

# WAIVER FAQ

2021–2022

## ROSEMAN UNIVERSITY OF HEALTH SCIENCES STUDENT HEALTH INSURANCE PLAN (SHIP)

### What is a Student Health Insurance Plan (SHIP)?

SHIP is a health insurance plan designed just for Roseman 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.

### Am I required to have health insurance?

Roseman students in the following situations **are not required to have health insurance**:

- Students enrolled in the College of Nursing who have successfully completed their clinical component of the program, who only need to satisfy didactic (i.e., on-line and/or classroom instruction only) requirements to graduate.
- Students enrolled in the College of Dental Medicine or College of Pharmacy who only need to satisfy didactic (i.e., classroom instruction only) requirements to progress to the next academic year or to graduate.
- Students enrolled in the College of Graduate Studies

Any other student who is registered and attending classes at Roseman for three (3) or more credit hours is required to have adequate health insurance. 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 Waiver Application is an online form that you complete if you have other qualified 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 existing 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 qualified insurance, benefits under that plan must include **all** of the following:

- Coverage must be continuous (no break or termination) for the entire academic year;
- Coverage must be ACA (Affordable Care Act) compliant
- Maximum benefit must be unlimited; and
- Deductible must be \$6,850 or less per person, per policy year.

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 Roseman's 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 deductibles, coinsurance, or copays.

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



### To submit a Waiver Application

- STEP 1** Go to [www.4studenthealth.com/roseman](http://www.4studenthealth.com/roseman) and click on the **Waive SHIP** icon in the HELPFUL QUICK LINKS section.
- STEP 2** Once on the waiver portal page, enter your last name, first name, date of birth (DOB), and student ID number, then click "**Login.**"
- STEP 3** On the next page, where the term of coverage is indicated as "Available to waive," click "**Create.**"
- STEP 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.**"
- STEP 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.
- STEP 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 on the next page for definitions of terms.
- STEP 7** Click "**Submit Application.**" Shortly after you click Submit, you will receive an email confirming receipt of your information.

Revised April 6, 2021 9:08 AM



Relation Insurance Services

### How often must I 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 Program Dates and Rates sheets 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 during each waiver period will be automatically enrolled in SHIP.

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

No refunds will be issued. If it is past the Waiver Deadline Date, your SHIP coverage will remain in place and you will be required to wait until the next waiver period to waive out of SHIP.

### 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 and will be billed to you by Roseman.

### 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 or personal email. Generally within 7-10 business days, you will receive either a **"Waiver Approval"** or **"Waiver Denial"** email. Your waiver is not final until you receive either a **"Waiver Approval"** or **"Waiver Denial"** email message. Please check your email account regularly for waiver status updates.

**Approval** of your waiver means that you will not be enrolled in SHIP for the 2020–2021 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.

**Denial** of your waiver means 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 the Student Services Office 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 right away, or your waiver will be denied. If you provide the information and it meets the requirements, you will be notified by email within 3–10 business days that your waiver was approved or denied.

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 or personal 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).

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.

## 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.**