

# SHIP

## Student Health Insurance Plan



## 2010-2011 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?**

Students attending public colleges and universities in Idaho are required to have health insurance. Eastern Idaho Technical College offers a Student Health Insurance Plan (SHIP) that meets State requirements, that is available to all students enrolled in at least 10 credit hours. Insurance is also mandatory for all students enrolled in professional courses within the Health Care Technology Division.

### **WILL I BE CHARGED FOR INSURANCE?**

**Yes, your student account will be automatically charged for SHIP each semester.** If you choose to waive the SHIP coverage, you will be reimbursed by check for the insurance cost as soon as the waiver has been deemed successful.

### **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 College.

### **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, by the waiver deadline date. Students who are new in the Summer term also have to waive coverage by the applicable deadline date.

### **HOW DO I SUBMIT A WAIVER APPLICATION?**

If you are eligible to waive coverage under this plan, visit [www.renstudent.com/eitc](http://www.renstudent.com/eitc) to submit a waiver application. Look for the waiver section and click where indicated to enter the waiver application tool. Please have your insurance ID card handy and enter the requested information exactly as it appears on your card. The waiver must be completed by the Waiver Deadline Date.

<b>Term</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Waiver Deadline</b>
<b>Students</b>			
Fall	08/23/10	01/10/11	<b>09/10/10</b>
Spring	01/10/11	05/23/11	<b>01/28/11</b>
Summer	05/23/11	08/22/11	<b>06/10/11</b>

### **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.

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

1. Your EITC Student ID number. Please see next section for information on how to access your student ID number.
2. The following information about your insurance coverage:
  - The insurance company name
  - The policy or group number
  - The member ID number
  - The primary insured's name
  - The primary insured's date of birth
  - The primary insured's relationship to you
  - The insurance company's customer service phone number
  - The level of coverage you have under the plan

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 College.

**CONTINUED**

## WHAT IS MY EITC STUDENT ID NUMBER AND WHERE CAN I FIND IT?

**Your EITC student ID number is NOT your social security number.** It is a seven digit number beginning with two zeros. There are two places to find your EITC student ID number:

1. It is the number listed under your name in the upper left corner of your registration billing statement.
2. It is available to view when you log into Webadvisor. In the student's menu click the link My Profile. In your profile, listed under your name you will see a number called **Colleague ID#**. **This number is your EITC student ID number.**

**Please note: When logging into the waiver tool, do not include the zeros before your ID number. Your SHIP ID number should only be 5 digits.**

## IF I HAVE COVERAGE UNDER A NEW INSURANCE PLAN THAT 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.

## WHEN WILL I BE NOTIFIED IF MY WAIVER APPLICATION IS APPROVED OR DENIED?

Students who submit a waiver application will be notified that their waiver is approved or tentatively denied within 5-7 days of submission.

## WHAT HAPPENS IF I RECEIVE A TENTATIVE WAIVER DENIAL?

If you receive a notice of Tentative Waiver Denial, you will be asked to provide more information by the waiver deadline date. If you provide the requested information, you will be notified via email that your waiver was approved. If you do not provide the information by the date requested, you will be automatically enrolled in SHIP and you will receive notice that your waiver application was denied shortly thereafter.

## 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 out but later lose your other coverage due to no fault of your own, such as coverage that terminates due to a loss of employment (by you or your spouse or parent) or by reaching an age limit set by the plan. 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, notify Chelsea Thompson, Assistant Registrar, in person at the Student Services Office, by telephone at 1-208-524-3000 ext. 3476, or by email at [chelsea.thompson@my.eitc.edu](mailto:chelsea.thompson@my.eitc.edu). You must submit proof of loss of coverage, *within 31 days of termination of prior coverage*.

## WHAT TERMS DO I NEED TO KNOW TO COMPLETE THE WAIVER APPLICATION?

**Insurance Company Name:** This is the name of the insurance company or carrier. Please select from the drop-down box. If your insurance carrier is not listed, please select "Other."

**Full Legal Name of Policyholder:** (must be Last Name, First Name) It may also be listed as Subscriber, Member, or Enrollee on the insurance card.

This is the 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.

**Relationship:** Your relationship to the primary insured. Mother, father, spouse or self.

**Policy or Group Number:** This is a number found on the insurance ID card of your current health plan. Type it in exactly as it appears on the card.

**Member Enrollee Number:** This is a number found on the insurance ID card of your current health plan. It is sometimes the Social Security Number of the policyholder. Type it in exactly as it appears on the card.

**Insurance Plan Contact Number:** This is the customer service 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.

**Maximum Benefit:** This is the maximum benefit payable under your plan. It may also be referred to as Lifetime Aggregate Maximum, Policy Year Maximum, Per Condition Maximum.

**Copayment:** This is the percentage of covered charges that you pay under the plan for a PPO or network provider. It may also be referred to as coinsurance.

## DOES MY OTHER INSURANCE COVERAGE HAVE TO MEET CERTAIN REQUIREMENTS FOR ME TO WAIVE?

If you have other group insurance through an employer, or if you are covered under your parent's or spouse's insurance plan, we recommend that benefits include, at a minimum, the following:

- Preferred providers located near the College;
- Maximum benefit of at least \$50,000 per accident or illness;
- Insurance pays at least 80% of in-network PPO charges and 60% of out-of-network provider charges;
- Office visit copay \$15 or less;
- Deductible not to exceed \$1,000 (SHIP has a \$0 deductible);and
- Company operated and claims paid in the United States, and in full compliance with U.S. insurance laws.

**Students who are covered under a health insurance plan that does not meet all of these recommendations are strongly encouraged not to waive out of SHIP.**

## WHO SHOULD I CONTACT IF I HAVE ADDITIONAL QUESTIONS ABOUT WAIVING OUT OF SHIP?

You may contact Renaissance Insurance Agency, Inc. at 1-800-537-1777.