



UNIVERSITY of MARYLAND
THE FOUNDING CAMPUS

Frequently Asked Questions
For University of Maryland Baltimore (UMB) Students
2017-2018 Student Health Insurance Plan

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“How do I...?”

<i>Log in</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/umb. 2. On the top right corner of the screen, click ‘Student Login’. 3. Follow the login instructions.
<i>Enroll</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/umb. 2. On the left toolbar, click ‘Student Waive/Enroll’. 3. Log in (if you haven’t already). 4. Click the ‘I want to Enroll/Waive’ button. 5. Follow the instructions to complete the form. 6. Print or write down your reference number.
<i>Enroll my dependents</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/umb. 2. On the left toolbar, click ‘Dependent Enroll’. 3. Log in (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/umb. 2. On the top right corner of the screen, click ‘Student Login’. 3. New log in process for 2017-18. Your user account has been created for you. Your user name is your UMB email address. Your temporary password is your Banner ID (which you can get by clicking the “Registration Status” link on the welcome page in SURFS). If your Banner ID is @00123456, enter 000123456 as the password. You will be prompted to reset your password the first time you log in. A secure link will be sent to your UMB email address to complete the process. Once the password is reset you will not receive a prompt again. 4. On the left toolbar, click ‘Student Waive/Enroll’. 5. Click the “I want to Enroll” button and follow the instructions to submit the form. 6. Print or write down your reference number. Receipt of this number only confirms submission, not acceptance, of your waiver request. If you are waiving coverage, your waiver is subject to a waiver verification process.
<i>Change my Form after it’s submitted</i>	<p><i>If it is before the waiver/enrollment deadline:</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/umb. 2. Log in (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 wavier/enrollment deadline, forms cannot be edited. Please contact Customer Service if you have any issues.</p>

<p><i>Obtain an ID card</i></p>	<p>Student will be mailed ID cards to the address on file with UMB. Students who enroll by July 18th will have their ID card when the plan goes into effect on August 1st. Please make sure your correct address is on file at UMB to be sure you receive your ID card. Therefore and on ongoing basis, cards are usually sent 7-10 business days after Gallagher Student Health & Special Risk has received your enrollment information from UMB.</p> <p>Below is the instruction to access the online ID card:</p> <p>Go to www.gallagherstudent.com/umb.</p> <ol style="list-style-type: none"> 1. Log in (if you haven't already). 2. You will be redirected to the 'Account Home' page where you can see your claims ID number. 3. Go to https://member.carefirst.com/mos/#/registration/home 4. Input XWV follow by your claim ID number as Member ID (e.g. XWV123456789) 5. Input your Date of Birth and click "Continue"
<p><i>Obtain a tax form</i></p>	<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>
<p><i>View my account information</i></p>	<ol style="list-style-type: none"> 6. Go to www.gallagherstudent.com/umb. 7. Log in (if you haven't already). 8. You will be redirected to the 'Account Home' page where you can see your current coverage, claims ID number, and contact information.
<p><i>Change my address</i></p>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/umb. 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>
<p><i>Find a Doctor</i></p>	<p>Go to www.gallagherstudent.com/umb and click on 'Find a Doctor'.</p>
<p><i>Find a Participating Pharmacy</i></p>	<p>Go to www.gallagherstudent.com/umb and click on 'Pharmacy Program'.</p>

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 Providers. 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%.
- This plan has a \$250 per insured, per policy year deductible that applies to services received from an In-Network Provider.
- This plan has a \$500 per insured, per policy year deductible that applies to services received from an Out-of-Network Provider.
- At participating pharmacies, you will pay a \$10 copayment for a 30-day supply of a generic drug, a \$45 copayment for a 30-day supply of a preferred brand name drug, a \$65 copayment for a 30-day supply of a non-preferred brand name drug, and specialty drug copayment is 50%, up to \$150 maximum.
- 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 2017-2018 Policy Year?

- No changes were made to the Plan for the 2017-2018 Policy Year.

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.

How much does the plan cost?

	Fall 08/01/2017 - 1/31/2018	Spring 02/01/2018 - 07/31/2018
Enrollment/Waiver Deadline	September 15, 2017	February 15, 2018
Student	\$1,663.74	\$1,663.74
Student + Adult	\$3,327.48	\$3,327.48
Student + Child	\$2,495.21	\$\$2,495.21
Family*	\$4,990.42	\$\$4,990.42

*Family would be either spouse and one or more children, or 2 or more children

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 Center. Students should be aware that on-campus Health Services are available to them. Your school's Health Services website is: <http://www.umaryland.edu/studenthealth/>

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. Please refer to information on BlueCard Worldwide, found under "My Benefits and Plan Information".

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 Fall coverage and graduate in December, you will be covered until January 31, 2018. If you enrolled and paid for spring/summer coverage and graduate in the Spring, you will be covered until July 31, 2018. There is no option to continue coverage after the policy terminates.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

All full-time students taking 9+credit hours are automatically billed for and enrolled in the Student Health Insurance Plan unless proof of comparable coverage is furnished by selecting the waiver option on the Health Insurance Decision Form. Any student taking less than 9 credit hours will not be automatically billed, but are eligible to enroll on a voluntary basis.

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 prorated monthly. 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.

How does Health Care Reform affect the Student Health Insurance Plan?

If you are under the age of 26, you MAY be eligible to enroll as a dependent under the employer health insurance plan held by your parent(s). However, before you do so, you should fully compare the employer plan against this Student Health Insurance Plan to determine which plan's rates, benefits and coverage are most appropriate for you. It is not uncommon for employer plans or even plans purchased through the state or federal Exchange to offer plans with deductibles greater than the annual cost of the Student Health Insurance Plan.

It's also important to note your school-sponsored Student Health Insurance Plan (SHIP) is compliant with Health Care Reform and the Affordable Care Act (ACA). It meets all state and federal mandates and satisfies the individual mandate for health insurance as required by federal law. Enrollment in your school's SHIP each year means you will not be subject to federal income tax penalties for being uninsured or underinsured.

In addition, ACA-compliance 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/>.

Recently, changes in the Marketplace have resulted in a growing number of limited-provider networks and small, regional HMO networks. While it is important that you not only have health insurance coverage available to meet the waiver requirement, it is equally important that your alternative health insurance plan has participating providers and facilities in the area where you are attending school.

What is considered ‘comparable coverage’?

The level of benefits provided through your health insurance plan must be fully-compliant with the Affordable Care Act (ACA) and meet or exceed the benefits provided through the school-sponsored Student Health Insurance Plan (SHIP). Coverage is considered comparable if it provides students with access to local providers and 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 cost-sharing levels (deductibles and coinsurance) and access to In-Network Providers. The amount of your current plan’s deductible and In-Network and Out-of-Network coinsurance may result in high out-of-pocket costs.

Plans that are not considered comparable include: plans that only provide emergency services in Baltimore area , plans that are purchased on a short term basis, plans that are international or travel insurance, out-of state HMOs or other restricted managed care plans and out-of-state Medicaid plans.

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.

Please note, choosing to enroll in a State Marketplace plan mid-year is not considered a qualifying event that would allow you to terminate enrollment in the Student Health Insurance Plan.

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 “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 decision 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, unless you experience a qualifying event.
- 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.
- It is recommended that all students submit an online decision form, whether enrolling or waiving.

Will my waiver be audited / verified?

Yes, all submitted waiver requests 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?

No, once you're enrolled in the Student Health Insurance Plan, you will remain enrolled in it for that period of coverage. However, student can petition to waive the Student Health Insurance Plan due to being eligible or enrolling in another plan due to gaining coverage through marriage.

Are there any additional insurance products available?

Voluntary BlueVison Plus Plan is available through CareFirst BlueCross BlueShield of Maryland. For more information, go to www.gallagherstudent.com/UMB, and click on "Other Insurance Products".

This document is intended to provide a summary of the available benefits. Please refer to the brochure 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	Gallagher Student Health & Special Risk 500 Victory Road Quincy, MA 02171 Website: www.gallagherstudent.com/umb , click the 'Customer Service' link
<i>Questions about benefits, claims, and claims payments</i>	CareFirst BlueCross Blue Shield	CareFirst BlueCross Blue Shield 10455 Mill Run Circle Owings Mills, MD 21117-5559 Phone: 1-844-898-3332 (available August 1, 2016) To pre certify: 1-800-294-3446 Website: www.carefirst.com
<i>Questions about preferred providers</i>	CareFirst PPO	Phone: 1-800-810-2583 Website: www.gallagherstudent.com/umb , click 'Find a Doctor'
<i>Questions about Vision providers</i>	BlueVision Plus	Davis Vision Phone: 1-800-810-2583 Website: www.carefirst.com , click 'Find a Provider'
<i>Questions about participating pharmacies</i>	CVS Caremark	Phone: 1-800-783-5602 Website: www.gallagherstudent.com/umb , click 'Pharmacy Program'
<i>Questions about tax forms</i>	CareFirst BlueCross Blue Shield	CareFirst BlueCross Blue Shield 10455 Mill Run Circle Owings Mills, MD 21117-5559 Phone: 1-800-537-5964 Website: www.carefirst.com
<i>Worldwide assistance services (medical evacuation and repatriation)</i>	BlueCard Worldwide	BlueCard Worldwide Service Center 1-800-810-2583 Collect from outside of the United States: 1-804-673-1177, 24 hours a day, 7 days a week. Website: www.bluecardworldwide.com
<i>Questions about assistance programs</i>	24/7 Nurseline	1-800-535-9700