

Frequently Asked Questions For Vermont Law School (VLS) Students 2018-2019 Student Health Insurance Plan

"How do I?"					
Log in	 Go to www.gallagherstudent.com/VermontLaw. On the top right corner of the screen, click 'Student Login'. Follow the login instructions. 				
Enroll	 Go to www.gallagherstudent.com/VermontLaw. On the left toolbar, click 'Student Waive/Enroll'. Log in by following the instructions on the website (if you haven't already). Click the 'I want to Enroll/Waive' button. Follow the instructions to complete the form. Print or write down your reference number. 				
Enroll my dependents	 Go to www.gallagherstudent.com/VermontLaw. On the left toolbar, click 'Student Waive/Enroll'. Log in by following the instructions on the website (if you haven't already). Follow the instructions to add your dependent information to the enrollment form. Print or save a copy of the confirmation page. 				
Waive	 If your current insurance plan is comparable to the Student Health Insurance Plan: Go to www.gallagherstudent.com/VermontLaw. On the left toolbar, click 'Student Waive/Enroll'. Log in by following the instructions on the website (if you haven't already). Click the 'I want to Enroll/Waive' button. Follow the instructions to complete the form. Print or write down your reference number. Receipt of this number only confirms submission, not acceptance, of your form. 				
Edit my Form after it's submitted	If it is before the waiver/enrollment deadline: 1. Go to www.gallagherstudent.com/VermontLaw . 2. Log in by following the instructions on the website (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 wavier/enrollment deadline, forms cannot be edited. Please contact Customer Service if you have any issues.				

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6. You will be redirected to the 'Account Home' page where you can see your current				
coverage, claims ID number, and contact information.		coverage, claims ID number, and contact information.		
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2. On the left toolbar, click 'Customer Service'.		2. On the left toolbar, click 'Customer Service'.		
3. Under the 'Choose Help Topic' dropdown, select 'Address Change'.	_,	3. Under the 'Choose Help Topic' dropdown, select 'Address Change'.		
Change my address 4. Complete the required fields.	Change my address			
5. Click 'Submit'.		5. Click 'Submit'.		
Make sure you also notify your school of your address change.		Make sure you also notify your school of your address change.		
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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 Provider. 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 80%, while services provided by an Outof-Network Provider are generally covered at 70%.
- This plan has a \$500 per policy deductible that applies to services received from an In-Network Provider. This plan has a \$1000 per policy deductible that applies to services received from an Out-of-Network Provider
- At participating pharmacies, you will pay a \$25 copayment for a 30-day supply of a generic/Tier-1 drug, and a \$50 copayment for a 30-day supply of a preferred brand name/Tier-2 drug], and a \$75 copayment for a 30-day supply of a non-preferred brand name/Tier-3 drug.
- 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.
- Intercollegiate Sports are covered as any other Injury.
- 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 2018-2019 Policy Year?

- The Deductible changed from \$100/\$100 to \$750/\$1,500.
- The Out of Pocket maximum changed from \$6,850 to \$5,550.
- The Co-insurance changed from 90%/80% to 80%/70%.
- The Prescription Co-pays changed from \$10/\$20 to \$30/\$60/\$80.
- The Office Visit Co-pays changed from \$10 to \$15.
- The Emergency Room Co-pay changed from \$50 to \$100.
- The Urgent Care Co-pay changed from \$10 to \$15.

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?

	Annual Coverage Period	Fall Coverage Period	Spring Coverage Period	*Summer Coverage Period
	(09/01/2018-08/31/2019)	(09/01/2018-2/28/2019)	(3/1/2019-8/31/2019)	(6/1/2019-8/31/2019)
Student	\$3,224.03	\$1,607.36	\$1,616.67	\$803.68
Spouse	\$3,224.03	\$1,607.36	\$1,616.67	\$803.68
One Child	\$3,224.03	\$1,607.36	\$1,616.67	\$803.68

^{*} Summer enrollment is limited to AJD/Masters students beginning a degree program at VLS during the summer semester.

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

No, a referral is not required with the Student Health Insurance Plan,

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 On Call International. All services must be arranged for in advance and provided by On Call International. Any services not arranged by On Call International 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 students registered for 6 or more credits are automatically enrolled in the Student Health Insurance Plan at registration unless proof of comparable coverage is furnished. Distance Learning students are not eligible for the plan.

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 <u>must</u> 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.

How do recent changes to the Affordable Care Act affect Student Health Insurance Plan?

One of the recently signed Executive Orders removed the federal penalty you would be assessed for not being enrolled in a health insurance plan beginning in 2019, but it is important to know that the mandate to have health insurance remains in place. However, your state of residence may have additional insurance requirements. Your school-sponsored Student Health Insurance Plan (SHIP) is fully compliant with health care reform and the Affordable Care Act (ACA). Being enrolled in SHIP meets the mandate to have health insurance.

Being ACA compliant 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/.

There have been an increasing number of insurance carriers deciding to not participate in state or federal Exchange or Marketplace. Those that continue to participate are offering plans with limited-provider networks or HMO networks. While it is important to not only have health insurance coverage available to meet the waiver requirement, it is equally important your health insurance plan has participating doctors and hospitals in the area where you are attending school. Additionally, Marketplace plans typically have annual deductibles much higher than the cost of your school's sponsored Student Health Insurance Plan.

If you are under the age of 26, you MAY be eligible to enroll as a dependent on a family's employer/group health insurance plan. Contact that plan for more information.

What is considered 'comparable coverage'?

Having a plan of comparable coverage means your health insurance plan must be fully-compliant with the Affordable Care Act (ACA) and meet or exceed the benefits provided through the Student Health Insurance Plan (SHIP). This means your plan needs to have participating providers and cover 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 your possible out-of-pocket costs – deductibles, copays, coinsurance, and out-of-pocket maximums. You may find your out-of-pocket costs are greater than paying the premium for SHIP.

Plans that are not considered comparable include: plans that only provide emergency services, international plans, travel insurance plans, Medi-share type plans, out-of-state Medicaid plans, out-of-county Medicaid plans, and plans from insurance companies not located within the United States.

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 the "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/enrollment form by the published deadline will be automatically enrolled in and billed for the Student Health Insurance Plan.
- Once eligibility is met, you are enrolled for the remainder of the policy and cannot waive later in the year.
- 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.
- It is recommended that all students submit an online decision form, whether enrolling or waiving.

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?

No, once you're enrolled in the Student Health Insurance Plan, you will remain enrolled in it for that period of coverage. There is no option to terminate the Student Health Insurance Plan due to being eligible or enrolling in another plan due to gaining coverage through marriage, or as a dependent on a family's plan or purchasing private insurance coverage. A pro-rated refund of premium is only permitted when a student enters the armed forces.

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.

- The Basix Dental Savings Program provides an exclusive discount arrangement, which saves students 20% to 50% off the
 cost of dental care.
- The EyeMed Vision Care Program allows students to receive discounted services at participating EyeMed providers.
- CampusFit supports student health and wellness by digitizing health knowledge from nutritionists, fitness professionals and cooking coaches, making it easy and affordable for students to access online.

More information is available by visiting <u>www.gallagherstudent.com</u>, 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 <u>www.gallagherstudent.com</u>, 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 a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions.

Please refer to the 'My Benefits and Plan Information' section of the website for a complete description of the benefits,

exclusions, and limitations of the plan.

Important Contact Information

Information Needed	Who to Contact	Contact Information
Questions about enrollment, coverage, or ID cards	Gallagher Student Health & Special Risk	Gallagher Student Health & Special Risk 500 Victory Road Quincy, MA 02171 1-844-333-1459 Website: www.gallagherstudent.com/VermontLaw, click the 'Customer Service' link
Questions about benefits, claims, and claims payments	Commercial Travelers	Commercial Travelers 70 Genesee Street Utica, NY 13502 Phone: 1-800-756-3702 Email: claims@commercialtravelers.com Website: www.commercialtravelers.com
Questions about preferred providers	First Health Provider Network	Phone: 1-888-685-7774 Website: www.gallagherstudent.com/VermontLaw, click 'Find a Doctor'
Questions about participating pharmacies	Optum Rx	Phone: 1-800-756-3702 Website: www.gallagherstudent.com/VermontLaw, click 'Pharmacy Program'
Questions about tax forms	Commercial Travelers	Commercial Travelers 70 Genesee Street Utica, NY 13502 Phone: 1-800-756-3702 Email: claims@commercialtravelers.com Website: www.commercialtravelers.com
Questions about Voluntary Dental	Ameritas Dental	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 Basix and CampusFit Phone: 1-888-274-9961 Websites: www.basixstudent.com and http://campusfit.basixwellness.com
Worldwide assistance services (medical evacuation and repatriation)	On Call International	Toll-free within the United States: 1-800-850-4556 Collect from outside the United States: 1-603-898-9159 Website: www.oncallinternational.com
Questions about assistance programs	24/7 Nurse line	Phone: 1-800-850-4556