



VANDERBILT

**Frequently Asked Questions
For Vanderbilt University Undergraduate 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/vanderbilt.2. On the top right corner of the screen, click 'Student Login'.3. Follow the login instructions.
<i>Enroll</i>	Eligible students who do not submit an approved waiver by the deadline will be automatically enrolled in the Student Health Insurance Plan.
<i>Enroll my dependents</i>	<ol style="list-style-type: none">1. Go to www.gallagherstudent.com/vanderbilt.2. On the left toolbar, click 'Dependent Enroll'.3. Log in by following the instructions on the website (if you haven't already).4. Follow the instructions to complete the form and submit payment.5. Print or save a copy of the confirmation page.
<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/vanderbilt.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>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/vanderbilt.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>Print an ID card</i>	<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/vanderbilt.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 'Generate ID Card' under 'Coverage History'.
<i>Obtain a tax form</i>	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.

<i>Print a Verification Letter</i>	<p>Verification Letters are usually available 5-7 business days after your eligibility is confirmed.</p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/vanderbilt. 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/vanderbilt. 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/vanderbilt. 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.gallagherstudent.com/vanderbilt and click on 'Find a Doctor'.
<i>Find a Participating Pharmacy</i>	Go to www.gallagherstudent.com/vanderbilt and click on 'Pharmacy Program'.

Table of Contents

“How do I...?”	1
Insurance Plan Benefits	4
What is covered under the Student Health Insurance Plan?	4
What changes have been made to the Plan for the 2018-2019 Policy Year?	4
Are dental and/or vision benefits included in the Student Health Insurance Plan?	4
How much does the plan cost?	4
Am I required to get a referral from my school’s Health Services before I seek treatment?	5
Does this plan cover me when I am off campus, traveling or studying abroad?	5
Will I be covered under the plan after I graduate?	5
Eligibility, Enrollment & Waiving	5
Who is eligible for the plan?	5
Can I enroll my eligible dependents?	5
How do recent changes to the Affordable Care Act affect Student Health Insurance Plan?	6
What is considered ‘comparable coverage’?	6
Can I waive the Student Health Insurance Plan with any of the insurance plans offered through my State’s Marketplace?	6
Is there anything I need to know before waiving coverage?	6
Will my waiver be audited / verified?	7
If I lose coverage with the Plan I waived with, can I enroll in the Student Health Insurance Plan?	7
Once I’m enrolled in the Student Health Insurance Plan, can I terminate coverage? Can I get a refund?	7
Plan Enhancements	7
What enhancements are available under this plan?	7
Are there any additional insurance products available?	8
Important Contact Information	9

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 Preferred Provider are generally covered at 90%; services provided by an In-Network Provider are generally covered at 85%; and services provided by an Out-of-Network Provider are generally covered at 65%.
- This plan has a \$250 per Insured, per policy year deductible that applies to services received from a Preferred or an In-Network Provider and a \$500 per Insured, per policy year deductible that applies to services received from an Out-of-Network Provider.
- At participating pharmacies, after a separate \$100 per policy year deductible, you will pay a \$15 copayment for a 31-day supply of a generic drug, a \$50 copayment for a 31-day supply of a brand name drug, and a \$75 copayment for a 31-day supply of a brand name drug with a generic equivalent.
- 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.
- 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?

- The Provider Network structure will have 3 levels of providers: Preferred Providers, In-Network Providers, and Out-of-Network Providers.
- The Preferred Provider is Vanderbilt University Medical Center (VUMC). Services from VUMC are generally covered at 90%.
- In-Network Providers are those who participate in the UnitedHealthcare (UHC) Options PPO Network. Services from these providers are generally covered at 85%.
- The Out-of-Network coinsurance has been reduced to 65%.
- A \$250 per Insured, per policy year deductible applies to services received from Preferred and In-Network Providers.
- After the separate \$100 deductible, the Prescription Drug copayments have increased to \$50 for brand name drugs and \$75 for brand name drugs with a generic equivalent.
- Other services may have changed. Please refer to the plan materials for coverage details.

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 (8/12/2018-8/11/2019)	Spring/Summer (1/1/2019-8/11/2019)	May Mester (5/1/2019-8/11/2019)	Summer (6/1/2019-8/11/2019)
Student	\$2,496	\$1,532	\$699	\$488
Spouse*	\$2,476	\$1,512	\$699	\$488
One Child*	\$2,476	\$1,512	\$699	\$488
Two or More Children*	\$4,952	\$3,024	\$1,398	\$976
Spouse & Two or More Children*	\$7,428	\$4,536	\$2,097	\$1,464

*A nominal, non-refundable processing fee applies.

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

Yes, a referral is required before seeking care or treatment. Without a referral, services you receive could be denied. Please refer to the plan brochure for details about the referral requirement and any exceptions to this requirement.

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, and 24-hour worldwide travel assistance services through UnitedHealthcare Global. All services must be arranged for in advance and provided by UnitedHealthcare Global. Any services not arranged by UnitedHealthcare Global 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 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 undergraduate students, with the exception of Division of Unclassified Studies (DUS) students, who are registered in degree programs for 4 or more credits (credit hours) are eligible. Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan unless a waiver is submitted and approved by the published 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. Home study, correspondence, and online courses do not fulfill this requirement.

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, or (d) if the dependent is entering the country for the first time. If one of these qualifying events occurs, the Dependent Enrollment Form, supporting documentation and payment **must** be received by Gallagher Student Health & Special Risk within 31 days of the qualifying event. If approved, coverage will start on the date of the qualifying event. The premium is not prorated. 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.

The deadlines to enroll dependents are as follows:

- September 12, 2018 for newly enrolled and returning Annual students to have an effective date of August 12, 2018

- February 1, 2019 for newly enrolled Spring students to have an effective date of January 1, 2019
- June 1, 2019 for newly enrolled May Mester students to have an effective date of May 1, 2019
- July 1, 2019 for newly enrolled Summer students to have an effective date of June 1, 2019

Your student account cannot be billed for dependent coverage. All interested students must pay Gallagher Student Health & Special Risk directly.

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.

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:

- 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.
- 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.

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

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

1. **Other Insurance Coverage**
When a student obtains comparable insurance coverage from a U.S. based insurance company, a student can complete the "Spring/Summer Disenrollment Request" form.
 - In order for the request to be considered, the other insurance plan must be fully compliant with the Affordable Care Act (ACA) and comparable to the Vanderbilt University Student Health Insurance Plan.
 - Requests will be subject to waiver verification process to confirm coverage is comparable.
 - The request form must be completed by January 15, 2019. Please see the 'How do I...' section for details on how to submit a waiver form.
 - Students who incur claims on or after January 1, 2019 will not be permitted to disenroll from spring/summer coverage. Please be aware that students who do not have coverage that is fully-compliant with the ACA or comparable to the Vanderbilt student insurance plan will not be allowed to disenroll for spring/summer.
2. Students or dependents entering the armed forces may request to terminate coverage and receive a pro-rated refund of premium at any time. Documentation of entrance into the armed forces is required.

Other than the instances listed above, students will remain enrolled in and billed for the Student Health Insurance Plan for the duration of the period for which they purchased coverage.

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.

- The Basix Dental Savings Program provides an exclusive discount arrangement, which saves students 20% to 50% off the cost of dental care.
- The EyeMed Vision Care Program allows students to receive discounted services at participating EyeMed providers.
- CampusFit supports student health and wellness by digitizing health knowledge from nutritionists, fitness professionals and cooking coaches, making it easy and affordable for students to access online.

More information is available by visiting www.gallagherstudent.com, selecting your school specific page, and clicking on the 'Discounts and Wellness' link.

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 enrollment, coverage, or ID cards</i>	Gallagher Student Health & Special Risk	500 Victory Road Quincy, MA 02171 Website: www.gallagherstudent.com/vanderbilt , click the 'Customer Service' link
	On-Campus Insurance Representative	Kristy Miller Zefross Building, Student Health Center 4 th Floor Phone: 1-615-343-4688
<i>Questions about benefits, claims, and claims payments</i>	HealthSmart Benefit Solutions	HealthSmart Benefit Solutions 3320 West Market St., Suite 100 Fairlawn, OH 44333 Phone: 1-844-210-0545 Email: akronclaims@healthsmart.com Website: www.healthsmart.com
<i>Questions about preferred providers</i>	UnitedHealthcare Options PPO Network	Phone: 1-866-948-8472 Website: www.gallagherstudent.com/vanderbilt , click on 'Find a Doctor'
<i>Questions about participating pharmacies</i>	HealthSmart Rx	Phone: 1-800-451-6245 Website: www.gallagherstudent.com/vanderbilt , click on 'Pharmacy Program'
<i>Questions about tax forms</i>	UnitedHealthcare StudentResources	UnitedHealthcare StudentResources P.O. Box 809025 Dallas, TX 75380-9025 Phone: 1-866-948-8472 Website: www.uhcsr.com
<i>Questions about Voluntary Dental</i>	Ameritas	Phone: 1-855-672-3232
<i>Questions about Gallagher Student Complements</i>	EyeMed (Discount Vision), Basix (Dental Savings), and CampusFit	EyeMed Phone: 1-866-839-3633 Website: www.enrollwiththeyemed.com Basix and CampusFit Phone: 1-888-274-9961 Websites: www.basixstudent.com and http://campusfit.basixwellness.com
<i>Worldwide assistance services (medical evacuation and repatriation)</i>	UnitedHealthcare Global	Toll-free within the United States: 1-800-527-0218 Collect from outside of the United States: 1-410-453-6330 Email: assistance@UHCglobal.com
<i>Questions about assistance programs</i>	Student Assistance Program	Phone: 1-877-862-1172

<i>Questions about medical telehealth services</i>	HealthiestYou	Phone: 1-855-870-5858 Website: www.telehealth4students.com
<i>Questions about behavioral telehealth services</i>	BetterHelp	Email: contact@betterhelp.com