

## SHIP WAIVER PROCESS- FREQUENTLY ASKED QUESTIONS

### WHAT IS SHIP?

SHIP is a Student Health Insurance Plan designed specifically for Colorado State University – Fort Collins students. CSU 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 independently. Having health insurance is a safety net that helps ensure you will be able to stay in school, so you can graduate and achieve your professional goals.

### AM I REQUIRED TO HAVE HEALTH INSURANCE?

The following students will be automatically enrolled in SHIP, unless proof of comparable coverage is provided and a waiver is submitted by the Waiver Deadline Date.

- Admitted graduate students registered for six (6) or more resident instruction credit hours
- Undergraduate students registered for six (6) or more resident instruction credit hours
- All International Students

If you have other health insurance, such as coverage as a dependent under your parent's or spouse's insurance plan, and you do not wish to enroll in SHIP, you may submit a waiver application.

### WHAT IS AN INSURANCE WAIVER?

An insurance waiver is an application that you fill out if you have other qualifying health insurance and do not wish to be enrolled in the CSU – Fort Collins SHIP. As part of the waiver process, you are required to provide specific information about your insurance coverage, which must meet the waiver criteria. This information will be verified by our designated Waiver Administrator – Ascension Benefits. You will receive additional information from Ascension about the waiver process via e-mail from [waivers@renadmin.com](mailto:waivers@renadmin.com).

### DOES MY OTHER INSURANCE MEET THE WAIVER CRITERIA?

Your plan benefits must include, at a minimum, the following:

- All plans will be audited for Affordable Care Act (ACA) Compliance and will not be approved if they do not have the essential health benefits as outlined [here](#).
- Plans that do not have benefits available in Colorado will not be accepted. If you are an out-of-state student, please confirm coverage with your health plan.
- Coverage must be active as of the first day of classes and remain active for the academic year.
- The Insurance Company must be owned and operated in the U.S.

***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 SHIP.***

### 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 less expensive than being insured on an individual plan or as a dependent on an employer group plan through your parent or spouse. You should compare costs and coverage.
- SHIP's out-of-pocket costs may be much less than your other plan. SHIP has low copays and deductibles so you won't have to pay a lot out of pocket.
- SHIP has a local PPO provider network; plus, care at the Student Health Center on campus is covered at **100% for covered benefits with no deductible**. 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 SHIP by providing your own health plan, you are responsible for any medical costs you incur.***

# CSU HEALTH NETWORK

CARE FOR BODY AND MIND

## WHEN CAN I WAIVE?

After you become enrolled as a CSU – Fort Collins student, you will be able to log in to the waiver application. To waive out of SHIP, you must complete the online application **each academic year** by the waiver deadline date.

## WHEN IS THE WAIVER DEADLINE?

**Fall:** CSU add/drop date - September 7, 2016 by 11:59 MST

**Spring/Summer:** CSU add/drop date - February 1, 2017, by 11:59 p.m. MST

Students who do not submit a waiver application by the waiver deadline each semester will be automatically enrolled in SHIP. If you miss the waiver deadline, you may waive coverage the subsequent semester. The waiver portal will open prior to beginning of each semester. Please complete the process as soon as possible to avoid missing the deadline and to ensure you have enough time to respond to any waiver deficiency notices prior to the deadline.

## IF MY INSURANCE COVERAGE STARTS AFTER THE SEMESTER BEGINS, CAN I GET A REFUND?

If you obtain other coverage and it is past the waiver deadline date, you will have to wait until the next semester to submit a waiver application. No refunds will be issued after the waiver submission deadline.

## 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 or your spouse or parent) or aging out of your parents plan. This does not include coverage that has a predetermined termination date, expiration of COBRA eligibility, or coverage that has been voluntarily or inadvertently terminated by you.

To enroll in the plan mid-year after an involuntary loss of coverage, you must notify the Student Insurance Office on campus and submit proof of loss of coverage *within 31 days of termination of prior coverage*. You will be charged the full cost of the term in which you are enrolling.

## HOW DO I SUBMIT A WAIVER APPLICATION OR CONFIRM ENROLLEMENT IN SHIP?

If you are eligible to waive coverage under this plan, follow these simple steps to submit your waiver application:

1. Go to the website [CSU Fort Collins - SHIP Waiver and Opt-in Portal](#).
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" or to confirm enrollment click "opt in".
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, enter your address then 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 below for definitions of terms.
7. Click "Submit Petition." Shortly after you click Submit, you will receive an email confirming receipt of your information. Save this email for confirmation of submission. You will receive subsequent emails regarding the status of your waiver request. Your waiver request must be approved to have your premium charges reversed. Look for an approval message in your school email for confirmation.
8. Once you receive confirmation of an approved waiver, the insurance premium amount shown on your student account will be credited within 1-2 business days.

## WHAT INFORMATION DO I NEED TO PROVIDE TO COMPLETE THE WAIVER APPLICATION?

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

**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.



# CSU HEALTH NETWORK

## CARE FOR BODY AND MIND

**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. If there is no Group Number present. Please indicate "N/A" in the Group Number field.

**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 except for VA/Tricare then see comments in WHAT DO THE ACTION REQUIRED STATEMENTS MEAN section.

**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 100% verified by our designated waiver administrator.***

### HOW DO I KNOW IF MY WAIVER IS APPROVED OR DENIED?

Once you submit a waiver application, you will receive a "SHIP Waiver Confirmation" email via your official CSU 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 the Student Health Insurance Plan for the 2016-2017 academic year and that medical costs you incur will be your responsibility. CSU –Fort Collins 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 CSU Student Health Insurance Plan.

### WHAT HAPPENS IF I RECEIVE AN "ACTION REQUIRED" OR "INFORMATION NEEDED" EMAIL?

If you receive an email that has ""Action Required – Health Insurance Waiver Pending" or "Information Needed – Health Insurance Waiver Reminder" in the subject line, you must provide the requested information, or your waiver will be denied. If you provide the necessary information and it meets the waiver requirements, you will be notified via your student email account within 7-14 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 insurance waiver requirements, you will be automatically enrolled in SHIP and you will receive notice that your waiver application was denied after the waiver deadline.

**It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested. Please see below for a more detailed explanation of the Information Needed requests.**

### WHAT DO THE ACTION REQUIRED STATEMENTS MEAN?

**Your plan's Routine Care benefits do not meet requirements:** Often times out-of-state HMO's or regional insurance carriers will only provide emergency care benefits while the Insured is away from their home network. While emergent care is important, CSU requires that full benefits be available in Colorado and/or Fort Collins during your academic pursuits at CSU as many injuries and illnesses that a college student may incur are not considered "emergent" and

# CSU HEALTH NETWORK

## CARE FOR BODY AND MIND

would not be covered by your plan. We do understand that you may obtain traditional “routine care” services such as annual physicals and wellness exams while at home and within your home network. However, it is important that you have full access to all of your health benefits with at CSU.

- There are often times options available through your out-of-state insurance company that may satisfy this requirement. If you are able to obtain confirmation of either of the options below, please forward the confirmation to our waiver administrator at [student-insurance@sis-inc.biz](mailto:student-insurance@sis-inc.biz)
  - Contact the insurance company and inquire if they are able to provide “guest” or “visiting” privileges while you are in Colorado.
  - Obtain a primary care physician (PCP) referral from your home network to a PCP in the Fort Collins area.

**Coverage is inactive:** This means the waiver administrator auditors have verified with your insurance company that the insurance plan you submitted is no longer active. You will need to update your waiver application to reflect an insurance plan that is effective on or before the first day of class and runs through the end of the academic year.

**Subscriber/Insured Not in Group:** This means that your insurance carrier was unable to provide confirmation to the waiver auditors that you are enrolled in one of their plans. This audit failure can happen for a few reasons. The most common reason is that member ID number was entered incorrectly or you entered the wrong insurance company in your application. You will need to update your waiver application with the correct ID and carrier information.

- In the event the auditors are still unable to validate your insurance coverage after you update the application, there is a manual Letter of Verification form that is available for you to have the insurance complete and return to our attention. The form can be found on this link - [CSU SHIP Waiver Verification of Coverage Form](#)

**The above audit failure notices are the most common. There are a number of other notices that you may receive depending on what information is lacking from your audit so please review each e-mail carefully. Here are some other helpful hints:**

- **Tricare/VA Benefits** - If you are a Veteran or service personnel and using your Tricare/VA coverage to waive, please include the SSN of the primary subscriber under Subscriber in your waiver application as that is the only number that may be used to validate coverage with Tricare/VA.
- **Out-of-state Medicaid** – If you maintain Medicaid coverage in a state other than Colorado, we find that most out-of-state Medicaid plans will not provide coverage while you are in another state. Please contact your Medicaid office and inquire if they provide “visiting” or “out-of-state” network privileges. If not, please apply for Colorado Medicaid as soon as possible. If your application is pending approval from Colorado and the waiver deadline is nearing, please complete waiver application using your out-of-state Medicaid information. The waiver application will be failed due to – Your plan’s routine care benefits do not meet requirements. Once you receive the e-mail notice from the waiver administrator, select the link to update your application and upload a PDF or JPEG of your application confirmation letter from Colorado Medicaid or your Colorado Medicaid information if you have received it by that time.
- **Medicare** – Please upload a copy of your current Medicare ID card with your waiver application.
- **Prescription Plan Carve Out** – Many group health plans maintain pharmacy benefits through a company other than the insurance carrier that you list on your waiver application (i.e. Express Scripts). If you receive a failure notice from the waiver administrator indicating that your plan lacks pharmacy benefits, please edit your application and upload a copy of your pharmacy/Rx ID card.

### WHAT HAPPENS IF MY WAIVER IS DENIED?

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 Insurance Office to submit an appeal. Appeals must be received within 7 business days of your waiver denial notification to be considered.

### WHOM SHOULD I CONTACT IF I HAVE ADDITIONAL QUESTIONS?

If you have questions, you may contact Specialty Insurance Solutions at [877\) 974-7462 ext. 305](tel:8779747462), or e-mail [student-insurance@sis-inc.biz](mailto:student-insurance@sis-inc.biz) between 8:30 a.m. and 5:00 p.m., Central Time, Mon-Fri.



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