

**Weill Cornell Medicine
2018–2019 Student Health Insurance Plan
Frequently Asked Questions**

“How do I...?”	
Log In	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC . 2. On the top right corner of the screen, click ‘Student Login’. 3. Follow the login instructions.
Waive	<p><i>If your current insurance plan is comparable to the Student Health Insurance Plan:</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC. 2. On the left toolbar, click on ‘Student Waive’. 3. Log in by following the instructions on the website (if you haven’t already). 4. Click on the ‘I want to 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.
Enroll my dependents	<ol style="list-style-type: none"> 1. Medical, MD/PhD and Physician Assistant Students: visit the Office of Student Affairs 2. Graduate, Health Policy and Research Program Students: visit the Program Office
Edit my Form after it’s submitted	<p><i>If it is before the waiver/enrollment deadline:</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC. 2. Log in by following the instructions on the website (if you haven’t already). 3. On the left, click on ‘View My Submitted Forms’. 4. Select the form you want to edit. 5. Update the form as needed. 6. Click on ‘Submit Edit’. <p><i>After the waiver/enrollment deadline, forms cannot be edited. Please contact Customer Service if you have any issues.</i></p>
Print an ID card	<p><i>ID cards are usually available 5-7 business days after your eligibility is confirmed.</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC . 2. On the left toolbar, click on ‘Account Home’. 3. Log in by following the instructions on the website (if you haven’t already). 4. On the left toolbar, under ‘My Account’, click on ‘Authorize Account’. 5. Enter your Student ID number and your date of birth. 6. Click on ‘Authorize Account’. 7. You will be redirected to the ‘Account Home’ page, then click on ‘Generate ID Card’ under ‘Coverage History’.

<i>Print a Verification Letter</i>	<p><i>Verification Letters are usually available 5-7 business days after your eligibility is confirmed.</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC. 2. On the left toolbar, click on 'Account Home'. 3. Log in by following the instructions on the website (if you haven't already). 4. On the left toolbar, under 'My Account', click on 'Authorize Account'. 5. Enter your Student ID number and your date of birth. 6. Click on 'Authorize Account'. 7. You will be redirected to the 'Account Home' page, then click on 'Verification Letter' under 'Coverage History'.
<i>View my account information</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC. 2. Log in by following the instructions on the website (if you haven't already). 3. On the left toolbar, under 'My Account', click on 'Authorize Account'. 4. Enter your Student ID number and your date of birth. 5. Click on 'Authorize Account'. 6. You will be redirected to the 'Account Home' page where you can see your current coverage, claims ID number, and contact information.
<i>Obtain a tax form</i>	<p>Tax forms are mailed to the address on file by either the Insurance Carrier or the Claims Administrator. Please refer to the Important Contact Information Section of this document for further information.</p>
<i>Change my address</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/WCMC. 2. On the left toolbar, click on 'Customer Service'. 3. Under the 'Choose Help Topic' dropdown, select 'Address Change'. 4. Complete the required fields. 5. Click on 'Submit'. <p><i>Be sure to also notify your school of your address change.</i></p>
<i>Find a Doctor</i>	<p>Go to www.gallagherstudent.com/WCMC and click on 'Find a Doctor'.</p>
<i>Find a Participating Pharmacy</i>	<p>Go to www.gallagherstudent.com/WCMC and click on 'Pharmacy Program'.</p>

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Insurance Plan Benefits

What is covered under the Student Health Insurance Plan?

- The Plan is fully compliant with the Affordable Care Act and all other federal and state mandates.
- 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 at no cost sharing when received from an In-Network Provider. Preventive Care Services may include routine physicals and examinations, routine screenings, routine GYN examinations, and most immunizations.
- 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%.
- There is no policy year deductible for services received from a Participating Provider. This plan has a \$750 per member / \$1,500 per family policy year deductible that applies to services received from a Non Participating Provider.
- At participating pharmacies, you will pay a \$15 copayment for a 30-day supply of a generic drug, a \$45 copayment for a 30-day supply of a preferred brand name drug, and a \$75 copayment for a 30-day supply of a non-preferred brand name drug.
- Some prescription drugs require a Prior Authorization from the insurance company before you can pick up your prescription. These prescriptions must be approved in advance. Your medical provider is responsible for obtaining the Prior Authorization approval. To find out which prescriptions require prior authorization, go to the Pharmacy Program section on your school specific page through www.gallagherstudent.com.
- Intercollegiate Sports are covered as any other Injury.
- Please refer to the plan brochure available at through your school specific page at www.gallagherstudent.com 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 2018-2019 Policy Year?

- Changes to the pharmacy program:
 - The pharmacy formulary is changing to the Value Plus Formulary, which will result in specific prescriptions changing tier (copay) and/or being excluded.
 - Copayment for prescriptions will change from \$12 for generic, \$40 for preferred brand and \$60 for non-preferred brand to \$15 for generic, \$45 for preferred brand and \$75 for non-preferred brand.
 - Addition of Choose Generic Program – if a prescription has a generic equivalent, the generic equivalent will be dispensed.
- Out-of-Network Outpatient Mental Health services will change from 100% of U&C after a \$25 copayment to 90% of U&C with no copayment.
- The In-Network copay for Testing/Imaging/Radiology Services/Lab Procedures/Preadmission Testing will change from \$10 to \$25 per visit.
- The combined Out of Pocket Maximum for In- and Out-of-Network Providers will increase from \$3,000 to \$5,000 per individual and from \$6,000 to \$10,000 per family.

Are dental and/or vision benefits included in the Student Health Insurance Plan?

There is a pediatric preventive dental benefit and a pediatric preventive vision benefit available for students up to the age of 19 and their enrolled eligible dependents up to the age of 19. Please see the Student Health Insurance Plan brochure for details.

There is a separate Guardian Dental Insurance Plan available to all students; and including those students not enrolled in the Student Health Insurance Plan. A description of the Guardian Dental Insurance Plan and applicable plan costs can be found under the "Other Insurance Products" link.

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

Students are strongly advised to visit Student Health Services (SHS) prior to seeking medical care. While a written referral is not required, SHS has long standing relationships with many Participating Providers both at, and outside, of the Medical Center. If you choose a specialist who is a Non Participating Provider, covered expenses will only be covered at 70% of the Usual and Customary Amount. If you have other health insurance, you are encouraged to obtain a recommendation in order to help you find "student friendly" physicians who participate in your plan. If your health insurance requires you to elect a Primary Care Provider (PCP), please note that the Student Health Services physician is not enrolled in any plan. For further information, please contact Student Health Services at 1-646-962-6942.

Students are strongly advised to visit Student Mental Health Services prior to seeking behavioral/mental health care, as this team has significant expertise in the diagnosis, treatment and management of behavioral/mental health problems in professional students and can provide confidential, high quality care at no or low cost to you, while maintaining the utmost privacy and confidentiality. The Student Mental Health Program is directed by Dr. Richard Friedman who can be reached directly at 1-212-746-5775.

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 are enrolled and premiums are paid.

In addition to being covered for medical treatment and services, you will also be covered for Emergency Medical Evacuation, Repatriation of Remains, Security and Political Evacuation, Natural Disaster Evacuation and 24-hour worldwide travel assistance services through On Call International. All services must be arranged for in advance and provided by On Call International. Any services not arranged by On Call International 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 submit for reimbursement. Covered Expenses will likely be reimbursed on a Non Participating Provider 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?

You will be covered under the Student Health Insurance Plan until the end of the policy period for which you are enrolled or until you leave the program, whichever is earlier. For PhD students, the policy ends at the end of the month in which your stipend has terminated. There is no option to continue coverage after the policy terminates.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

Enrollment in a health insurance plan is required for all students at Weill Cornell Medicine. To ensure compliance with this policy, students are automatically billed for the Student Health Insurance Plan unless proof of comparable insurance coverage is documented. Documentation is provided by completing an online 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.

You will be covered under the Student Health Insurance Plan until the end of the policy period for which you are enrolled or until you leave the program, whichever is earlier. For PhD students, the policy ends at the end of the month in which your stipend has terminated.

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, (d) spouse loses coverage through loss of job or (e) if the dependent is entering the country for the first time. If the student experiences one of these qualifying events, the Dependent Enrollment Form and supporting documentation **must** be completed through the Office of Student Affairs. Gallagher Student Health & Special Risk will add coverage within 48 hours of notification from the college.

Depending on the program a student is enrolled in, the cost of the dependent insurance may be covered.

How do recent changes to the Affordable Care Act affect Student Health Insurance Plan?

One of the recently signed Executive Orders removed the federal penalty you would be assessed for not being enrolled in a health insurance plan beginning in 2019, but it is important to know that the mandate to have health insurance remains in place. However, your state of residence may have additional insurance requirements. Your school-sponsored Student Health Insurance Plan (SHIP) is fully compliant with health care reform and the Affordable Care Act (ACA). Being enrolled in SHIP meets the mandate to have health insurance.

Being ACA compliant means the SHIP provides specific essential health benefits such as certain preventive care services such as annual physical and GYN exams, and covers pre-existing conditions without any waiting period. To learn more about covered preventive services, go to <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

There have been an increasing number of insurance carriers deciding to not participate in state or federal Exchange or Marketplace. Those that continue to participate are offering plans with limited-provider networks or HMO networks. While it is important to not only have health insurance coverage available to meet the waiver requirement, it is equally important your health insurance plan has participating doctors and hospitals in the area where you are attending school. Additionally, Marketplace plans typically have annual deductibles much higher than the cost of your school's sponsored Student Health Insurance Plan.

If you are under the age of 26, you MAY be eligible to enroll as a dependent on a family's employer/group health insurance plan. Contact that plan for more information.

What is considered 'comparable coverage'?

Having a plan of comparable coverage means your health insurance plan must be fully-compliant with the Affordable Care Act (ACA) and meet or exceed the benefits provided through the Student Health Insurance Plan (SHIP). This means your plan needs to have participating providers and cover a range of services in and around the area where you attend school. Services include, but are not limited to, preventive and non-urgent 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. 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.

Before deciding whether or not to waive coverage, compare your current health insurance plan to the SHIP to look at your possible out-of-pocket costs – deductibles, copays, coinsurance, and out-of-pocket maximums. You may find your out-of-pocket costs are greater than paying the premium for SHIP.

Plans that are not considered comparable include: plans that only provide emergency services, international plans, travel insurance plans, Medi-share type plans, out-of-state Medicaid plans, and plans from insurance companies not located within the United States.

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 their home state's Marketplace. If you are a resident of the state in which you are attending school and are enrolled in a plan purchased through the Marketplace, you may be able to waive the Student Health Insurance Plan. 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.

If you are an international student, it's important to realize purchasing a subsidized plan through the Marketplace may jeopardize your visa status.

Is there anything I need to know before waiving coverage?

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

- Is your plan fully compliant with the Affordable Care Act? (reference the "What is considered Comparable Coverage" question above)
- 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?
- If you plan to travel elsewhere during the course of the year, does your coverage extend to these areas as well?

- 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 waiver form by the published deadline will be automatically enrolled in and billed for the Student Health Insurance Plan.
- Once eligibility is met, you are enrolled until the end of the policy period for which you are enrolled or until you leave the program, whichever is earlier. For PhD students, the policy ends at the end of the month in which your stipend has terminated.
- If you choose to waive coverage, there will not be another opportunity to enroll in the Plan until the following plan year unless you experience a qualifying event.

If I lose coverage with the Plan I waived with, can I enroll in the Student Health Insurance Plan?

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 on the Gallagher Student Health & Special Risk website for your school under 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. When a student submits a written request to Gallagher Student Health & Special Risk to cancel coverage. Students should contact Gallagher Student Health & Special Risk to receive further information and instructions. Students who do not have coverage that is comparable to the school plan will not be allowed to terminate coverage.

Plan Enhancements

Are there any additional insurance products available?

Personal Property & Renters Insurance is available to students on or off-campus, at home, or abroad. It includes coverage for damage or theft to laptops, cell phones, books, electronics, and much more! For more information, go to www.gallagherstudent.com/property.

There is a separate Guardian Dental Insurance Plan available to all students; and including those students not enrolled in the Student Health Insurance Plan. A description of the Guardian Dental Insurance Plan and applicable plan costs can be found under the "Other Insurance Products" link.

United Healthcare Global provides all Weill Cornell Medicine students who travel on college business or as part of their medical education with medical, travel and security assistance. You may print out an ID card by going to the website at: <http://weill.cornell.edu/risk-management/insurance/UnitedHealthcareGlobal.html/>.

Please note: The Guardian Dental Insurance Plan and the UnitedHealthcare Global program are not underwritten by Aetna Insurance Company. -

This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions. Please refer to the 'My Benefits and Plan Information' section of the website for a complete description of the benefits, exclusions, and limitations of the plan.

Important Contact Information

Information Needed	Who to Contact
<i>Enrollment, coverage or ID cards</i>	Gallagher Student Health & Special Risk 500 Victory Road, Quincy, MA 02171 Website: www.gallagherstudent.com/WCMC click on 'Customer Service' link
<i>Benefits, claims and claims payments</i>	Aetna Student Health Phone: 1-866-746-6590 Website: www.aetnastudenthealth.com
<i>Preferred providers</i>	Aetna PPO Network Website: www.gallagherstudent.com/WCMC Click on 'Find a Doctor'
<i>Participating pharmacies</i>	Aetna Pharmacy Network Phone: 1-888-792-3862 Website: www.gallagherstudent.com/WCMC click on 'Pharmacy Program'
<i>Tax forms</i>	Aetna Student Health Phone: 1-866-746-6590 Website: www.aetnastudenthealth.com
<i>Voluntary Dental</i>	Guardian Life Insurance Phone: 1-800-541-7846
<i>Worldwide assistance services (medical evacuation and repatriation)</i>	On Call International Toll-free within the United States: 1-866-525-1956 Collect from outside of the United States: 1-603-328-1956 Email: mail@oncallinternational.com
<i>Telehealth services</i>	TeleDoc Phone: 1-800-835-2362 Website: www.teladoc.com