Important Information for Brown University Students on Health Care and Health Insurance

Overview of U.S. Health Care

1) There is no national or free healthcare: Health care in the United States is different from the healthcare systems in most other countries. Healthcare is not government-sponsored and the cost of care/services you receive are your responsibility.

2) Medical Care in the U.S. is expensive. The costs of procedures can range from hundreds of dollars to tens of thousands of dollars or more. Without insurance (or with insurance that has limited or restricted coverage), you would be fully responsible for these costs.

3) Cost-sharing is a standard component of U.S. Healthcare: Cost-sharing means exactly that – the cost of for medical care you receive will be typically paid by a combination of the insurance company and you. Medical plans differ in the types of cost-sharing used and the amounts and services provided. Cost-sharing includes:
   a. Premium: This is the amount that it costs to be enrolled in your health insurance Plan. This money is paid to an insurance company who then enrolls you in the Plan. For students enrolling in the school-sponsored Student Health Insurance Plan, this is the amount that is charged to your student account for health insurance.
   b. Deductibles: This is the dollar amount you pay before the insurance plan pays for services. This is typically a one-time annual amount, and for the school-sponsored Student Health Insurance Plan there are some services to which the deductible does not apply.
c. **Co-pays/Co-payments**: This is a per-visit charge paid to the provider/doctor at the time of service. Copay amounts can differ based on the type of provider you are seeing and the type of service being received.

d. **Co-insurance**: This is the percentage of charges that the insurance company will pay beyond your co-pay and/or deductible. You are responsible for the remainder of the coinsurance charge. Co-insurance typically corresponds to In Network and Out-of-Network providers. For example: the coinsurance for In Network providers is 90% (you will be responsible for 10%) and the coinsurance for Out-of-Network providers is 70% (you would be responsible for 30%).

e. **Exclusions or Excluded Services**: Specific services that are not covered by the insurance plan at all. Before you purchase any insurance, you should read and understand the exclusions of a particular health insurance policy.

4) In addition to being regulated by the State of Rhode Island, Insurance Plans in the U.S.A. are subject to regulations under the federal **Affordable Care Act** (also referred to by some as “Obamacare” or ACA).

5) Many insurance plans, including the one sponsored by your school, contract with specific **PPO (Preferred Provider Organization)** networks of providers. These contracted providers - doctors, hospitals, other medical professionals or facilities (referred to as **in-network providers**) agree to accept negotiated payment amounts for the specific services they provide. Because of these negotiated amounts, when you see an In Network or Preferred Provider, your cost-sharing will be less than if you see a **non-network (or out-of-network) provider**.

6) **Dentistry/Dental care** is not automatically included in most U.S. health insurance plans (and is **not** included in your school’s Student Health Plan). The exception to this is dental services for injuries to sound, natural teeth (for example if you were hit in the mouth by a baseball resulting in a chipped tooth) and for mandated Pediatric Dental Coverage (for those under age 19). Dental Insurance plans can be purchased individually but they frequently have limited coverage. If you do not purchase dental insurance, be aware that many dental providers will require payment in full at the time of service. **If you are under age 19 and qualify for the Pediatric Dental Coverage under your school sponsored Student Health Insurance Plan, please see your Plan brochure for plan details, including benefits, cost-sharing and limitations.**
The Brown University Student Health Insurance Plan

1) Brown & Your Healthcare Coverage:
   a. Brown University mandates that all students must be enrolled in a health insurance program as a condition of enrollment to ensure students have access to health insurance coverage while attending Brown.
   b. Your health insurance is for use off-campus in the event that the treatment or care you need is not provided at University Health Services or Counseling & Psychological Services (CAPS).
   c. By default, all students are enrolled in the Brown University sponsored Student Health Insurance Plan (SHIP) unless they provide proof of alternate, comparable insurance prior to the published deadline.
   d. Brown University highly recommends international students and those coming from out of state with plans that have limited networks do not waive the SHIP and remain enrolled in it. The Brown SHIP is the only insurance plan that has been verified to have access to comprehensive coverage and providers in the Providence RI area, coordinates with the Student Health Center and provides minimal out-of-pocket costs for enrolled students.
   e. Be aware that the information in this section applies only to the Brown University SHIP. If you are considering purchasing alternate insurance, you should check the specific details of the insurance against the Brown University SHIP.

2) Benefit Highlights. Please refer to your Plan brochure or Summary of Coverage for a full Schedule of Benefits. These documents can be found at www.gallagherstudent.com/Brown and the Brown Insurance website.
   a. A full year (12 months) of coverage- not just while you are at school. Your coverage is active from August 15 through August 15.
   b. The Plan is fully compliant with all Rhode Island state regulations as well as the Affordable Care Act.
   c. No annual maximum- coverage is unlimited, including prescription drugs.
   d. Immediate coverage (no waiting period) for pre-existing conditions.
   e. The SHIP is a PPO Plan, partnering with the United Healthcare Choice Plus PPO Network. You can see any provider you choose, but if you see a Choice Plus provider, your costs will be minimized.
   f. No referrals are required to seek care from a specialist.
   g. Coverage is available in Providence and nationwide. Coverage also extends worldwide. This plan offers coverage and access to providers anywhere that you may travel during your time at Brown.
   h. The SHIP covers 100% after deductible and co-pay for most services at in-network providers (70% at non-network providers).
i. The SHIP has a $300 Deductible per policy year (this is not applied to all services). This deductible is your responsibility to pay and then the insurance plan will pay for covered services.

j. Doctor’s office visits (including mental health visits) are not subject to the deductible. Instead, there is a $15 co-pay per visit and then the visit is covered at 100% in-network (70% non-network).

k. Emergency Room (ER) Co-pay: $100 per visit (waived if admitted)

l. Urgent Care Co-pay: $25 per visit

m. Mental Health Treatment (inpatient and outpatient) is covered the same as any other sickness.

n. Medical Evacuation & Repatriation Benefits are included and coordinated through United Healthcare Global.

o. Plan includes EyeMed Vision Discounts (discounts on eye exams, glasses & contacts) at no additional cost.

p. Plan includes the Basix Dental Savings Plan (dental discounts, not dental insurance) at no additional cost.

3) **Prescription Drugs** are covered through your Plan. When a doctor prescribes you a medication/drug to take, follow these steps:

a. See if your prescription drug is available at the on-campus pharmacy. The Brown University Health Services pharmacy carries a wide array of prescription medications in stock and can order most other medications. Prescription and over the counter medications are usually priced at or below the cost at other community pharmacies.

b. If the drug is not available at Health Services, you can take your prescription to a local pharmacy that participates in the United Healthcare Pharmacy Program.

c. When picking up your prescription, you need to give your Medical Insurance ID card to the pharmacy so the pharmacy knows who to bill. You will be charged a copayment for your prescription.

d. The copayments will be: $15 (for a **Tier 1** drug), $30 (for a **Tier 2** drug) or $50 (for a **Tier 3** drug).

e. If you do not have your Medical Insurance ID Card, you will need to pay in full for the prescription and submit to the insurance company for reimbursement. A prescription drug reimbursement claim form and instructions appear at [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown).

f. Your prescription will be for a maximum of a 30-day supply. If any refills are prescribed, you will then be able to ask the pharmacy to refill your prescription shortly before you run out.

g. Your prescription may carry certain limitations, such as “Prior Authorization Required” or “Supply Limitations.” If your prescription is denied for any limitation reason, there will be instructions provided on what to do next. Your doctor may need to call the insurance company on your behalf in order to process your prescription.

h. If a medication does not require a prescription but can be purchased at a pharmacy, it is considered an **“Over The Counter (OTC)” drug.** OTC drugs are not covered under your Student Health Insurance Plan.

i. **Birth Control Drugs and Devices.** Many types of birth control drugs and devices are covered completely when obtained at an in-network provider.

   i. Diaphragms (prescribed) are covered at no cost if received at an in-network provider.

   ii. **Generic** birth control pills (prescribed) are covered at no cost if received at an in-network pharmacy (all other prescribed birth control pills are covered with a co-pay).

   iii. IUDs are covered under the medical portion of the Plan, but only at in-network providers (no coverage outside of the network).
iv. Ella (Emergency Contraception) is covered with a prescription when obtained at an in-network provider.

4) **Preventive Care**: Certain services are classified as “Preventive Care” by the U.S. Government and covered without any deductible, co-pay or coinsurance when obtained at an in-network provider. This includes:
   1) Annual Physical Examination
   2) Certain Immunizations
   3) Routine Gynecological Services / Well Woman Exams
   4) Other screenings and tests as defined by the U.S. Government, based on your age, sex and risk factors. Visit [https://www.healthcare.gov/preventive-care-benefits/](https://www.healthcare.gov/preventive-care-benefits/) for more information on what specific preventive care benefits may apply to you.

5) **Exclusions/Excluded Services** - a full list of exclusions is available in your Plan Documents, however in general you should be aware that the SHIP will not cover any services that are not medically necessary (elective plastic surgery, for example), or are due to the fault of someone else where other insurance may be present (car accident, for example).

6) **Dental Insurance** -
   a. Dental Insurance is available for purchase through the Brown University Insurance Office.
   b. Limited dental coverage is available to enrolled students under age 19 as part of mandated Pediatric Dental benefits. If you are under age 19 and qualify for the Pediatric Dental Coverage, please see your Plan brochure for plan details, including benefits, cost-sharing and limitations.

7) **Dependent Coverage**: Coverage for your eligible dependents is also available at an additional cost. Please visit [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown) for cost and enrollment information.
Where Do I Go When I Am Sick Or Injured?*

<table>
<thead>
<tr>
<th>Type of Condition</th>
<th>Where to Seek Treatment</th>
</tr>
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<tbody>
<tr>
<td>Minor Illness or Injury</td>
<td>Health Services</td>
</tr>
<tr>
<td>• Colds, cough, sore throat or flu</td>
<td></td>
</tr>
<tr>
<td>• Fever</td>
<td></td>
</tr>
<tr>
<td>• Minor cuts</td>
<td></td>
</tr>
<tr>
<td>• Sprain</td>
<td></td>
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<tr>
<td>• Skin rashes</td>
<td>Urgent Care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Emergency</th>
<th>Emergency Medical Services</th>
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<tbody>
<tr>
<td>• Major Injury (a head injury)</td>
<td></td>
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<tr>
<td>• Severe shortness of breath</td>
<td></td>
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<tr>
<td>• Loss of consciousness</td>
<td></td>
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<tr>
<td>• Bleeding that doesn’t stop after 10 minutes of direct pressure</td>
<td>Dial 401-863-4111 to reach Emergency Medical Services</td>
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<tr>
<th>Life threatening</th>
<th>Emergency Medical Services</th>
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<tbody>
<tr>
<td></td>
<td>Dial 401-863-4111 to reach Emergency Medical Services</td>
</tr>
</tbody>
</table>

*Please note that the above information is a general suggestion, and is not presented as medical advice.

8) **Health Services**: University Health Services, located in Andrews House, provides medical care by qualified personnel including physicians, physician assistants, nurse practitioners and nurses. Lab testing and pharmacy services are also available. When Health Services is open, this should always be your first stop in seeking care. For any services they cannot provide, Health Services will advise you to seek a provider in the community in and around Providence, RI.

- **Regular Hours**
  During the school year, Health Services is open 8:30AM until 5:00PM Monday through Friday, 9:30AM until 5:00PM Saturday and 9:00AM until 4:00PM Sunday. Patients are seen by appointment, so call ahead to schedule. Call 401-863-3953 to schedule. Appointments on the weekend are limited.

- **Emergency Medical Services (EMS)**
  Emergency medical services (EMS) are available 24 hours a day, 7 days a week. Call 401-863-4111 for emergency medical services in case of sudden illness or injury.

- **Sexual Assault Resources and Options at Brown**
  Sexual Assault Response Line 401-863-6000
  Confidential crisis support and information is available for any Brown student dealing with sexual assault. The on-call counselor is also available to accompany a victim to the hospital. If you are concerned for your safety, the sexual assault response line will give you the option to contact the Department of Public Safety. If you are away from Brown, call 911.

- **Nursing Advice**
  Nursing advice is available 24 hours a day, 7 days a week.
  If you have a medical question or are uncertain about the need to see a provider, call 401-863-1330 for advice on what to do.
9) Counseling & Psychological Services (CAPS)
   - Services
     CAPS provides a range of mental health services to the Brown community, including individual counseling, medication management, skills workshops, referral services, mental health assessment, trainings and consultation for faculty and staff, crisis stabilization, after hours assessment and urgent care, outreach programming, and support groups.
   - Hours & Location
     CAPS main office is open 8:30am-5:00pm during the main part of the year, and 8:00-4:00 during the summer. They also have hours at Alpert Medical school, and special Saturday hours for graduate students at Health Services.
   - Scheduling
     Visits can be scheduled by calling 401-863-3476, or by walking into the office (J Walter Wilson 5th Floor)
   - Urgent Care
     You can access urgent care and crisis stabilization services by doing the above, or by calling CAPS After Hours when we are closed at 401-863-3476 ext 1.
   - Eligibility
     In paying the Student Health Fee, you are eligible for services at CAPS. There are no additional charges for services at CAPS, and they do not bill your insurance.

10) Urgent Care Facilities are also a cost-effective choice for seeking care for treatment of cold/flu symptoms, infections, sprains/fractures, cuts & bruises, and ear, nose & throat problems in the event that Health Services is closed. These facilities usually have laboratory and radiology services on-site as well, and do not require that you have a previously-established relationship with any of their doctors. You will be responsible for a per-visit copay when using Urgent Care facilities.

11) Visits to local Doctors’ Offices, as long as they are considered in-network, will generally be paid entirely after a per-visit co-pay. Note that if lab work or tests are performed or certain services administered, these services may incur separate costs. However, these costs are still far less than having the same services performed at an Emergency Room (ER).

12) Pharmacy-based doctors’ offices such as CVS Minute Clinic are also an alternative to local Doctors’ Offices and are typically able to accommodate walk-in visits. Additionally, these types of facilities may be open weekend and evening hours when other Doctors’ Offices are closed.

13) Emergency Rooms (ERs) as part of a hospital are the most expensive types of facilities in which to receive care, and should only be used for life-threatening or very serious conditions. Because of the high cost of their services, you will find that your cost-sharing for care in these facilities is greater. If you visit an ER when the condition is not considered an emergency, the wait will be long, the costs will be high, and your insurance costs will be higher. You will be responsible for a co-pay for each ER visit. Should you be admitted to the hospital from the ER, your ER copayment will be waived.
Navigating The Health Insurance System

1) Important Documents you should be aware of:
   a. **Medical Insurance ID Card.** Carry your Medical Insurance ID card at all times. Alternately, those enrolled in the Brown University SHIP can obtain an electronic version by visiting [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown). Having your ID card will ensure that you will not have to pay the full cost of your medical care up front, however you will still be responsible for paying any co-pay to the provider at the time of your visit. Your Medical Insurance ID Card includes the following information:
      i. Your Name
      ii. Your Insurance ID Number and your Group Name
      iii. The name of the Insurance Company
      iv. The Policy Number and Policy Year
      v. Customer Service contact information for both insured students and providers
      vi. Claims Administrator Information
      vii. Claims Submission Instructions
      viii. Prescription Drug Information

   All of these items are helpful to your providers to ensure that they can submit claims (bills) to the insurance company on your behalf, eliminating your need to submit claims individually.
b. **My Benefits and Plan Information.** For those enrolled in the SHIP, your Plan materials are available online as downloadable PDF files at [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown) under the section named “My Benefits and Plan Information.” This includes:

   i. Plan Brochure/Certificate of Coverage. This includes benefits (at the back of the brochure) as well as all of the plan definitions, exclusions, limitations and other provisions.

   ii. Summary Brochure. This is a smaller document listing the highlights of the Plan as well as the applicable exclusions and limitations.

   iii. Frequently Asked Questions. This document offers quick answers to the most common health insurance questions. Also included are quick lists of who to contact with other questions.
c. **Explanation of Benefits (EOB)**. This is a document that will come directly from the insurance company (United Healthcare, for those enrolled in the SHIP) either via mail or e-mail to show you how they processed a claim on your behalf. This document will list:

i. The procedures and the billed charges
ii. Any discount to the billed charges that was applied
iii. The amount applied to your deductible
iv. The remaining patient responsibility
v. If all or part of your claims were denied, this will also be noted and explained.

It is very important to note that this document is not a bill and does not need to be paid. This is simply an explanation of what your insurance paid. If any deductible or coinsurance is due, you will be sent a bill directly by your provider.

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**What’s an EOB and why do I need it?**

EOB stands for Explanation of Benefits. This is a document we send you to let you know a claim has been processed. The most important thing for you to remember is an EOB is **NOT a bill**. It’s letting you know which healthcare provider has filed a claim on your behalf, what it was for, whether it was approved, and for how much. You should always review your EOB to make sure it’s correct. Here’s a breakdown on how to read your EOB.

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Service</th>
<th>Dates of Service</th>
<th>Proc Code</th>
<th>Amount Claimed</th>
<th>Ineligible</th>
<th>Discount</th>
<th>Total Covered</th>
<th>Co-Pay</th>
<th>Policy Deductible</th>
<th>Total Benefits</th>
<th>Patient Balance</th>
<th>Remark Code</th>
<th>Remarks:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMERGENCY ROOM</td>
<td>06/04/10-08/04</td>
<td>087340</td>
<td>945.00</td>
<td>100.00</td>
<td>20.00</td>
<td>845.00</td>
<td>300.00</td>
<td>406.02</td>
<td>642</td>
<td>516.02</td>
<td>409.01</td>
<td>642- This service was processed under the Preventive Care benefit in your policy. Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health. Patient Balance: Co-pay, Policy Deductible, Co-Insurance &amp; All Amounts Over Policy Limits.</td>
</tr>
<tr>
<td></td>
<td>LABORATORY</td>
<td>06/04/10-08/04</td>
<td>87340</td>
<td>100.00</td>
<td>80.00</td>
<td>20.00</td>
<td>60.00</td>
<td>300.00</td>
<td>80.00</td>
<td>380.00</td>
<td>516.02</td>
<td>409.01</td>
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**In the upper right portion of your EOB you’ll find general information. If a payment was made to the provider, you’ll see the check details in the top boxes. Below that are things like the claim and policy number, your ID numbers, both the insured’s and the patient’s name, as well as the provider’s name and address.**

**Dollar amount for covered benefits.**

**Network discount if applicable.**

**Charges for services not covered by your policy.**

**The dollar amount claimed by your provider.**

**Also called CPT Code, used to document medical procedures performed.**

**Dollar amount required to be paid before benefit payment is made.**

**Dollar amount you’re required to pay for certain Covered Medical Expenses.**

**Total paid by your insurance.**

**Dollar amount owed by insured.**

**The code in the Remark column is explained in this section.**
d. **Requests for Information.** As part of an EOB, you may receive a request by postal mail or e-mail for further information in order to process claims. You will see that claims have been denied or are “pending” and further text will ask for more information about:

   i. If you have any other insurance coverage in place; or

   ii. How an accident or injury occurred.

These questions are to determine if and how claims will be paid. For example, if an accident was the result of an automobile accident, the insurance company will need to know this as they cannot pay on an auto claim until all involved auto insurance policies have paid first. If there is other insurance in place, the Plan will coordinate benefits so that both plans pay part of your submitted claims.

**Do not ignore these requests for information** - if no response is received, your claims will be denied. Typically, you will be able to respond to these letters by logging onto [www.uhcsr.com](http://www.uhcsr.com) (for those enrolled in the SHIP) to provide the requested information.

e. **Provider Bills.** These may come from the provider’s office directly or from a third-party billing service. You should review this document carefully to ensure that the date of service matches the date you visited the doctor. This bill should also reflect any payments that the provider has already received, including any co-payment you made at the time of service or any payments made to them by the insurance company.

   i. If you presented your Medical Insurance ID card at the time of your visit but no insurance payments are reflected, you should call your provider and ask to speak to their billing department. Ask them to confirm if insurance payments were made and if not, ask them to submit to your insurance first.

   ii. If you did not present your Medical Insurance ID card at the time of your visit, you should call your provider and ask the billing department to bill your insurance first.

   iii. Providers should reference the back of your Medical Insurance ID card for billing instructions.
iv. If you paid your bill before insurance payments were made, you can submit the detailed bill (please request a bill showing diagnosis codes) along with proof of your payment to the insurance company. Directions appear in your Plan brochure.

v. Please note that you may receive multiple bills for a single date of service—this is common as facilities and doctors may bill separately from one another. If you are confused, call the provider or the claims company.

Once you are sure that insurance has paid out on your claim, it is important that you pay your remaining provider bills promptly to avoid interest accruing, to avoid having your bills sent to a collection agency, and to maintain a good relationship with the providers that service your community. Verify with your providers what methods of payment (cash, check, credit cards) are accepted. For large balances, many providers will also offer payment plan options.

2) Help with understanding your insurance coverage and / or medical bills

- If you do not understand the letter, EOB or medical bill that you have received, contact the company at the phone number provided on the document for further explanation. For provider bills, you should call and ask to speak to their billing department.
- Additional assistance can be found through the information on the following pages (please note these grids also appears in the Plan FAQ).
- The Brown University Insurance Office is also available to assist you with questions related to the Brown University SHIP coverage.
<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  
Phone: 1-844-377-0963  
Website: [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown), click the ‘Customer Service’ link |
| Questions about benefits, claims, and claims payments                              | UnitedHealthcare StudentResources                | For Students:  
UnitedHealthcare StudentResources  
P.O. Box 809025 Dallas, TX 75380-9025  
Phone: 1-866-948-8472  
Email: gkclaims@uhcsr.com  
Website: [www.uhcsr.com](http://www.uhcsr.com)  
For Medical Providers:  
Phone: 1-888-224-4875; Press 1 |
| Questions about participating pharmacies                                           | OptumRx                                          | Phone: 1-800-248-1062  
Website: [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown), click ‘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 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://campusfit.basixwellness.com) |
| Worldwide 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 |
| On-Campus Insurance Office                                                         | Brown University Insurance Office                | Insurance & Purchasing Services  
350 Eddy Street, 4th Floor  
Providence, RI 02903  
Phone: 1-401-863-1703  
Email: Insuranceoffice@Brown.edu |
| On-Campus Health Services                                                          | Brown University Health Services                 | Health Services  
Brown University  
Box 1928, Andrews House  
13 Brown Street, Providence RI 02912  
Phone: 1-401-863-3953  
Website: [https://www.brown.edu/campus-life/health/services/](https://www.brown.edu/campus-life/health/services/) |
| On-Campus Counseling & Psychological Services                                      | Brown University Counseling and Psychological Services (CAPS) | Counseling and Psychological Services  
Brown University  
Box 1960, J Walter Wilson Room 512  
69 Brown Street, Providence RI 02912  
Phone: 1-401-863-3476  
Website: [https://www.brown.edu/campus-life/support/counseling-and-psychological-services/](https://www.brown.edu/campus-life/support/counseling-and-psychological-services/) |
<table>
<thead>
<tr>
<th><strong>“How do I...?”</strong></th>
<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.  
4. For new students, your Brown email address needs to be activated. |
2. On the left toolbar, click ‘Dependent Enroll’.  
3. Log in by following the instructions on the website (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).  
Note: You will need your Banner ID and Brown University e-mail address to log in. For new students, your Brown University e-mail address must be active before logging in.  
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. |
| **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 by following the instructions on the website (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 by following the instructions on the website (if you haven’t already).  
4. You will be redirected to the ‘Account Home’ page, then click on ‘Verification Letter’ under ‘Coverage History’. |
| **Find a Doctor** | Go to [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown) and click on ‘Find a Doctor’.  
Please note that in addition to the links to find a doctor through United Healthcare Choice Plus or United Behavioral Health, a specialized network of local mental health providers has been developed for Brown University. The list of these providers who are considered in-network for Brown University students only will only be available on the ‘Find a Doctor’ page noted above. |
| **Find a Participating Pharmacy** | Go to [www.gallagherstudent.com/Brown](http://www.gallagherstudent.com/Brown) and click on ‘Pharmacy Program’. |