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<th></th>
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</thead>
</table>
2. On the top right corner of the screen, click ‘Student Login’.  
3. Follow the login instructions. |
| **Enroll** | Eligible students who do not submit an approved waiver by the deadline will be automatically enrolled in the Student Health Insurance Plan. |
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. |
| **Waive** | If your current insurance plan is comparable to the Student Health Insurance Plan:  
2. On the left toolbar, click ‘Student Waive’.  
3. Log in (if you haven’t already).  
4. Click the ‘I want to Waive’ button.  
5. Follow the instructions to complete the form.  
6. Print or write down your reference number. Receipt of this number only confirms submission, not acceptance, of your form. |
| **Change my Form after it’s submitted** | If it is before the waiver/enrollment deadline:  
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’.  
After the waiver/enrollment deadline, forms cannot be edited. Please contact Customer Service if you have any issues. |
| **Print an ID card** | ID cards are usually available 5-7 business days after your eligibility is confirmed.  
2. On the left toolbar, click ‘Account Home’.  
3. Log in (if you haven’t already).  
4. You will be redirected to the ‘Account Home’ page, then click on ‘Generate ID Card’ under ‘Coverage History’. |
| **Obtain a tax form** | 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. |
| **Print a Verification Letter** | Verification Letters are usually available 5-7 business days after your eligibility is confirmed.  
2. On the left toolbar, click ‘Account Home’.  
3. Log in (if you haven’t already).  
4. You will be redirected to the ‘Account Home’ page, then click on ‘Verification Letter’ under ‘Coverage History’. |
2. Log in (if you haven’t already).  
3. You will be redirected to the ‘Account Home’ page where you can see your current coverage, claims ID number, and contact information. |
| **Change my address** | 1. Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt).  
2. On the left toolbar, click ‘Customer Service’.  
4. Complete the required fields.  
5. Click ‘Submit’.  
   Make sure you also notify your school of your address change. |
| **Find a Doctor** | Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt) and click on ‘Find a Doctor’. |
| **Find a Participating Pharmacy** | Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt) and click on ‘Pharmacy Program’. |
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 90%, while services provided by an Out-of-Network Provider are generally covered at 80%.
- This plan has a $250 per insured person, per policy year deductible that applies to services received from an In-Network Provider and a $500 per insured person, per policy year deductible that applies to services received from an Out-of-Network Provider.
- At participating pharmacies, after a separate $100 per policy year deductible, you will pay a $15 copayment for a 30-day supply of a generic drug, a $40 copayment for a 30-day supply of a brand name drug, and a $60 copayment for a 30-day supply of a brand name drug with a generic equivalent.
- 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.
- 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.

A voluntary dental plan is available to all students for an additional cost. Please visit the Gallagher Student Health & Special Risk website (www.gallagherstudent.com/dental) for coverage options available for purchase. Students who purchase dental coverage can also enroll in vision coverage. Vision coverage is not available separate from the dental insurance.

How much does the plan cost?

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<thead>
<tr>
<th></th>
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<td>$545</td>
<td>$381</td>
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<tr>
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<td>$1,178</td>
<td>$545</td>
<td>$381</td>
</tr>
<tr>
<td>One Child*</td>
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</tr>
<tr>
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<td>$762</td>
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<tr>
<td>Spouse &amp; Two or more Children*</td>
<td>$5,787</td>
<td>$3,534</td>
<td>$1,635</td>
<td>$1,145</td>
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</tbody>
</table>

*A nominal, non-refundable processing fee applies.

Am I required to get a referral from my school’s Health Services before I seek treatment off campus?

Yes, a referral is required before seeking care or treatment from an off-campus provider. Without a referral, services you receive off-campus could be denied. Please refer to the plan brochure for details about the referral requirement and any exceptions to this requirement.
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.

In addition to being covered for medical treatment and services, you will also be covered for Emergency Medical Evacuation, Repatriation of Remains, Security and Political Evacuation, Natural Disaster Evacuation and 24-hour worldwide travel assistance services through UnitedHealthcare Global. All services must be arranged for in advance and provided by UnitedHealthcare Global. Any services not arranged by UnitedHealthcare Global will not be considered for payment.

- When studying or traveling abroad, keep your Student Health Insurance ID card with you and take a copy of the brochure for reference.
- When outside of the United States, you will likely be asked to pay for your medical care first and will then need to submit for reimbursement. Covered Expenses will likely be reimbursed on an Out-of-Network basis.
- When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English and include a letter informing the claims administrator that you are seeking reimbursement for charges previously paid.
- Please ensure that your name, ID number, address (to receive your reimbursement check), and your school’s name are on the bill.

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 annual or spring/summer coverage and graduate in the Spring, you will be covered until the end of the policy year. There is no option to continue coverage after the policy terminates.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

All undergraduate students, with the exception of Division of Unclassified Studies (DUS) students, who are registered in degree programs for 4 or more credits (credit hours) are eligible. Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan unless a waiver is submitted and approved by the published deadline.

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 not prorated. 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.

The deadlines to enroll dependents are as follows:

- September 12, 2017 for newly enrolled and returning Annual students to have an effective date of August 12, 2017
- February 1, 2018 for newly enrolled Spring students to have an effective date of January 1, 2018
- June 1, 2018 for newly enrolled May Mester students to have an effective date of May 1, 2018
- July 1, 2018 for newly enrolled Summer students to have an effective date of June 1, 2018
Your student account cannot be billed for dependent coverage. All interested students must pay Gallagher Student Health & Special Risk directly.

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 the campus area, plans that are purchased on a short term basis, plans that are international or travel insurance, or 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 waiver form by the published deadline will be automatically enrolled in and billed for the Student Health Insurance Plan.
- 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.

Will my waiver be audited / verified?

Yes, all submitted waiver forms 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?

Yes, students enrolled for Annual coverage can request to terminate coverage for the spring semester and receive a pro-rated refund of premium in the following situations:

1. Other Insurance Coverage
   When a student obtains comparable insurance coverage from a U.S. based insurance company, a student can complete the “Spring/Summer Disenrollment Request” form.
   - In order for the request to be considered, the other insurance plan must be fully compliant with the Affordable Care Act (ACA) and comparable to the Vanderbilt University Student Health Insurance Plan.
   - Requests will be subject to waiver verification process to confirm coverage is comparable.
   - The request form must be completed by January 15, 2017. Please see the ‘How do I...’ section for details on how to submit a waiver form.
   - Students who incur claims on or after January 1, 2017 will not be permitted to disenroll from spring/summer coverage. Please be aware that students who do not have coverage that is fully-compliant with the ACA or comparable to the Vanderbilt student insurance plan will not be allowed to disenroll for spring/summer.

2. Students or dependents entering the armed forces may request to terminate coverage and receive a pro-rated refund of premium at any time. Documentation of entrance into the armed forces is required.

Other than the instances listed above, students will remain enrolled in and billed for the Student Health Insurance Plan for the duration of the period for which they purchased coverage.
Plan Enhancements

What enhancements are available under this plan?

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to a menu of products at no additional cost. More information is available by visiting www.gallagherstudent.com, selecting your school specific page, and clicking on the ‘Discounts and Wellness’ link.

Are there any additional insurance products available?

Personal Property & Renters Insurance is available to students on or off-campus, at home, or abroad. It includes coverage for damage or theft to laptops, cell phones, books, electronics, and much more! For more information, go to www.gallagherstudent.com/property.

Please visit www.gallagherstudent.com, select your school specific page, and click on the ‘Other Insurance Products’ link for complete details about additional insurance products that are available as well as enrollment information.

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

<table>
<thead>
<tr>
<th>Information Needed</th>
<th>Who to Contact</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Questions about enrollment, coverage, or ID cards     | Gallagher Student Health & Special Risk            | Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
Website: [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt), click the ‘Customer Service’ link |
|                                                      | On-Campus Insurance Representative                | Kristy Miller  
Zefross Building, Student Health Center 4th Floor  
Phone: 1-615-343-4688 |
| Questions about benefits, claims, and claims payments| HealthSmart Benefit Solutions                      | HealthSmart Benefit Solutions  
3320 West Market St., Suite 100  
Fairlawn, OH 44333  
Phone: 1-844-210-0545  
Email: akronclaims@healthsmart.com  
Website: [www.healthsmart.com](http://www.healthsmart.com) |
| Questions about preferred providers                   | UnitedHealthcare Options PPO Network               | UnitedHealthcare Options PPO Network  
Phone: 1-866-948-8472  
Website: [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt), click on ‘Find a Doctor’ |
| Questions about participating pharmacies              | Express Scripts                                     | Express Scripts  
Phone: 1-800-451-6245  
Website: [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt), click on ‘Pharmacy Program’ |
| Questions about tax forms                             | UnitedHealthcare StudentResources                  | UnitedHealthcare StudentResources  
P.O. Box 809025  
Dallas, TX 75380-9025  
Phone: 1-866-948-8472  
Website: [www.uhcsr.com](http://www.uhcsr.com) |
| Questions about Voluntary Dental                      | Ameritas                                           | Phone: 1-855-672-3232 |
| Questions about Gallagher Student Complements         | EyeMed (Discount Vision), Basix (Dental Savings), and CampusFit | EyeMed  
Phone: 1-866-839-3633  
Website: [www.enrollwitheyemed.com](http://www.enrollwitheyemed.com)  
Basix and CampusFit  
Phone: 1-888-274-9961  
Websites: [www.basixstudent.com](http://www.basixstudent.com) and [http://campusfit.basixwellness.com](http://www.basixstudent.com) |
| World wide assistance services (medical evacuation and repatriation) | UnitedHealthcare Global | Toll-free within the United States: 1-800-527-0218  
Collect from outside of the United States: 1-410-453-6330  
Email: assistance@UHCGlobal.com |
| Questions about assistance programs                   | Student Assistance Program                         | Phone: 1-877-862-1172 |
### Questions about telehealth services

<table>
<thead>
<tr>
<th>Healthiest You</th>
<th>Phone: 1-855-870-5858</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Website: <a href="http://www.telehealth4students.com">www.telehealth4students.com</a></td>
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