Student Health Insurance Program (SHIP)
With United Healthcare Student Resources (UHSR)-Provider

July 2013

Q: What are the criteria for students to be in the “mandatory” category?

Students in the categories listed below are required to purchase the USG SHIP policy and will be billed on their student account Fall and Spring semesters and automatically enrolled in the UHSR insurance unless they waive out of the requirement with equivalent insurance.

- All graduate students receiving a Full Tuition Waiver as part of their graduate assistantship award.
- All undergraduate, graduate and ESL international students holding F or J visas.

Students who fall into one of these categories and are actively covered by a comparable insurance policy (i.e. through parent plans, family plans or employer-sponsored plans) may opt out of the plan by applying for a waiver at www.studentcenter.uhcsr.com/gsu. Once the insurance information has been verified and approved, a waiver will be processed and a credit posted for the insurance charge to your Georgia State University student account. It may require up to 7 days for waiver approval and processing a credit to your student account.

Q: If I am in the mandatory group, do I actually need to manually enroll myself into the UHC plan in order for my insurance to be active?

If you are in the mandatory group to have student health insurance, you will be automatically enrolled in the United Healthcare health insurance after the waiver period ends. If proof of insurance is needed quickly, you should enroll on-line and print an insurance card. For the Fall Semester 2013, the automatic enrollment should occur by September 18, 2013.

Q: When may I apply for a waiver to the insurance?

Please go to the www.studentcenter.uhcsr.com/gsu to find out the waiver dates for each semester you wish to waive the expense and apply for a waiver. You must be in the “mandatory” group to log into the system which means that you have a full-time tuition waiver or a F1/J1 visa.

Q. I think I am in the mandatory group, but the USCSR/GSU system does not recognize me. What should I do?

Confirm with your college that a tuition waiver has been applied to your account. Then, contact student accounts at 404-413-2600 to verify the tuition waiver was posted to your account and that your name has been sent to United Healthcare.

Q: How do I get my insurance card?

If you do not apply for a waiver or if the waiver is declined you will automatically be enrolled in the plan at the end of the waiver period and will be mailed an insurance card at that time. The cost of the policy will appear on your student account.
If you need your insurance card prior to the end of the waiver period, you will need to go on-line and complete the enrollment process yourself. Then, you may print a card immediately and begin using the coverage.

**Q. Is it a requirement to go to the Student Health Clinic first before going to a physician?**

No. You may see a healthcare provider of your choosing. The plan pays 80% for in-network coverage with United Healthcare ChoicePlus managed care provider network and 60% for out-of-network coverage. If you go to the Student Health Clinic and they determine that you should see another physician a referral will be provided to you.

**Q. When will I need a physician referral?**

It is best practice to contact United Healthcare if you plan to see someone other than your primary care physician to determine if a referral is needed from your primary care physician.

**Q: What will I need to complete the insurance waiver request?**

United Healthcare Student Resources (UHSR) will verify that the policy you report is in place. You will need your policy number and name of company and general information about the plan so you can confirm your policy covers the following:

**Benefit Requirements for Waivers based on the Affordable Care Act**

- Repatriation of remains in the amount of at least $7,500 *(International Only)*
- Medical Evacuation to one's home country in the amount of at least $10,000 *(International Only)*
- Accident and sickness coverage of at least $500,000 per policy year
- A deductible not to exceed $3,000 per accident or illness *(Domestic)*
- A deductible not to exceed $500 per accident or illness *(International)*

**Q: What will the rule on adding dependents be? Can I add them at any time of the year or will I be restricted to periods of open enrollment?**

Dependents can only enroll at the beginning of each respective term. There is no pre-existing condition in this plan.

**Q: If my dependent (spouse or child) enters the country after the open enrollment period, will I still be allowed to add them as a dependent?**

Yes, because the arrival of a spouse or child into the country will be considered a Qualifying Event. You will have 30 days from the date of entry to add the dependent and should pay directly to United Healthcare for spouses and dependents.

**Q: Will I pay my insurance charges directly to Georgia State University or online through the UHC website? Is there an option to pay the charges online with the UHC website?**

Insurance charges for students requiring insurance (mandatory) are posted directly to their student account and you make payment to Georgia State University. Otherwise, you enroll yourself and pay United Healthcare directly.

**Q: Why does the amount I have to pay for the insurance depend upon my age?**

The Board of Regents of the University System of Georgia made the decision to have the premium rates more accurately reflect the actual claim cost of individuals in certain age brackets.
Q: *What kind of insurance plan is United Healthcare?*

The plan selected for University System of Georgia is in the United Healthcare Choice Plus network. These are the “preferred providers” who have contracted to provide specific medical care at negotiated prices.

Q: *What benefits do I receive from the United Healthcare plan?*

*United Healthcare information is available through My Account 24/7. Listed below are a few of your benefits.*

- Inpatient and Outpatient psychotherapy and alcoholism/drug abuse maximum 30 day visit limit has been eliminated;
- Ambulance service;
- Durable medical equipment maximum has been eliminated;
- Preventative care, well-child care and wellness benefit combined under preventative care, all paid at 100% with no deductible or co-pay;
- Pharmacy/Prescription drug benefit – 100% after $15 copayment for *generic* prescription medication per 30-day supply; $30 copayment for *preferred brand name* prescription medication per 30-day supply; $50 copayment for *non-preferred brand name.* In-Network Coverage Only. Per PPACA, no annual limits except if plan maximum annual limits exceed $100,000.
- Unlimited medical repatriation and medical evacuation benefits in support of international and domestic travel, except if plan maximum annual limits exceed $100,000.
- After hour nurse call service and after hour mental health hotline/call service at no additional cost for insured students and family members

Q: *When will coverage begin in regards to the UHC plan?*

*Coverage begins on August 1 for Fall semester through December 31, 2013. Spring/Summer is January 1, 2014 through July 31, 2014.*

Q: *Will I have vision, dental, and wellness coverage on the new UHC plan?*

*It is limited. Dental is for injury to sound, natural teeth only. Dental benefits are not subject to the $100,000 maximum benefit. Dental does include removal of impacted wisdom teeth. Vision care is covered only as it relates to a disease process. It does not cover eye exams, glasses or contacts.*

Q: *If I apply for a waiver and that waiver is denied, what should I do at that point?*

*The student will have an opportunity to submit a second waiver through the UHCSR site. An email will be sent to you if you are denied and explain your next steps for appeal.*

Q: *Although I am paying for coverage for the Spring and Summer semesters, as an exchange student I will not be in the country at all during the Summer. What are the steps to receiving a refund for the Summer months of which I need no coverage?*

*If coverage is purchased for a ‘spring/summer’ period (meaning continuous coverage with no start or stop date for spring and then for summer), no refund will be issued. You may stay on the plan as long as you meet the eligibility requirements when coverage for spring/summer was purchased.*