

Frequently Asked Questions

Student Health Insurance Plan

Brown University, 2008-2009

This information should be used in conjunction with the Student Health Insurance Plan Brochure. If you need a copy of the Student Health Insurance Plan brochure, please go to www.brown.edu/insurance or www.universityhealthplans.com. You may also call the Brown University Insurance Office at 401-863-9481 or University Health Plans at 1-800-437-6448.

How do I know if I am eligible to enroll in the Student Health Insurance Plan?

All registered students are automatically enrolled in the Student Health Insurance Plan. Participation in this Student Health Insurance Plan is required by vote of the Corporation of the University unless a Waiver Form is submitted by the waiver deadline. The waiver deadline for annual coverage is June 1, 2008. For students who are newly enrolled for 2nd semester, the deadline is January 1, 2009.

If you are unsure of your eligibility, contact the Insurance Office at 401-863-1703. Special students registered for courses who are not automatically enrolled in the Student Health Insurance Plan may be eligible for coverage.

I submitted a Waiver Form last year, do I need to submit another one this year?

Yes, since there may have been changes to the insurance information you submitted last year, you are required to submit a Waiver Form at the beginning of each academic year to show proof of comparable coverage.

How do I submit a Waiver Form?

Students who are currently enrolled in a plan with comparable coverage, and who want to waive the Student Health Insurance Plan, must submit an Online Waiver Form. To access the Waiver Form, log onto www.universityhealthplans.com, click on "Brown University", and click on the waiver form. Enter all of the required information and click on submit. After submitting the form you should immediately receive a confirmation number and confirmation email. Please print and keep this for your records. In order to waive coverage, you will need to know the name of your current insurance carrier, insurance carrier's claim address, toll-free customer service telephone number, policyholder's name, policyholder's ID number, and group name or number if applicable. The Online Waiver Form must be submitted by the waiver deadline.

Am I eligible to enroll in the Student Health Insurance Plan once I have submitted a Waiver Form?

You may enroll in the Student Health Insurance Plan after having submitted a Waiver Form only if you experience a qualifying event (i.e. loss of coverage under your alternate insurance plan due to a change in employment or marital status, or attaining the age limit of your insurance plan). You must complete and submit a Qualifying Event Form and any supporting documentation to provide proof of termination to University Health Plans within 31 days of the qualifying event. Enrollment in the Student Health Insurance Plan is not automatic after a qualifying event. Please be advised that the insurance company will not pro-rate the premium. You will be charged the full premium for the applicable term of coverage.

If I am enrolled in the Student Health Insurance Plan and later become eligible for enrollment in an alternate insurance plan, can I terminate my enrollment in the Student Health Insurance Plan?

You may only terminate your enrollment in the Student Health Insurance Plan if you become eligible for health insurance coverage for the first time as a dependent on an alternative, comparable plan or become eligible on a comparable plan due to new employment status. Eligibility for termination must be due to new employment, a change in employment or marital status. You must complete and submit a Qualifying Event Form and any supporting documentation to provide proof of first time eligibility to University Health Plans within 31 days of the qualifying event. Termination of the Student Health Insurance Plan is not automatic. Refund of premium will be pro-rated accordingly.

Can I enroll my spouse/ domestic partner or child(ren) in the Student Health Insurance Plan?

Insured students may enroll their eligible dependents at additional cost. Please refer to the plan brochure, on this website, for eligibility criteria and plan costs. Students wishing to enroll their eligible dependent(s) should do so online at www.universityhealthplans.com. Eligible dependents need to be added by **September 15, 2008** for an effective date of August 15, 2008 to be continuously insured and avoid a break in coverage. Dependents are not automatically re-enrolled in the plan. It is the student's responsibility to ensure the timely enrollment of eligible dependents **each** policy year. Students who are newly enrolled at Brown for the spring semester must enroll their eligible dependents by **February 15, 2009** for an effective date of January 15, 2009. Students who are newly enrolled at Brown for the summer semester must enroll their eligible dependents by **July 1, 2009** for an effective date of June 1, 2009. Outside of these enrollment periods, eligible dependents can only be added to the plan within 31 days of a qualifying event, such as marriage, spouse's initial arrival to the United States, birth of a child or loss of coverage due to a change in employment status.

I'm currently enrolled in the 2007-2008 Student Health Insurance Plan, are there any changes for the 2008-2009 policy year?

Yes, there is one change for the 2008-2009 policy year. The Rx maximum has increased from \$1,200 to \$2,500. Please refer to the brochure, on this website, for details.

What's covered under the Student Health Insurance Plan?

The Student Health Insurance Plan is offered through the University to provide comprehensive medical coverage to eligible students. The plan covers medical expenses, including hospital room and board, prescription drugs, emergency outpatient care, lab tests and x-rays, inpatient and outpatient surgical procedures, physician office visits, etc. After any applicable deductibles or co-payments, coverage varies from 70% to 100% depending on whether or not you seek benefits through an Out-of-Network or Preferred Provider. This coverage is separate and in addition to the services provided at the University Health Services and Psychological Services. Coverage is subject to the limitations and provisions of the policy. Please refer to the brochure, on this website, for exclusions and limitations.

Can I go to any health care provider?

You can, but there is a financial benefit to receiving care through a Preferred Provider. When students see a Preferred Provider, the insurance will cover 100% of the Preferred Allowance for covered expenses after any applicable deductibles or co-payments. Services rendered by an Out-of-Network Provider are generally covered at 70% of Usual and Customary Charges after any applicable deductibles or co-payments. Preferred Providers have agreed to accept as payment in full for covered expenses, a prearranged amount or Preferred Allowance. An Out-of-Network provider has not agreed to any prearranged fee schedule, and any charges in excess of the insurance payment will be your responsibility.

How do I find a Preferred Provider?

A Preferred Provider is a provider that participates in the First Health Network which includes the Healthcare Value Management network. The First Health network includes doctors and hospitals locally throughout New England (RI, CT, MA, NH, ME, VT) and nationally. The easiest and most efficient way to check if a provider or facility participates in the First Health network is to call First Health at 1-630-737-7900 or to go online at www.firsthealth.com. Provider participation is subject to change without notice. Please verify the provider's participation in the network when you call for your appointment.

What is a deductible and how is it applied to covered medical services that I receive?

Deductible means an amount (for which you are responsible) to be subtracted from the amount payable as a covered medical expense before payment of any benefit is made by the claims company. The deductible applies per person per policy year. The Student Health Insurance Plan has 2 deductibles: a \$200 deductible that is applied across all services, and a \$100 deductible, that in addition to the \$200 deductible, applies specifically to inpatient hospitalization and/or outpatient surgery.

Following are some examples of whether or not the deductible(s) would apply for medical services you receive:

1. For services or treatment you receive at an emergency room, you're going to be responsible for a \$100 co-payment unless you're admitted (then the co-payment is waived). In addition to the \$100 co-payment, if you haven't had any other medical claims submitted for any reason, you're also going to be responsible for the \$200 deductible. Once you've satisfied the \$200 deductible, you won't be

responsible for that deductible again until the next policy year. After the \$100 co-payment and the \$200 deductible (if applicable), all medical claims associated with your emergency room visit will be covered at 100% of the Preferred Allowance if the hospital and physician are Preferred Providers. If not, your medical claims will be covered at 70% of Usual and Customary Charges.

2. You are seen by one of the providers at Health Services and you are referred to a hospital outpatient department for a colposcopy. The \$100 surgery deductible would apply because the surgery is being done in the outpatient department of a hospital. If you have not yet satisfied the \$200 deductible, then the \$200 deductible would apply in addition to the \$100 surgery deductible. If the hospital is a Preferred Provider, the colposcopy will be covered at 100% of the Preferred Allowance after the deductible(s). If the hospital is not a Preferred Provider the colposcopy will be covered at 70% of Usual and Customary Charges, after the deductible(s).

If you go to a non-hospital owned or non-hospital affiliated outpatient surgical center for the colposcopy that is a Preferred Provider, the \$100 deductible would not apply. The colposcopy will be covered after the \$200 deductible (if not already met), at 100% of the Preferred Allowance. If you go to a non-hospital owned or non-hospital affiliated outpatient surgical center for the colposcopy that is not a Preferred Provider, it will be covered at 70% of Usual and Customary Charges, after the \$200 deductible (if not already met). The \$100 surgical deductible would not apply.

3. As part of your visit to Health Services for an injury to your finger, your physician decides that a diagnostic x-ray is needed and refers you off campus for the x-ray. The \$200 per person per policy year deductible would be waived because the x-ray was ordered by Health Services. If the provider you are referred to is a Preferred Provider, the x-ray will be covered at 100% of the Preferred Allowance, if not it will be covered at 70% of Usual and Customary Charges.

Am I covered for a Pre-Existing Condition?

Yes. Pre-existing conditions are covered immediately and like any other condition.

Does the Student Health Insurance Plan cover eye exams and other vision services?

The Student Health Insurance Plan covers an annual routine eye exam by an ophthalmologist or optometrist. If you see a Preferred Provider you would pay a \$15 co-payment for an office visit and the rest of the visit would be covered at 100% of the Preferred Allowance. Out-of-Network providers are covered, after the \$15 co-payment for an office visit, at 70% of Usual and Customary Charges.

Do I have coverage for dental care?

For this year there is a Dental Savings Plan included with the Student Health Insurance Plan. Please refer to the brochure for details. In addition, the University does offer a voluntary dental insurance plan through Delta Dental. You do not need to be enrolled in SHIP in order to purchase this dental insurance plan. Visit www.universityhealthplans.com for detailed information and to enroll.

Does the Student Health Insurance Plan cover me during the summer months? Yes, the Student Health Insurance Plan will cover you during the summer months. Policy dates are August 15th through August 15th each year.

How are prescriptions filled?

The Prescription Drug Program is available through Express Scripts. There is a \$10 co-payment for a 30 day supply of a generic drug, a \$25 co-payment for a 30 day supply of a preferred brand name drug, and a \$40 co-payment for a 30 day supply of a non-preferred brand name drug. After the co-payment, the prescription will be covered at 100% up to a maximum of \$2,500 per policy year. In order to maximize your prescription benefit under this plan, we encourage you to ask your physician to consult the drug formulary. **Prescriptions must be filled at an Express Scripts participating pharmacy.** Be sure to present your new 2008-2009 ID card to the pharmacist when purchasing your prescription. If a prescription needs to be filled prior to receiving an ID card, reimbursement will be made upon receipt of a completed Express Scripts Direct Reimbursement Claim Form. Please visit www.brown.edu/insurance for the policy information if you pay out of pocket for your prescriptions. To locate a participating pharmacy or to obtain current information on the preferred drug formulary, call Express Scripts toll

free at 800-451-6245. Please note that the formulary is **subject to change**. *Not all prescription drugs are covered. Prescriptions such as fertility medications; legend vitamins or food supplements; smoking deterrents; immunization agents (except for pediatric immunizations and HPV vaccine); biological sera; blood plasma; drugs to promote or stimulate hair growth; experimental drugs; or drugs dispensed at a hospital or rest home are not covered.*

Am I eligible to enroll in the Student Health Insurance Plan when I am on a leave of absence from Brown University?

The University allows eligible students, who so elect, to continue enrollment under Brown's Student Health Insurance Plan while on an approved leave of absence for a maximum of one year. In order to be eligible for coverage, students must be *currently* enrolled in the plan and intend to return to the University and remain a degree-seeking candidate. Eligible students are required to submit a completed Leave of Absence Enrollment Application, along with payment and a copy of the approved leave of absence verification form signed by a dean or an advisor, to University Health Plans no later than **August 15, 2008** for coverage effective August 15, 2008- August 15, 2009. For an enrollment application, please contact the Insurance Office or University Health Plans.

Students enrolled for annual coverage who take a leave of absence during the spring semester, remain covered under the plan until the end of the policy year.

If I am enrolled in the Student Health Insurance Plan, will this plan cover me if I decide to study abroad?

Yes, the Student Health Insurance Plan provides worldwide coverage, whether studying or traveling abroad. The plan provides the same benefits as if you were at Brown University and also includes Medical Evacuation, Return of Mortal Remains, and Global Emergency Medical Assistance Services. You will have access to a 24 hour worldwide assistance network for emergency assistance anywhere in the world. The services are provided through MEDEX. Please refer to the plan brochure for detailed information.

When traveling, be sure to take your health insurance ID card and brochure with you for reference. When you are traveling outside of the United States, you may be asked to pay for your medical care first and then seek reimbursement from the insurance company. When you submit claims for reimbursement, you will need to have the itemized bill(s) translated into English (if needed) and include a letter to the claims administrator explaining that you need reimbursement. You do not need a specific claim form, but be sure to include your name, ID number, address (to receive your reimbursement check), and the University's name on the bill. Covered services will be reimbursed, after any applicable deductibles or co-payments, on an Out of Network basis, which is generally 70% of Usual & Customary Charges.

Are travel immunizations covered under the Student Health Insurance Plan?

No, the plan does not provide benefits for travel immunizations.

When I receive services, how and where do I submit my bill?

You do not need a claim form to submit a bill. Please be sure to present your 2008-2009 health insurance ID card when you receive medical care and providers can directly bill the administrator, Consolidated Health Plans. If you receive a bill or need reimbursement for medical services received, you can forward your bill or request for reimbursement **within 90 days** to Consolidated Health Plans at the address below. Make sure your name, Brown Banner ID number, address, and the University's name are on the bill.

Consolidated Health Plans
2077 Roosevelt Ave
P.O. Box 1998
Springfield, MA 01101-1998
1-800-633-7867
Email: info@chpstudent.com
Website: www.chpstudent.com

Request for reimbursement for prescriptions should be made directly to Express Scripts.

Express Scripts
P.O. Box 390873
Bloomington, MN 55439-0873
1-800-451-6245

Where and when will ID cards be distributed?

Each student enrolled in the Student Health Insurance Plan will receive an insurance ID card in his/her campus mailbox at the beginning of the semester. Please be sure to carry the 2008-2009 ID card at all times. You must present it whenever receiving medical care or filling a prescription. If you need to see a doctor before you receive your ID card, tell the provider that you are covered under the Brown University Student Health Insurance Plan. Your provider can always call University Health Plans to verify eligibility at 1-800-437-6448. You can also visit www.brown.edu/insurance for the policy information.

How do I get an ID card if I lost mine or never received it?

ID cards are distributed at the beginning of the semester on campus in your campus mailbox. If you need to get a replacement card just contact University Health Plans at 1-800-437-6448 or log on to www.universityhealthplans.com to request a new one.

Who do I contact to get a letter stating that I have insurance coverage?

If you need a letter verifying that you are covered under the Student Health Insurance Plan because you are going to be studying abroad or for any other reason, contact University Health Plans at 1-800-437-6448 or by email at info@univhealthplans.com. For coverage verification prior to August 15, 2008, contact Brown University Insurance Office at 401-863-1703 / 401-863-9481 or by email at Brown_Insurance_Office@brown.edu.

Does my coverage terminate when I graduate in May?

No. The policy year is from August 15, 2008 through August 15, 2009 for students who enroll on an annual basis. For students who enroll for the spring term, they are covered from January 15, 2009 through August 15, 2009.

Can I extend my coverage beyond the end of the policy year?

Yes. Brown University offers a Continuation Plan to those students who had been insured through the Student Health Insurance Plan. The Continuation Plan must be purchased by August 15, 2009. Please contact University Health Plans at 1-800-437-6448 for information on eligibility and premium.

What if I leave Brown University, will I get a refund?

Except for withdrawal due to an Injury or Sickness, any Insured Student withdrawing from the University during the first 31 days of the period for which coverage is purchased shall not be covered under the Plan and a full refund of premium will be made. Insured Students experiencing a qualifying event may request a refund by contacting University Health Plans within 31 days of the qualifying event. Insured Students graduating in December may request a refund by contacting the Insurance Office in writing within 31 days of the completion of their degree requirements. Insured students withdrawing from the school to enter military service will be entitled to a pro-rated refund of premium upon written request.

Who do I contact if I have questions about enrollment, eligibility, coverage, ID cards, or other service issues?

University Health Plans
One Batterymarch Park
Quincy, MA 02169
1-800-437-6448
info@univhealthplans.com

Who do I contact if I have questions about the University's policies regarding student health insurance, or if I have questions about my insurance charge?

Brown University
Insurance Office
Box 1848

164 Angell Street
Providence, RI 02912
401-863-1703 or 401-863-9481
Email: Brown_Insurance_Office@brown.edu
Website: www.brown.edu/insurance.com

Who do I contact if I have questions about claims processing or about a specific claim or claims payment?

For medical claims, please contact:

Consolidated Health Plans
2077 Roosevelt Ave.
P.O. Box 1998
Springfield, MA 01101-1998
1-800-633-7867
Email: info@chpstudent.com
Website: www.chpstudent.com

To submit a prescription drug claim for reimbursement or to check on the status of a prescription drug claim, please contact:

Express Scripts
P.O. Box 390873
Bloomington, MN 55439-0873
1-800-451-6245

Who do I contact if I need help finding an in-network or Preferred Provider?

To find a Preferred Provider, please contact;

First Network
1-630-737-7900
www.firsthealth.com