

SHIP

Student Health Insurance Plan



2010-2011 Plan FAQ

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

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Below are answers to questions you may have regarding your plan. Please consult the plan brochure for more complete details.

GENERAL

Why do I need health insurance?

The Idaho State Board of Education policy requires full-time, full-fee paying students attending classes at a school in Idaho to maintain adequate health insurance. Lewis-Clark State College offers a Student Health Insurance Plan (SHIP) that meets these requirements.

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

Although students are required to have insurance, they are not required to have SHIP. You may be eligible to waive out of SHIP if you have other group insurance through an employer, or if you are covered under your parent's or spouse's insurance plan, and that coverage meets or exceeds the waiver criteria requirements. Please keep in mind that many insurance plans don't provide coverage for dependents after they reach a certain age. Also, if it is an HMO or PPO plan, there may not be network providers located near your school, especially if the plan is out of state. SHIP may be a reliable and affordable option to replace, or simply reinforce, your other coverage. For more information on how to waive, please see the Waiver FAQ at www.renstudent.com/lcsc.

What is SHIP?

SHIP is the college-sponsored Student Health Insurance Plan. The Idaho State Board of Education believes that a student's physical and emotional well-being is the foundation for their academic success. SHIP is designed to safeguard the health of students and provide a financial safety net when a sickness or injury occurs. It seamlessly integrates with the array of services provided by the on-campus Student Health Services (SHS), in addition to covering many services not available at SHS.

For more information, please contact Student Health Services by telephone at 1-208-792-2251 or stop by Room 205, Sam Glenn Complex.

Who is the insurance company?

Nationwide Life Insurance Company is the underwriter for the plan.

What is the policy number?

The policy number is 302-081-1108. This number is on your insurance ID card and should always be included on bills or documents you submit for claims.

Who do I contact for questions regarding waivers or services available at SHS?

Student Health Services

Sam Glenn Complex

Room 205

500 8th Avenue

Lewiston, Idaho 83501

Ph: 1-208-792-2251

Fax: 1-208-792-2882

Toll Free: 1-800-933-5272 Ext. 2251

Hours: Monday–Friday from 8:00 a.m. to 5:00 p.m. (closed Noon to 1:00 p.m.)

Who do I contact for questions regarding eligibility or enrollment?

You should contact the plan administrator.

Renaissance Insurance Agency, Inc.

P.O. Box 2300

Santa Monica, CA 90407-2300

1-800-537-1777

Hours: Monday–Friday from 8 a.m. to 5 p.m. (PST)

Who do I contact for questions regarding benefits or claims?

You should contact the claims administrator.

AmeriBen
 P.O. Box 6947
 Boise, ID 83707-0947
 Toll-Free 1-888-955-1561
 www.myameriben.com
 Hours: Monday–Friday from 6 a.m. to 5 p.m. (PST)

Who do I contact for assistance while I am traveling?

OnCall International
 Toll-free from US or Canada: 1-800-407-7307
 Collect from anywhere else in the world: 1-603-898-9159
 Email: mail@oncallinternational.com
 24 hours a day/7 days a week

ELIGIBILITY AND ENROLLMENT**Am I eligible to be covered under SHIP?**

The following students are eligible to enroll in the SHIP Basic Plan:

- All full-fee paying domestic students enrolled in at least 12 credit hours
- All international students enrolled in at least one (1) credit hour and attending Lewis-Clark State College on a non-immigrant visa with LCSC as the sponsoring institution

Students have until the Waiver Deadline Date to enroll in the minimum number of credit hours required to be eligible for this coverage. Auditing hours may be used toward satisfying the minimum number of hours required to purchase this insurance.

Part-time students (except international students) are not eligible for SHIP.

How much does SHIP cost?

The cost of SHIP is \$517 for Fall and \$715 for Spring/Summer. SHIP is automatically included in your student fees (unless you submit a waiver application and it is approved).

How do I know if I am covered under SHIP?

If you are a full-fee paying domestic student registered for 12 or more credits, or an international student, you will be automatically enrolled in the plan each semester unless you waive coverage by the Waiver Deadline Date. The cost for SHIP is included in the tuition fee bill each semester. You may check your student account statement on WarriorWeb for insurance charges (or a credit if a waiver was posted). If you are enrolled in SHIP, an insurance ID card will be mailed to you after the start of the Fall semester (or the start of Spring semester if you were not enrolled in the Fall term).

What do I do if I don't want or need the student health plan?

You may opt out of the college-sponsored plan if you are continuously covered under another health plan with comparable benefits for the entire semester.

To waive coverage, log onto WarriorWeb and submit the required information on the SHIP waiver by 5:00 p.m. on the Waiver Deadline Date each semester. The waiver deadline is **August 27, 2010** for Fall semester and **January 14, 2011** for Spring semester. Students who are covered under a plan that does not meet all of the waiver criteria requirements will not be allowed to waive coverage under SHIP. For more information on how to waive, please see the Waiver FAQ at www.renstudent.com/lcsc.

If you wanted to waive out of SHIP but missed the Waiver Deadline Date, or your waiver application was rejected, or you obtained other insurance coverage after the Waiver Deadline Date, you will have to wait until the next semester to submit another waiver application.

If you have questions about waiving SHIP, you may contact Student Health Services in person at the Sam Glenn Complex, Room 205, or by phone at 1-208-792-2685, or by email at studenthealth@lcsc.edu.

Are my dependents eligible to be covered under SHIP?

If you are enrolled in SHIP, your legal spouse and/or unmarried child under the age of 25 (who receives more than one-half of his or her financial support from you) are also eligible to enroll.

How do I enroll my dependents?

Students enrolled in SHIP may enroll their eligible dependents online with a MasterCard or Visa at www.renstudent.com/lcsc by the Dependent Enrollment Deadline Date. Students who wish to pay by check or money order may download a dependent enrollment form from www.renstudent.com/lcsc and submit the completed form, along with the proper payment, to Renaissance Insurance Agency, Inc. (must be postmarked by the Dependent Enrollment Deadline Date).

<i>Dependent Costs of Coverage</i>	<i>Fall</i>	<i>Spring/Summer</i>	<i>Dependent Enrollment Deadline Date</i>
Spouse	\$684.00	\$ 945.00	9/14/10
Child(ren)	\$587.00	\$ 810.00	2/01/11

The Dependent costs of coverage are in addition to the student costs.

Newly acquired dependents (spouse and/or children) are not subject to the Dependent Enrollment Deadline Dates. However, enrollment and premium payment (if required) for all newly acquired dependents must be submitted to Renaissance Insurance Agency, Inc. within 60 days of the attainment of such dependents.

Coverage for eligible dependents becomes effective at 12:01 a.m. on the latest of: 1) the first date of the applicable term in which the dependent is enrolling; 2) the day **after** the date that online enrollment is completed; or 3) the day **after** the date that full payment and completed application received by mail are postmarked.

For questions about enrolling dependents, contact Renaissance Insurance Agency, Inc. at 1-800-537-1777.

Can I get a premium refund if I no longer want or need the insurance?

Refunds are only allowed under the following conditions:

- Except in the case of medical withdrawal after the first 10 days of the term, if you withdraw from school during the first 31 days of coverage under the plan, a full refund of premium for the applicable term will be processed and the coverage will be as if it had never been in effect;
- If you enter full-time active military service, you may request a pro-rated refund for the remainder of the semester; or
- If you are an international student who permanently returns to your home country, you may request a pro-rated refund for the remainder of the semester.

If you qualify for a refund, please contact the Controller's office on campus and they will submit the refund request for you. If you don't qualify for a refund, your coverage will remain in effect for the remainder of the semester.

What if I successfully waive out of SHIP, then lose my other coverage?

You may enroll in SHIP mid-semester 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 after an involuntary loss of coverage you must submit to the College proof of the involuntary loss of coverage and written notification of interest to enroll in SHIP. Premium cannot be prorated. You must pay the entire premium for the term in which you are electing to enroll. Please note it is your responsibility to enroll in SHIP within 63 days of the termination date of the prior coverage, in order to maintain continuous coverage and avoid the exclusion of benefits for pre-existing conditions under the policy.

Where do I get my insurance ID card?

If you are enrolled in SHIP, your permanent insurance ID card will be mailed to the address you have on file at Lewis-Clark State College, after the start of the Fall semester (or the start of Spring semester if you were not enrolled in the Fall term). If you need to see a doctor or obtain a prescription before you receive your permanent ID card, you may download a temporary card at www.renstudent.com/lcsc.

Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment.

What if I lose my ID card or never receive my ID card?

Permanent ID cards are only sent out once each school year. If you don't receive your insurance ID card, or if you lose it, contact Renaissance Insurance Agency, Inc. at 1-800-537-1777 for a replacement card. You may also download a temporary ID card at www.renstudent.com/lcsc.

BENEFITS

Once I am enrolled in SHIP, what do I have to pay?

Basically, you pay the deductible + the coinsurance amount (up to the coinsurance maximum limit) + any amounts over specified benefit limits. You are also responsible for an office visit copay, an emergency room copay and prescription drug copays, as well as any expenses incurred which are excluded under the plan. (Please note: Charges must be incurred within 1 year of first treatment for a covered sickness or injury.)

You pay:	For most treatment received at:	
	A PPO Provider (includes SHS)	A NON-PPO Provider
Deductible (per policy year)	\$250	\$500
Office Visit Copay/Copayment (per visit)	\$10 (not at SHS)	\$10
Emergency Room Copay/Copayment (per visit)	\$200	\$200
Coinsurance Amount	20%	40%
Coinsurance Maximum Limit (per policy year)	\$4,000	\$6,000

What does the plan pay?

After you pay the deductible, the plan pays the following for *most* medically necessary covered charges:

- 80% if you go to SHS (100% for certain medically necessary preventive screenings)
- 80% if you see a PPO Provider
- 60% if you see a non-PPO provider
- Up to specified benefit limits (for instance, up to 12 visits for outpatient mental health or up to \$1,000 for durable medical equipment, per policy year)
- Up to a \$250,000 policy year maximum benefit for all conditions combined
- Up to a \$2,500 maximum per injury for intercollegiate sports injury

Please see the plan brochure for a complete description of all specified benefit limits, as well as a list of services and supplies that are not considered “covered” charges (exclusions).

Where am I covered? Am I covered when I am traveling away from campus?

If you are enrolled in SHIP, you are covered 24/7 anywhere in the world. In addition, if you are traveling away from school or home, or abroad, you are covered under the Travel Assistance Program under SHIP. This program provides coverage for emergency medical evacuation and repatriation, as well as assistance with many problems associated with traveling and in coordinating medical treatment if you are sick or injured. Please see the SHIP brochure for full details.

Are prescription drugs covered?

Yes, outpatient prescription drugs are covered at 100% up to a \$500 maximum per plan year. You pay a \$15 copay for generic or a \$25 copay for brand-name drugs for each 30-day supply. Prescriptions are only available through Express Scripts pharmacies. For questions regarding prescription coverage, call Express Scripts at **1-800-447-9638** or visit **www.express-scripts.com**. Please see the General Exclusions section of the plan brochure for additional limitations on prescription drugs.

Does the plan provide dental, vision or hearing benefits?

The plan covers extraction of abscessed teeth and impacted wisdom teeth, as well as dental treatment when made necessary due to injury of sound, natural teeth. Otherwise, the plan does not cover general dental treatment, or any vision or hearing services, unless due to a covered injury or sickness.

Am I covered if I go to an emergency room?

Yes, but please be aware that you will be required to pay a \$200 copayment for each visit, unless you are immediately admitted to the hospital or obtain a referral from the Lewis-Clark State College staff within 72 hours of ER visit. The copayment is in addition to the deductible. However, if it is a true emergency (as defined in the plan brochure), it will be covered the same at a non-PPO hospital as it would for a PPO.

What is covered if I am injured playing intercollegiate sports?

If you are an intercollegiate athlete, you are covered under SHIP for injuries sustained during participation in regularly scheduled intercollegiate sports events of Lewis-Clark State College (including the regular season for such sport, the supervised practice and tryout for such sport, and the travel to and from sports events and practices). Such injuries are covered up to a maximum of \$2,500 per injury, per policy year, and are subject to all other SHIP provisions, limitations and exclusions of the policy (including the deductible and copays).

Is pregnancy covered?

Pregnancy, including complications, is covered the same as any other sickness. In addition, pregnancy is NOT subject to the pre-existing condition limitation.

What is a "pre-existing condition"?

A pre-existing condition is a sickness or injury for which medical care, treatment, diagnosis or advice was received or recommended within the six (6) consecutive months prior to your effective date of coverage under SHIP.

What is the policy regarding pre-existing conditions?

If you were enrolled in SHIP for the entire 2009-2010 school year, then your pre-existing conditions are covered from the start of the 2010-2011 school year (unless treatment is specifically excluded under the plan).

Otherwise, pre-existing conditions are not covered for the first 12 months following your effective date of coverage under SHIP, unless you were:

- Covered under other prior creditable coverage for 12 consecutive months prior to your effective date of coverage under SHIP; and
- Enrolled in SHIP within 63 days of termination of your prior coverage.

Prior creditable coverage of less than 12 months will be credited toward satisfying the pre-existing condition limitation. This means that if you were covered under creditable coverage for 9 consecutive months prior to your effective date of coverage under SHIP, then you only have to wait 3 more months before pre-existing conditions are covered (for a total of 12 months). Please see the plan brochure for a list of the plan types that qualify as creditable coverage.

This limitation does not apply to pregnancy or to a newborn or newly-adopted dependent child.

If I have a benefit question about SHIP, who should I ask?

You should familiarize yourself with the covered benefits as described in the plan brochure. You will be sent a copy of the plan brochure, along with your insurance ID card, after the start of the Fall semester. You may also view and download the plan brochure at www.renstudent.com/lcsc. In addition, you may obtain a copy of the Policy on file at Student Health Services.

If you require further assistance, please contact the AmeriBen Customer Care Center. They can be reached by phone at 1-888-955-1561, Monday-Friday from 6 a.m. to 5 p.m. (PST). You may also submit inquiries directly to AmeriBen through email by registering at www.myameriben.com.

SEEKING TREATMENT**What do I do in the case of an emergency?**

In the event of an emergency, you should call 911 or go to the nearest emergency room for treatment. Please see the plan brochure for the definition of emergency. You will be required to pay a \$200 copay unless you are either admitted to the hospital or receive a referral from the Lewis-Clark State College staff within 72 hours of emergency treatment. The copayment is in addition to the deductible, if it has not been paid yet.

What do I do if I get sick or if I am injured (and it's not an emergency)?

Report to Student Health Services (SHS) first, whenever possible. Most treatment received at SHS is covered at 80% and the deductible is waived.

NOTE: SHS only provides care to registered students. They do not offer services for spouses or children.

If you are unable to use SHS (whether it is closed or you are away from campus), you may choose any doctor or hospital; however *you will pay a lower coinsurance* for most services by using the doctors and hospitals available through the PPO Networks.

What doctors can I go to? Is my doctor part of the PPO network?

You (and your covered dependents) may choose any doctor or hospital; however *you will pay a lower coinsurance* for most services by using the doctors and hospitals available through the PPO Networks.

For a list of PPO providers within Idaho, call **1-866-476-1076** or visit: **www.ipnmd.com**. If you are outside of Idaho, call First Health Network at **1-800-226-5116** or visit: **www.myfirsthealth.com**. This information is also listed on your insurance ID card.

Please be aware that if you are treated at a PPO hospital, not all providers at that hospital are PPO providers. In addition, if you are referred by a PPO provider to another provider or facility, that provider or facility may not be a PPO provider. For instance, if a network doctor gives you a referral to a non-network lab for tests or a non-network anesthetist is used for your surgery in a network hospital, you will have to pay the higher coinsurance for the non-network providers.

Before obtaining services or making an appointment, you should always verify the current status of a provider by directly contacting the provider's office, as a provider's participating status may have changed or they may not be accepting new patients at that time. **It is YOUR responsibility to verify that a provider is currently a member of the PPO Network.**

What do I do if I get sick or injured while I am traveling away from school/home?

If you are traveling within the United States, you should seek treatment from a PPO provider so you will pay a lower coinsurance. If you are traveling outside the country, there is no PPO network available. You may choose any doctor or hospital. However, you will have to pay for services up front and then submit a claim for reimbursement of the portion for which the company is responsible.

Wherever you are traveling, you should utilize the services available through the Travel Assistance Program included with SHIP, in association with OnCall International. OnCall can help coordinate all your health care needs when traveling in the US and abroad, including provider referrals, translation services and emergency evacuation. The contact information for OnCall is on your insurance ID card.

What should I take to the doctor's office or hospital?

If you go to a doctor's office or to the hospital, show your insurance ID card. If you need to see a doctor or obtain a prescription before you receive your permanent ID card in the mail, you may download a temporary card at **www.renstudent.com/lcsc**. If the doctor or hospital needs to verify coverage for you or your dependents, they may call AmeriBen at **1-888-955-1561**. **You should carry your insurance ID card with you at all times.**

Where can I go to get my prescriptions filled? Can I use a mail-order service?

Students **must** use an Express Scripts network pharmacy in order for benefits to be payable. You will need to show the pharmacist your insurance ID card. Following is a list of local Express Scripts pharmacies:

Accesshealth	Leader Drug Stores	Rite Aid
Acme	Medicap	Safeway
Albertson's	Medicine Shoppe	Shopko
Amerisourcebergen	Oscor	Smith's Food & Drug
Costco	Pamida	Tom Thumb
Dominick's	Pavilions	United Drugs
Food 4 Less Pharmacy	QFC Pharmacy	Vons
Fred Meyer Pharmacy	Ralph's Pharmacy	Walgreens
Genuardi's	Randalls	Wal-Mart
Kmart	Ridley's	

You may also set up an account at **www.Express-Scripts.com**, to use the online tools available, including mail-order for home delivery.

CLAIM PROCEDURE

What do I do after I see the doctor? How do I get my medical bills paid?

Student-athletes must report any injury due to participation in intercollegiate sports directly to the Athletic Department.

Otherwise, SHS and most network (PPO) providers will submit the claim directly to AmeriBen for you. However, if the provider does not file the claim for you, you will be responsible for submitting the claim for reimbursement. In this case, you must complete and submit the insurance company claim form after you receive treatment.

Follow these instructions:

1. Obtain a copy of the itemized billing and complete the insurance company claim form.
 - a) Download a claim form from **www.myameriben.com**.
 - b) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form as well.
3. Send your claim form and all other bills to AmeriBen at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each injury or sickness.
4. Claim forms and bills should be sent to:

AmeriBen
P.O. Box 6947
Boise, ID 83707-0947

Always keep a copy of all documents submitted for claims.

Who do I contact to check on the status of my claim?

If you have questions about the status of your claim after it has been submitted, please call AmeriBen at **1-888-955-1561** (Monday–Friday, 6:00 a.m to 5:00 p.m.).

You may also register and log on to **www.myameriben.com** to check on your claim status, view your Explanation of Benefits (EOB), access answers to frequently-asked claims questions or submit inquiries by email directly to the AmeriBen Customer Care Center.

How long do I have to submit a claim?

A claim (and all bills and receipts) must be submitted within 90 days after treatment in order for the claim to be paid. Please note that charges must be incurred within 1 year of the date of injury or the date of first treatment for sickness.

What do I do if my claim is denied or is not being paid?

If you have a question about a claim that was denied or has not been paid, call AmeriBen at **1-888-955-1561**. Do not assume billing problems will just “go away”. It is your responsibility to make sure providers are paid for their services (either by you or the insurance). If you require additional assistance, please contact Student Health Services.

You have the right to request an independent medical review if health care services have been improperly denied, modified, or delayed based on medical necessity. Contact AmeriBen if you would like to initiate such a review.