

# Roseman University of Health Sciences

## 2016–2017 Student Health Insurance Plan (SHIP)

### Waiver FAQ

#### What is SHIP?

SHIP is a health insurance plan designed just for Roseman University students. Your school makes this plan available to protect your educational future. If you get sick or injured, insufficient health insurance can lead to financial hardships that can threaten your ability to attend class, pay tuition, get student loans, or live away from home. Having health insurance is a safety net that helps ensure you are able to stay in school, so you can graduate and achieve your professional goals.

#### Am I required to have health insurance?

Any student who is registered and attending classes at the University for 3 credit hours or more is required to have adequate health insurance coverage. You will be automatically enrolled in SHIP, unless you provide proof of comparable coverage and submit a waiver by the Waiver Deadline Date. If you have other health insurance, such as coverage under your parent's or employer's insurance plan, and you do not wish to enroll in SHIP, you may submit a waiver application.

#### What is a health insurance waiver application?

A health insurance waiver application is an online form that you fill out if you have other qualifying health insurance and do not wish to be enrolled in SHIP. As part of the waiver process you are required to provide specific information about your insurance coverage, which will be verified by the University or a designated Waiver Administrator.

#### Does my other insurance qualify?

If you wish to waive SHIP because you have other insurance, benefits under that plan must include all of the following:

- Maximum benefit must be unlimited.
- Deductible must be \$6,850 or less per person, per policy year.
- Coinsurance levels must be 80% coverage in-network and 60% coverage out-of-network, or better.
- Current plan must have prescription drug benefit.
- Provider network must include the geographic area surrounding both Roseman campuses for primary, specialty, hospital, and diagnostic care.
- Coverage must meet ACA requirements for Preventive Care.
- Claims must be paid by a U.S.-based company, and underwriting company must be owned, operated, and headquartered in the U.S. and must be in full compliance with all applicable federal laws. International students may not waive with insurance from their home country.

**Your insurance coverage will be verified.**

#### Should I waive SHIP?

If you have other coverage that meets the waiver criteria, it is your decision whether or not to waive. However, here are some important things to consider first:

- SHIP may be a less expensive alternative to being insured on an individual plan or as a dependent on an employer group plan through your parent or spouse. When comparing costs, be sure to look at premium, deductibles, copays, and out-of-pocket maximums.
- SHIP has a local PPO provider network. If you have out-of-state coverage, or HMO or PPO coverage with a limited provider area, there may not be any network providers near school. You may have to pay higher out-of-network copays, deductibles, or coinsurance.

**Please remember that if you waive coverage under SHIP, you are responsible for any medical costs you incur.**

#### How often do I have to submit a waiver application?

Students who wish to waive out of SHIP must complete the online application once each academic year by the deadline date for each program. See the rates/dates sheet available online at [www.4studenthealth.com/roseman](http://www.4studenthealth.com/roseman) for Waiver deadline dates.

#### What happens if I don't waive by the deadline date?

Students who do not submit a waiver application by the deadline date each academic year will be automatically enrolled in SHIP.

#### If my insurance coverage starts after the semester begins, can I get a refund?

If it is past the waiver deadline date, your SHIP coverage will remain in place and you will have to wait until next academic year to waive out of SHIP. No refunds will be issued.

#### What if I successfully waive out of ship, then lose my other coverage?

You may enroll in SHIP mid-year if you waived out but later lose your other coverage due to no fault of your own, such as coverage that terminates due to a loss of employment (by you, your spouse, or your parent) or by reaching an age limit set by the plan. This does not include coverage that has been voluntarily or inadvertently terminated by you, for example, by missing an enrollment deadline.

To enroll in the plan mid-year after an involuntary loss of coverage, contact Ascension at [customerservice.la@ascensionins.com](mailto:customerservice.la@ascensionins.com) for an enrollment form. You will need to submit proof of loss of coverage from your expiring insurance company *within 31 days of termination of prior coverage*. Premium for the balance of the policy year will be billed to you by Roseman University.

# Waiver FAQ (continued)

## How do I submit a waiver application?

To submit a waiver application, have a copy of your insurance card ready, and follow these steps:

1. Go to [www.4studenthealth.com/roseman](http://www.4studenthealth.com/roseman) and scroll down to the “Waive Out of SHIP” section, then click on the link to submit a waiver.
2. Enter your last name, date of birth (DOB), and student ID number, then click “Login.”
3. On the next page, where the term of coverage is indicated as “Available to waive,” click “Create.”
4. Please read the text on the next page, then check the “I understand and agree...” box if you agree to the terms and conditions, and click “Continue.”
5. If you submitted an approved waiver in the previous term, your prior insurance information will be shown. If your information has not changed from last term, go to step #7 below.
6. If your insurance information has changed, or you do not have an approved waiver on record with Ascension, you will be asked for information about your insurance plan. Please enter your information exactly as it appears on your insurance ID card. See below for definitions of terms.
7. Click “Submit Petition.” Shortly after you click Submit, you will receive an email confirming receipt of your information.

## What information do I need to provide to complete the waiver application?

You will need to provide the following information about your insurance coverage:

### DEFINITION OF TERMS

**Insurance Co. Name:** This is the name of the insurance carrier. Please select from the drop-down box. If your insurance carrier is not listed, please select “Other” and enter the full name of the company.

**Insurance Co. Phone:** This is the customer service or provider phone number, usually found on your insurance ID card or the insurance company website, which we can call in order to verify that the information you have provided is accurate.

**Primary Insured First:** This is the first name of the individual who is the *primary insured* on the plan. If you are insured through your parents, it’s either your mother or your father, depending on whose plan it is. If you are insured through your own employer, it’s your name. If you are covered under your spouse’s insurance plan, it’s your spouse’s name. It may also be listed as Subscriber, Member, or Enrollee on the insurance card.

**Primary Insured Last:** This is the last name or surname of the individual who is the *primary insured* on the plan.

**Primary Insured DOB:** This is the date of birth of the individual who is the *primary insured* on the plan.

**Relationship to Primary Insured:** This is the student’s relationship to the primary insured. Please choose Self, Spouse (if your spouse is the primary insured), Child (if your parent is the primary insured), or Other Adult (if the primary insured is not yourself, spouse, or parent).

**Policy/Group Number:** This is a number found on the insurance ID card of your current health plan. It is different from the member number. It will be listed as Policy or Group Number and may contain an alpha prefix (letters, then numbers). Type it in exactly as it appears on the card.

**Member/Sub ID:** This is a number found on the insurance ID card of your current health plan, sometimes referred to as a member or subscriber ID. It is different from the policy or group number. It is sometimes the Social Security Number of the policyholder. Type it in exactly as it appears on the card.

**Primary Insured Address:** This is the address of the individual who is the primary insured on the plan.

Most of this information can be found on the insurance ID card. Other information can generally be found on the insurance company’s website. If you are covered under an employer plan, the employee can contact their employer’s Human Resources department or benefits department or the insurance carrier.

**Please make sure the information you provide on your waiver application is accurate, as incorrect or incomplete information may cause your waiver application to be denied. Information provided on waiver applications will be verified by Ascension, the designated waiver administrator.**

## How do I know if my waiver is approved or denied?

When you submit a waiver application, you will receive a “SHIP Waiver Confirmation” email via your student email account. This means your information has been successfully transmitted. **Your waiver is not final until you receive a “Waiver Approval” or “Waiver Denial” email message.**

Please check your student email account regularly. **It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested.**

Approval of your waiver means that you will not be enrolled in SHIP for the 2016–2017 academic year and that medical costs you incur will be your responsibility. Roseman University reserves the right to verify your eligibility status. If at any time it is discovered that you have failed to maintain coverage that meets the stated requirements, your waiver will be revoked and you will be required to enroll in the Roseman University Student Health Insurance Plan.

If your waiver is denied, you will receive a “Waiver Denial” email and you will be automatically enrolled in and charged for the school-sponsored plan. However, if you would like to challenge your waiver denial, you may contact the Student Services Office to submit an appeal. Appeals must be received within 7 business days of your waiver denial notification to be considered.

## What happens if I receive an “action required” or “information needed” email?

If you receive an “Action Required – Health Insurance Waiver Pending” or “Information Needed – Health Insurance Waiver Reminder” email, you must provide the requested information, or your waiver will be denied. If you provide the information and it meets the waiver requirements, you will be notified via your student email account within 3–10 business days that your waiver is approved. If you do not provide the information by the date requested, or if the documentation you provide does not meet the insurance waiver requirements, you will be automatically enrolled in SHIP and you will receive notice after the waiver deadline that your waiver application is denied.

**It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested.**

## Whom should I contact if I have additional questions?

For more information or for questions about waivers, please contact Ascension, the plan administrator, at **(800) 537-1777** or [customerservice.la@ascensionins.com](mailto:customerservice.la@ascensionins.com).