

**Frequently Asked Questions
For University at Buffalo Students
2018-2019 Student Health Insurance Plan**

"How do I...?"	
<i>Log in</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/buffalo. 2. On the top right corner of the screen, click 'Student Login'. 3. Follow the login instructions.
<i>Waive</i>	<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/buffalo. 2. On the left toolbar, click 'Student Waive'. 3. Log in by following the instructions on the website (if you haven't already). 4. Click 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.
<i>Enroll</i>	<p>Students, who would like to enroll in the State University of New York at Buffalo Student Medical Insurance Plan, may do so by downloading and completing an enrollment form (www.healthinsurance.buffalo.edu, click on 'FORMS') and returning it to the Sub Board One Medical Insurance Office (located in 1Capen, North Campus). The premium will be added to your HUB account.</p>
<i>Enroll my dependents</i>	<p>To enroll your dependents under your coverage in the State University of New York at Buffalo Student Medical Insurance Plan, download a Dependent Enrollment form (www.healthinsurance.buffalo.edu, click on 'FORMS'), complete the form, and return it to the Sub Board One Medical Insurance Office (located in 1Capen, North Campus). The premium will be added to your HUB account.</p>
<i>Petition to Add Coverage</i>	<p>If you lose your current insurance to a qualifying event (turning age 26, loss of employment), you may petition to add coverage (with a monthly prorated premium) under the State University of New York at Buffalo Student Medical Insurance Plan, by downloading and completing an enrollment form (www.healthinsurance.buffalo.edu, click on 'FORMS') and returning it to the Sub Board One Medical Insurance Office (located in 1Capen, North Campus). The premium will be added to your HUB account.</p>
<i>Edit my Form after it's submitted</i>	<p><i>If it is before the waiver deadline:</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/buffalo. 2. Log in by following the instructions on the website (if you haven't already). 3. On the left, click 'View My Submitted Forms'. 4. Select the form you want to edit. 5. Update the form as needed. 6. Click 'Submit Edit'. <p>After the waiver deadline, forms cannot be edited. Please contact Customer Service if you have any issues.</p>

<i>Obtain an ID card</i>	<p>ID cards are mailed by Blue Cross Blue Shield of Western New York to the address on file with Gallagher Student Health & Special Risk. Cards are usually sent 7-10 business days after Gallagher Student Health & Special Risk has received your enrollment information from your school.</p> <p>ID cards are available online through the BCBSWNY Mobile app available in the App Store or Google Play. You'll need your BCBS ID number (not your social security number) to create your account. Your BCBS ID number is available by going to the Account Home section of our website.</p> <p>If you need a replacement ID card, you can request one by calling 1-800-888-0757.</p>
<i>Obtain a tax form</i>	Tax forms are mailed to the address on file by either the Insurance Carrier. Please refer to the Important Contact Information Section of this document for further information.
<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/buffalo. 2. On the left toolbar, click 'Account Home'. 3. Log in by following the instructions on the website (if you haven't already). 4. 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/buffalo. 2. Log in by following the instructions on the website (if you haven't already). 3. You will be redirected to the 'Account Home' page where you can see your current coverage, claims ID number, and contact information.
<i>Change my address</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/buffalo. 2. On the left toolbar, click 'Customer Service'. 3. Under the 'Choose Help Topic' dropdown, select 'Address Change'. 4. Complete the required fields. 5. Click 'Submit'. <p>Make sure you also notify your school of your address change.</p>
<i>Find a Doctor</i>	Go to www.bcbswny.com and click on 'Find a Doctor'.
<i>Find a Participating Pharmacy</i>	<p>For the best value, visit the Sub Board One, Inc., Pharmacy located at the University at Buffalo South Campus in Michael Hall. A \$20 per prescription copayment applies to generic drugs and a \$50 per prescription copayment applies to brand name drugs.</p> <p>To locate an off-campus pharmacy, go to www.bcbswny.com. A \$250 pharmacy deductible applies to off-campus pharmacies. This means you have to pay \$250 before the insurance will cover your prescription. After the pharmacy deductible is met, a \$30 per prescription copayment applies to generic drugs, a \$50 copayment applies for brand name drugs, and 50% coinsurance applies to a non-preferred brand name drug.</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 80%, while services provided by an Out-of-Network Provider are generally covered at 60%.
- There is no deductible for services received from an In-Network Provider. This plan has a \$5,000 per Insured per policy year deductible that applies to services received from an Out-of-Network Provider.
- At the SBI pharmacy on Campus, students will pay a \$20 per prescription copayment for a generic drug and a \$50 per prescription copayment for a brand name drug. At participating, Non SBI pharmacies, students will first have to meet a \$250 deductible and then they will pay a \$30 copayment for a 30-day supply of a generic drug, a \$50 copayment for a 30-day supply of a brand name drug, and 50% coinsurance 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?

- No benefit changes were made to the Plan for the 2018-2019 Policy Year.
- The voluntary eligibility requirements have changed. Please see the Eligibility, Enrollment, and Waiving section.

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.

A voluntary dental plan is available to all students for an additional cost. Please visit the Gallagher Student Health & Special Risk website (www.gallagherstudent.com/dental) for coverage options available for purchase. Students who purchase dental coverage can also enroll in vision coverage. Vision coverage is not available separate from the dental insurance.

How much does the plan cost?

	Annual (08/22/2018-08/21/2019)	Spring/Summer (01/22/2019-08/21/2019)	Summer (05/22/2019-08/21/2019)
Student	\$2,210	\$1,310	\$590
Student & Spouse	\$4,420	\$2,620	\$1,180
Student & Child	\$3,907	\$2,321	\$1,052
Student & Family	\$8,846	\$5,223	\$2,324

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

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

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.

- 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 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?

You will be covered under the Student Health Insurance Plan until the end of the policy period for which you are enrolled and premium has been paid. If you enrolled and paid for annual or spring/summer coverage and graduate in the spring, you will be covered until the end of the policy year. There is no option to continue coverage after the policy terminates.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

- All full time students (12 credit hours or more for undergraduate, 9 credit hours or more for graduate) are required to have insurance while attending the University at Buffalo. To ensure compliance with this policy, students are automatically enrolled in, and billed for, the Student Medical 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 waiver form is not submitted and approved by the deadline, the student will remain enrolled in the Student Medical Insurance Plan for the policy year.
- All other domestic students, enrolled in six or more credit hours are eligible to enroll in coverage.
- Matriculated students are also eligible to enroll in coverage.

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 students and cannot exceed the student's period of coverage. For example, a student enrolled for annual coverage that doesn't enroll their dependents for annual coverage cannot purchase dependent coverage for the spring semester unless a qualifying event, as defined below, occurs.

Students can add eligible dependent(s) if one of the qualifying events occur: (a) marriage, (b) birth of a child, (c) divorce, (d) if the dependent is entering the country for the first time, or (e) loses coverage under another insurance plan. If one of these qualifying events occurs, the Dependent Enrollment Form, supporting documentation and payment **must** be received by Sub Board I within 31 days of the qualifying event. If approved, coverage will start on the date of the qualifying event. The premium is prorated. Forms received more than 31 days after the qualifying event will not be processed.

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, out-of-county 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.

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?
- 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:

- International students are not eligible to enroll in the Student Medical Insurance Plan offered through Blue Cross Blue Shield of Western New York.
- 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 for the remainder of the policy and cannot waive later in the year.

- 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.

Will my waiver be audited / verified?

Yes, all submitted waiver forms will be subject to waiver verification. The intent of the waiver verification process is to assess whether or not your insurance plan will cover you when you're at school. The verification process checks the insurance company information you entered on your form and confirms the information submitted is accurate and that your coverage is currently active. Most waivers will be verified within 24-48 hours. Once your waiver has been verified, an email notification will be sent to the email address submitted on the form informing you of the acceptance or denial of the waiver. If your waiver is denied, the email will explain the reason for the denial and provide instructions on how to revise and resubmit your form and any applicable supporting documentation.

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.

If you are eligible to enroll in the Student Health Insurance Plan on a voluntary basis, there is no option to Petition to Add if you lose coverage with your current health insurance plan. If you missed the enrollment deadline you will need to wait until the next open enrollment period.

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.

Please visit www.gallagherstudent.com, select your school specific page, 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 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	Contact Information
<i>Questions about waivers, coverage, benefits, or verification letters</i>	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 Website: www.gallagherstudent.com/buffalo , click the 'Customer Service' link
<i>Questions about enrollment</i>	Sub Board I Medical Insurance Office	1Capen University at Buffalo Buffalo, NY 14260 Phone: (716) 645-3036 Website: www.subboard.com/insurance
<i>Questions about benefits, claims, and claims payments</i>	Blue Cross Blue Shield of Western New York	P.O. Box 80 Buffalo, NY 14240-0080 Phone: 1-800-888-0757 Website: www.bcbswny.com
<i>Questions about preferred providers</i>	Blue Cross Blue Shield of Western New York	Phone: 1-800-888-0757 Website: www.gallagherstudent.com/buffalo , click 'Find a Doctor'
<i>Questions about participating pharmacies</i>	Sub-Board I Pharmacy	D-17 Michael Hall University at Buffalo South Campus Phone: (716) 829-2368 Website: www.subboard.com/pharmacy
	Blue Cross Blue Shield of Western New York	Phone: 1-800-888-0757 Website: www.gallagherstudent.com/buffalo , click 'Pharmacy Program'
<i>Questions about tax forms</i>	Blue Cross Blue Shield of Western New York	P.O. Box 80 Buffalo, NY 14240-0080 Phone: 1-800-888-0757 Website: www.bcbswny.com
<i>Questions about Voluntary Dental</i>	Ameritas	Phone: 1-855-672-3232
<i>Questions about assistance programs</i>	24/7 Nurse Advocate	BlueCross BlueShield of Western New York Buffalo, NY 14240-0080 Website: www.bcbswny.com Phone: 1-800-359-5465