Frequently Asked Questions
For Vanderbilt University Graduate/Professional Students
2015-2016 Student Health Insurance Plan

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</table>
2. On the top right corner of the screen, click ‘Student Login’.  
3. Follow the login instructions. |
2. On the left toolbar, click ‘Dependent Enroll’.  
3. Log in (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 coverage is comparable to the Student Health Insurance Plan:*
2. On the left toolbar, click ‘Student Waive’.  
3. Log in (if you haven’t already).  
4. Click the ‘I want to Waive – Undergrad/Graduate’ 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 (if you haven’t already).  
4. You will be redirected to the ‘Account Home’ page, then click on ‘Generate ID Card’ under ‘Coverage History’. |
| **Change my address** | 1. Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt).  
2. On the left toolbar, click ‘Account Home’.  
3. Log in (if you haven’t already).  
4. You will be redirected to the ‘Account Home’ page, then click on ‘Address’.  
5. Click ‘Edit Address’. |
| **Find a Doctor** | Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt) and click on ‘Find a Doctor’. |
| **Find a Participating Pharmacy** | Go to [www.gallagherstudent.com/vanderbilt](http://www.gallagherstudent.com/vanderbilt) and click on ‘Pharmacy Program’. |
Insurance Plan Benefits

What is covered under the Student Health Insurance Plan?

- 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 to cover routine physicals and examinations, routine screenings, routine GYN examinations, and most immunizations with no cost-sharing when services are received by In-Network Providers.
- Services provided by a Preferred Provider are generally covered at 90%; services provided by an In-Network Provider are generally covered at 85%; and services provided by an Out-of-Network Provider are generally covered at 65%.
- This plan has a $150 per insured person, per policy year deductible that applies to services received from a Preferred or In-Network Provider and a $500 per insured person, per policy year deductible that applies to services received from an Out-of-Network Provider.
- At participating pharmacies, you will pay a $10 copayment for a 30-day supply of a generic drug, a $25 copayment for a 30-day supply of a brand name drug, and a $45 copayment for a 30-day supply of a brand name drug with a generic equivalent.
- Please refer to the plan brochure available at www.gallagherstudent.com/vanderbilt by clicking on ‘My Benefits and Plan Information’ for complete details about coverage, limitations, and exclusions.

Are dental benefits included in the Student Health Insurance Plan?

There is a pediatric preventive dental benefit available for students and their enrolled eligible dependents up to the age of 19. Please see the Student Health Insurance Plan brochure for details. For students age 19 and older, please visit the Gallagher Student Health & Special Risk website (www.gallagherstudent.com) for coverage options available for purchase.

How much does the plan cost?

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<tr>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,721</td>
<td>$1,670</td>
<td>$762</td>
<td>$533</td>
</tr>
<tr>
<td>Spouse/Domestic Partner*</td>
<td>$2,706</td>
<td>$1,655</td>
<td>$762</td>
<td>$533</td>
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<tr>
<td>Each Child*</td>
<td>$2,706</td>
<td>$1,655</td>
<td>$762</td>
<td>$533</td>
</tr>
<tr>
<td>All Children*</td>
<td>$5,412</td>
<td>$3,310</td>
<td>$1,524</td>
<td>$1,066</td>
</tr>
<tr>
<td>All Dependents*</td>
<td>$8,118</td>
<td>$4,965</td>
<td>$2,286</td>
<td>$1,599</td>
</tr>
</tbody>
</table>

*A nominal, non-refundable processing fee applies.

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

Yes, a referral is required before seeking care or treatment from an off-campus provider. Please refer to the plan brochure for details about the referral requirement and any exceptions to this requirement.

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 have paid premium.

In addition to being covered for medical treatment and services, you will also be covered for Emergency Medical Evacuation, Repatriation of Remains and Travel Assistance Services through UnitedHealthcare Global, the 24-hour worldwide assistance service. All services must be arranged for in advance and provided by UnitedHealthcare Global. Any services not arranged by UnitedHealthcare Global 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 seek reimbursement. Covered Expenses will 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?

Yes, you will be covered under the Student Health Insurance Plan until the end of the policy period for which you have purchased coverage. There is no option to continue coverage after the policy terminates.

Graduate students who are graduating at the end of the Fall semester can request a termination of coverage for the Spring semester.

- The written request must be made by December 31, 2015. Please contact the Student Insurance Coordinator at Vanderbilt University Health Center for details.
- Insured students who also have coverage for eligible dependents may request a refund of premium for their covered dependents, only if their coverage was purchased on an annual basis. Students who are paying for dependent coverage on a payment plan basis are not eligible for a refund of dependent premium.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

All graduate and professional students registered in degree programs of 4 or more credits or who are actively enrolled in research courses (including, but not limited to, dissertation or thesis courses) that are designated by Vanderbilt University as full-time enrollment are eligible. Eligible students are automatically enrolled in and billed for the Student Health Insurance Plan unless a waiver is submitted by the published deadline and approved.

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 student’s period of coverage and cannot exceed coverage purchased by the student. For example, a student enrolled for annual coverage cannot purchase dependent coverage for the Spring semester unless a qualifying event, as defined below, occurs.

Students can also add eligible dependent(s) if the student experiences one of the following qualifying events: (a) marriage, (b) birth of a child, (c) divorce, or (d) if the dependent is entering the country for the first time. If the student experiences one of these qualifying events, the Dependent Enrollment Form, supporting documentation, and payment must be received by Gallagher Student Health & Special Risk within 31 days of the qualifying event. 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.

The deadlines to enroll dependents are as follows:

- September 12, 2015 for newly enrolled and returning Annual students to have an effective date of August 12, 2015
- February 1, 2016 for newly enrolled Spring students to have an effective date of January 1, 2016
- June 1, 2016 for newly enrolled May Mester students to have an effective date of May 1, 2016
- July 1, 2016 for newly enrolled Summer students to have an effective date of June 1, 2016

Your student account cannot be billed for dependent coverage. All interested students must pay Gallagher Student Health & Special Risk directly.

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

Once a student attends classes for 31 days, coverage will be in effect for the full period for which premiums were paid. Therefore, if you leave Vanderbilt after 31 days, you will not receive a refund. This is true for students on leave for medical or academic reasons, graduating students, or students electing to enroll in a separate comparable plan during the policy year.

Please note: Even though graduate students are charged 50% of the annual premium in the Fall and the remaining 50% of the annual premium in the Spring, coverage will be in effect for the entire year.

Graduate students who are graduating at the end of the Fall semester can request termination of coverage for the Spring semester.

- The written request must be made by December 31, 2015. Please contact the Student Insurance Coordinator at Vanderbilt University Health Center for details.
- Insured students who also have coverage for eligible dependents may request a refund of premium for their covered dependents, only if their coverage was purchased on an annual basis. Students who are paying for dependent coverage on a payment plan basis are not eligible for a refund of dependent premium.
How does Health Care Reform affect the Student Health Insurance Plan?

If you are under the age of 26, you MAY be eligible to enroll as a dependent under the employer health insurance plan held by your parent(s). However, before you do so, you should fully compare the employer plan against this Student Health Insurance Plan to determine which plan’s rates, benefits and coverage are most appropriate for you.

In addition to the items mentioned above, keep in mind that Student Health Insurance Plans are generally less expensive than individual plans with similar benefits. In fact, your total out-of-pocket cost (including premium and deductibles) may be significantly LESS with this Student Health Insurance Plan, especially if your parents’ employer plan is considered a ‘high deductible’ plan.

What is considered ‘comparable coverage’?

Determining comparable coverage requires comparison of cost-sharing levels (deductibles and coinsurance) and access to In-Network Providers. The level of benefits should meet or exceed the benefits provided through the Student Health Insurance Plan. Coverage is considered comparable if it provides students with access to a range of services in and around the area where they attend school. Services include, but are not limited to, preventive and primary 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. Also, consider the amount of your current plan’s deductible and In- and Out-of-Network coinsurance to avoid high out-of-pocket costs. Students should be able to seek these services from providers who are considered In-Network or Preferred. 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.

Plans that only provide emergency services in the campus area are not considered comparable.

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 the Marketplace in their home State. If you are a resident of the State in which you are attending college, you can waive the Student Health Insurance Plan with a plan purchased through your State’s Marketplace. 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, look at the In-Network and Out-of-Network Provider coverage levels to be sure that In-Network Providers are located near your campus. 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:

- 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?
- 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 form by the published deadline will be automatically enrolled in and billed for the Student Health Insurance Plan.

Will my waiver be audited/verified?

Yes, all submitted waiver forms will be subject to verification. The verification will confirm that the information submitted is accurate and that your coverage is currently in force. Most waivers will be verified within 24-48 hours. Once your waiver has been verified, you will receive an email notification to the address we have on file for you informing you of acceptance or denial of the waiver. If your waiver is denied, the email will contain further information on how to revise and resubmit your form.

As a result of this verification process, it is possible that the insurance you have previously waived with will no longer be considered comparable.
Can I get a refund of my Student Health Insurance premium?

A refund of premium is only permitted when a student enters the armed forces. If you are enrolled in the Student Health Insurance Plan and then become eligible to enroll in a different health plan, for any reason, a premium refund is not available.

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. More information is available by visiting www.gallagherstudent.com/vanderbilt and clicking on the ‘Discounts and Wellness’ link.

Are there any additional insurance products available?

Please visit www.gallagherstudent.com/vanderbilt 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 intended to provide a summary of the available benefits. Please refer to the brochure for a complete description of the benefits, exclusions, and limitations of the plan.
<table>
<thead>
<tr>
<th>Information Needed</th>
<th>Who to Contact</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Questions about enrollment, coverage, benefits or ID cards                        | Gallagher Student Health & Special Risk | Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
Phone: 1-800-468-5867  
Email: vustudent@gallagherstudent.com  
Website: [www.gallagherstudent.com/vanderbilt](mailto:www.gallagherstudent.com/vanderbilt) |
| On-Campus Insurance Representative                                                | Kristy Miller                         | Kristy Miller  
Zefross Building, Student Health Center 4th Floor  
Phone: 1-615-343-4688 |
| Questions about claims and claims payment                                          | HealthSmart Benefit Solutions         | HealthSmart Benefit Solutions  
3320 West Market St., Suite 100  
Fairlawn, OH 44333  
Phone: 1-877-349-9017  
Email: akronclaims@healthsmart.com  
Website: [www.healthsmart.com](mailto:www.healthsmart.com) |
| Questions about preferred providers                                               | UnitedHealthcare Options PPO Network  | Phone: 1-866-948-8472  
Website: [www.gallagherstudent.com/vanderbilt](mailto:www.gallagherstudent.com/vanderbilt), click on ‘Find a Doctor’ |
| Questions about participating pharmacies                                           | Express Scripts                       | Phone: 1-800-451-6245  
Website: [www.gallagherstudent.com/vanderbilt](mailto:www.gallagherstudent.com/vanderbilt), click on ‘Pharmacy Program’ |
| Questions about Gallagher Student Complements                                      | EyeMed (Discount Vision), Basix (Dental Savings), and CampusFit | EyeMed  
Phone: 1-866-839-3633  
Website: [www.enrollwitheyemed.com](mailto:www.enrollwitheyemed.com)  
Basix and CampusFit  
Phone: 1-888-274-9961  
Website: [www.basixstudent.com](mailto:www.basixstudent.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 |
| Questions about assistance programs                                               | Collegiate Assistance Program         | Phone: 1-877-643-5130 |