

# IDAHO STATE UNIVERSITY

## Student Health Insurance Plan (SHIP) 2011-2012 Waiver FAQ



***If there is any discrepancy between this document and the plan brochure, the plan brochure will govern.***

### WHY AM I REQUIRED TO HAVE HEALTH INSURANCE?

The Idaho State Board of Education policy requires full-time students attending classes at a school in Idaho to maintain adequate health insurance. Idaho State University offers a Student Health Insurance Plan (SHIP) that meets these requirements, available to the following students:

- All full-time fee paying domestic undergraduate students enrolled in at least 12 credit hours
- All full-time fee paying domestic graduate students enrolled in at least nine (9) credit hours
- All international students enrolled in at least one (1) credit hour
- All full-time 8-week session students enrolled in at least six (6) credit hours per session

The ISBOE policy can be found at: [http://www.boardofed.idaho.gov/policies/iii\\_policy.asp](http://www.boardofed.idaho.gov/policies/iii_policy.asp) (select: P. Students, item #16).

### 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 SHIP. As part of the waiver process, you are required to provide specific information about your insurance coverage, which will be verified by the University.

### DOES MY OTHER INSURANCE QUALIFY?

If you have other group insurance through an employer, or are covered under your parent's or spouse's insurance plan, in order to qualify to waive out of SHIP, benefits must include, at a minimum, the following:

- Maximum benefit of at least \$100,000 per Policy Year;
- Deductible of \$5,000 or less per person, whether an individual or family deductible (though a maximum \$1,000 deductible is strongly recommended);
- For international students, the plan must have at least \$10,000 of repatriation coverage and \$15,000 of medical evacuation coverage; and
- Plans **must** be operated and based in the United States and must be in full compliance with applicable federal laws. International students may not waive with insurance from their home country.

***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.***

### HOW OFTEN DO I HAVE TO SUBMIT A WAIVER APPLICATION?

Students must waive out of SHIP by completing the online application at the start of each semester or 8-week session, by the waiver deadline date. Students who are new in the Summer term also have to waive coverage by the applicable deadline date. Students are strongly encouraged to submit a waiver as soon as possible in order to avoid charges.

The waiver must be completed by the Waiver Deadline Date each semester or session.

Term	Effective Date	Termination Date	Waiver Deadline
<b>Students</b>			
Fall	08/15/11	01/01/12	09/02/11
Spring/Summer	01/01/12	08/15/12	01/23/12
Summer	05/14/12	08/15/12	05/25/12
<b>8-Week Session Students</b>			
Fall	08/15/11	10/17/11	09/02/11
Late Fall	10/17/11	01/01/12	10/28/11
Spring	01/01/12	03/05/12	01/23/12
Late Spring	03/05/12	05/14/12	03/16/12
Summer	05/14/12	08/15/12	05/25/12

### WHAT HAPPENS IF I DON'T WAIVE BY THE DEADLINE DATE?

Students who do not submit a waiver application by the deadline date each semester/session will be automatically enrolled in SHIP.

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

If it is past the waiver deadline date, your SHIP coverage will remain in place and you will have to wait until the next semester or session to waive out of SHIP. No refunds will be issued.

### WHAT IF I SUCCESSFULLY WAIVE OUT OF SHIP, THEN LOSE MY OTHER COVERAGE?

You may enroll in SHIP mid-semester or mid-session if you waived but later involuntarily lose your other coverage. This does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, or coverage that has been voluntarily or inadvertently terminated by you (by quitting a job or missing an enrollment deadline, for instance).

To enroll in SHIP mid-term 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 coverage for the term.

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### HOW DO I SUBMIT A WAIVER APPLICATION?

If your other insurance qualifies and you wish to waive SHIP coverage, follow these steps:

1. Visit [www.renstudent.com/isu](http://www.renstudent.com/isu).
2. Look for the waiver section and click where indicated to enter the waiver application tool.
3. Enter your date of birth (DOB), last name, and student ID number, then click "Submit Login."
4. Click on the term of coverage for which you are submitting a waiver.
5. Please read the text on the next screen, then click "I Agree" if you agree to the terms and conditions.
6. You will then be asked for information from your insurance card. Please have your insurance ID card handy and enter the information exactly as it appears on your card. *See below for definitions of terms.*
7. Click "Submit Waiver Petition." After you click submit, you will see a "Thank you for submitting your waiver application..." message.
8. You may be required to send in additional information; if this is the case, you will be notified via your **isu.edu email** account. Please check your **isu.edu email** account on a regular basis after you start a waiver request, and until you receive an "Approval" email.

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

**Insurance Company 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.

**Relationship:** 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 or your spouse or parent).

**International Student:** Select "Yes" if you are an international student attending classes at ISU on a student visa. Otherwise, select "No" if you are not an international student.

**Insurance 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.

**Insured First Name:** 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.

**Insured Middle Name (optional):** This is the middle name of the individual who is the primary insured on the plan.

**Insured Last Name:** This is the last name or surname of the individual who is the primary insured on the plan.

**Insured DOB:** This is date of birth of the individual who is the primary insured on the plan (NOT the student's date of birth).

**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. Type it in exactly as it appears on the card.

**Member/Subscriber ID:** This is a number found on the insurance ID card of your current health plan. 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.

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.

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 the University.

### 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. This means your information has been successfully *transmitted*. You will then be notified within 5 to 7 business days if your waiver is approved, denied or pended. Please check your **isu.edu email** account on a regular basis for the approval email after you start a waiver request. **Your waiver is not approved until you receive an "Approval" email.**

### WHAT HAPPENS IF I RECEIVE A "PENDING" OR "REMINDER" EMAIL?

If you receive an email that has "Pending – Action Required" or "Reminder – Information Needed" in the subject line, you must provide more information or your waiver will be denied. If you provide the requested information and it meets the requirements, you will be notified via your **isu.edu email** 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 qualifications, you will be automatically enrolled in SHIP and you will receive notice that your waiver application is denied shortly thereafter. **It is your responsibility to check your isu.edu account for waiver status updates, and to send in additional documentation if requested.**

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

You may contact the Student Insurance Office on campus at 1-208-282-2972 or Renaissance Insurance Agency, Inc. at 1-800-537-1777.