyemed.com)  
Basix and CampusFit  
Phone: 1-888-274-9961  
Websites: [www.basixstudent.com](http://www.basixstudent.com) and [http://campusfit.basixwellness.com](http://campusfit.basixwellness.com) |
| Worldwide assistance services (medical evacuation and repatriation) | Assist America                                      | Phone: 1-609-986-1234 (collect calls are accepted)  
Email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com) |