

## Palo Alto University

### Student Health Insurance Plan (SHIP)

#### What is SHIP?

SHIP is a health insurance plan designed just for Palo Alto 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?

All full-time PAU students enrolled in residential and hybrid programs (including those programs that only require a one-week residency) are required to have health insurance and will be automatically enrolled in the student health insurance plan (SHIP) after the waiver period unless a waiver application is submitted and approved by the established deadline dates. The only exception to this eligibility requirement is for PAU students who reside outside of the U.S. while they are taking classes. Students living outside of the U.S. are not eligible for SHIP coverage and are not automatically enrolled. Students living outside of the U.S. are not required to submit a waiver.

If you would like to enroll in SHIP **before** the waiver deadline, go to [www.4studenthealth.com/pau](http://www.4studenthealth.com/pau) and click on the Waive SHIP icon in the QUICK LINKS section for detailed instructions on self-enrolling.

#### 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 Relation, the 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:

- Coverage must be continuous (no break or termination) for the entire academic year;
- Maximum benefit must be unlimited;
- Deductible must be \$2,500 or less per policy year;
- Coinsurance levels must be 80% coverage in-network and 60% coverage out-of-network
- Medical Evacuation benefit must be a minimum of \$50,000 per policy year (International students only)
- Repatriation benefit must be a minimum of \$50,000 per policy year (International students only); and
- 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.**

Students who are covered under a health insurance plan that does not meet all of the applicable requirements will not be allowed to waive out of the Palo Alto University Student Health Insurance Plan.

#### How do I decide whether or not to waive SHIP?

If you have other coverage that meets the waiver criteria, it is your decision whether or not to waive. However, before you make that decision, please consider the following:

- SHIP may be less expensive than 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 many or 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, 11:59 p.m.

#### Waiver Deadline Date

Fall	Winter*	Spring/ Summer*
10/15/2018	01/15/2019	04/15/2019

\* Winter and Spring/ Summer deadline dates only apply to students newly enrolling for that term.

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

Students who do not submit a waiver application by the deadline date stated above will be automatically enrolled in SHIP after the waiver period.

#### If my insurance coverage starts after the term 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 the next waiver period 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, you must notify Relation by calling **(800) 537-1777**, and submit proof of loss of coverage, *within 31 days of termination of prior coverage*. Premium costs will be prorated based on number of full months remaining in the term.

### How do I submit a waiver application?

Eligible students will have the option to actively enroll in SHIP or to waive out:

1. Go to [www.4studenthealth.com/pau](http://www.4studenthealth.com/pau) and click on the **Waive SHIP** icon in the QUICK LINKS section for detailed instructions. If no action is taken (i.e., you do not successfully waive or actively enroll in SHIP), you will be automatically enrolled at the end of the waiver period and your student account will be billed.
2. Once on the waiver portal page, 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, you will be asked for information about your insurance plan. Please enter your information exactly as it appears on your insurance ID card. See chart at right for definitions of terms.
7. Click “Submit Petition.” Shortly after you click Submit, you will receive an email confirming receipt of your information.

### 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, followed by a “Waiver Approval” or “Waiver Denial” email a couple of days after. Your waiver is not final until you receive a “Waiver Approval” or “Waiver Denial” email message. Please check your student email account regularly for waiver status updates.

**Approval** of your waiver means that you will not be enrolled in SHIP for the 2018–2019 academic year. 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 SHIP.

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.

### Appealing a waiver denial

If you would like to challenge your waiver denial, you may contact Thom Shephard at **(650) 433-3814** to submit an appeal. Appeals must be received within seven (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” or “Information Needed” email, you must provide the requested information, or your waiver will be denied. If you provide the information and it meets the requirements, you will be notified via your student email account within 3–10 business days that your waiver was approved. If you

do not provide the information by the date requested, or if the documentation you provide does not meet the requirements, you will be automatically enrolled in SHIP and you will receive notice after the waiver deadline that your waiver application was 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 questions about waivers, please contact Relation, the Waiver Administrator, at **(800) 537-1777**, or email customer service at [customerservice.la@relationinsurance.com](mailto:customerservice.la@relationinsurance.com).

#### 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 Relation, the designated waiver administrator.**