UC SHIP WAIVER REQUEST FORM WORKSHEET

2021-22 Academic Year

STUDENT HEALTH INSURANCE PLAN (SHIP) WAIVER WORKSHEET

2021-22 Academic Year

IMPORTANT POP-UP Alert:

Disable your POP-UP Blocker when you enter the online Waiver Form to receive important pop-up options.

DEAR STUDENT: Complete the waiver form easily and quickly by preparing your answers ahead of time. This worksheet can help you gather needed insurance information BEFORE you start the online Waiver Form.

Have your health plan booklet, benefits summary, or contract/policy handy to answer the questions listed below. Call the customer service number listed on your insurance card; or check online health plan information to find the details of your plan if you have questions.

THE SHIP WAIVER FORM WILL REQUEST THE FOLLOWING INFORMATION	ANSWERS FROM PLAN BOOKLET, SUMMARY OF BENEFITS, OR CONTRACT/POLICY	NOTES
YOUR HEALTH INSURANCE PLAN		
Select one of the following to describe your health insurance plan: Ministry Sharing Plan; Medi-Cal (California Medicaid)/Medicaid; Military/Tri-Care; UC Employee Health Plan; Employer Group Health Insurance; Your Country's Health Plan; Other (e.g. "individual" plan purchased directly from an insurance company)?		
If you have Medi-Cal (California Medicaid), which county is your Medi-Cal from?		
Does your plan provide unrestricted access to an in-network primary care physician (PCP), in-network hospital, and full non-emergency medical and behavioral health care within XX miles of campus or a student's place of residence while attending school? (Plans with an assigned PCP must have one assigned within XX miles of campus/place of residence while attending school.)	(YES or NO)	
PERSONAL AND HEALTH PLAN INFORMATION		
Provide your name, student ID number issued by your campus, current address, email address and phone number.		
Provide the name, address and phone number of your health insurance plan. You will also be asked to provide your insurance plan member subscriber identification number, or your medical record number, if you have Kaiser. This information is printed on your insurance ID card. **The Waiver Form will have a drop-down menu with a list of insurance companies from which to select. You will be asked to provide the name, address and phone number of your health insurance company.** You will need to provide a copy of the front and back of your ID card, a copy of your benefit summary and/or a copy of your policy.		
What is the name of the Primary Enrollee or ***Subscriber*** on your health plan?		

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Please indicate the type of health insurance plan you have:	HMO (Health Maintenance Organization) EPO (Exclusive Provider Organization) Medi-Cal (California Medicaid) PPO (preferred provider organization) POS (Point-of-Service) Other/I don't know	
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QUESTIONS ABOUT YOUR HEALTH PLAN BENEFITS		
Your alternate health insurance plan must cover the following services:		
Has an annual out-of-pocket maximum of $8,550 or less for an individual or $17,100 or less for a family. Deductibles, copayments, and coinsurance paid by the member accrue toward meeting the out-of-pocket maximum. A higher out-of-pocket maximum is allowed if the subscriber has a Health Savings Account (HSA) or a Health Reimbursement Account (HRA).	a) individual plan - up to $8,550 or less; b) individual plan - over $8,550; c) individual plan - over $8,550 with a Health Savings or Health Reimbursement plan; d) family plan - up to $8,550 per individual family member or $17,100 for the family; e) family plan - over $17,100; f)	
Inpatient (hospital) and outpatient care for mental health and substance abuse disorder conditions the same as any other medical condition.		
Doctor office visits for medical, including mental health, and alcohol/drug abuse conditions.		
Provides coverage for all Minimum Essential Health Benefits. For the criteria, please see: https://www.cms.gov/cciio/resources/data-resources/ehb.html		
May not be a health care or pharmacy reimbursement plan (A reimbursement plan means the student must pay for services, then file a claim with the insurance provider for reimbursement).		
Have no per medical or mental health/substance abuse dollar maximum limits.		
Does your health insurance plan cover the above services?	(YES or NO)	
Please let us know your main reason for choosing to waive SHIP.	I am on my parent's plan; I am on my spouses/domestic partner's plan; Financial aid doesn't pay for SHIP; I don't know much about SHIP or how to use it; I found another plan that costs less; My plan has no copays (e.g. Medicaid); My plan has richer benefits than SHIP in the USA; Other	
International Students: Will you be living in the United States or your home country while enrolled in UC courses this academic year?	(USA or Other)	
International Students: Does your health insurance company have a complete master policy written in standard English with benefits expressed in U.S. dollars?	(YES or NO)	
International Students: Does your medical insurance plan have a claims payment office with an address and phone number in the United States?	(YES or NO)	
International Students: Does your health insurance plan have a maximum benefit limit per-medical or per mental health/substance use disorder-condition per year?	(YES or NO)	
International Students: Does your health plan cover services related to suicidal conditions, including attempted suicide or suicidal thoughts?	(YES or NO)	
International Students: Does your health insurance plan have a ***Pre-existing Condition waiting period or exclusion*** ?	(YES or NO)	
International Students: Does your health plan have any lifetime benefit maximums?	(YES or NO)	

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International Students: Does your health plan cover medical services related to injury from participation in all types of recreational activities or amateur sports?	(YES or NO)	
International Students: Does your plan cover at least $50,000 for a ***Medical Evacuation*** ?*	(YES or NO)	
International Students: Does your plan cover at least $25,000 for ***Repatriation of Remains*** ?*	(YES or NO)	
NOTE: The Exclusions and Limitations section(s) in your health plan booklet or contract/policy may contain information requested in the questions below.		