



Frequently Asked Questions
For Oregon Tech International Students
2015-2016 Student Health Insurance Plan

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“How do I...?”

<i>Log in</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/OIT. 2. On the top right corner of the screen, click ‘Student Login’. 3. Follow the login instructions.
<i>Enroll</i>	All international students are automatically enrolled in and billed for the Student Health Insurance Plan.
<i>Enroll my dependents</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/OIT. 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.
<i>Waive</i>	<p><i>If your current coverage is comparable to the Student Health Insurance Plan:</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/OIT. 2. On the left toolbar, click ‘Student Waive’. 3. Log in (if you haven’t already). 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.
<i>Print an ID card</i>	<p><i>ID cards are usually available 5-7 business days after your eligibility is confirmed.</i></p> <ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/OIT. 2. On the left toolbar, click ‘Account Home’. 3. Log in (if you haven’t already). 4. On the left toolbar, under ‘My Account’, click on ‘Authorize Account’. 5. Enter your Student ID number and your date of birth. 6. Click on ‘Authorize Account’. 7. You will be redirected to the ‘Account Home’ page, then click on ‘Generate ID Card’ under ‘Coverage History’.
<i>Change my address</i>	<ol style="list-style-type: none"> 1. Go to www.gallagherstudent.com/OIT. 2. On the left toolbar, click ‘Account Home’. 3. Log in (if you haven’t already). 4. On the left toolbar, under ‘My Account’, click on ‘Authorize Account’. 5. Enter your Student ID number and your date of birth. 6. Click on ‘Authorize Account’. 7. You will be redirected to the ‘Account Home’ page, then click on ‘Address’. 8. Click ‘Edit Address’.
<i>Find a Doctor</i>	Go to www.gallagherstudent.com/OIT and click on ‘Find a Doctor’.
<i>Find a Participating Pharmacy</i>	Go to www.gallagherstudent.com/OIT 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 participating In-Network Provider are generally covered at 90%, while services provided by an Out-of-Network Provider are generally covered at 70%.
- This plan has a \$50 per Insured Person, per Policy Year deductible that applies to services received from an In-Network Provider and a \$300 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 \$15 copayment for a 30-day supply of a Tier-1 drug, a \$30 copayment for a 30-day supply of a Tier-2 drug, and a \$50 copayment for a 30-day supply of a Tier-3 drug.
- Please refer to the plan brochure available at www.gallagherstudent.com/OIT by clicking on 'My Benefits and Plan Information' for complete details about coverage, limitations, and exclusions.

What changes have been made to the plan for the 2015-2016 Policy Year?

- The extern and voluntary domestic enrollment options have been eliminated.
- The coinsurance has been increased from 80% In-Network/60% Out-of-Network to 90% In-Network/70% Out-of-Network
- The In-Network deductible has been decreased from \$250 per Insured Person per Policy Year to \$50 per Insured Person per Policy Year. The Out-of-Network deductible from \$500 per Insured Person per Policy Year to \$300 per Insured Person per Policy Year.
- The In-Network Out-of-Pocket maximum has been decreased to \$5,000 per Insured Person per Policy Year, \$10,000 for all Insureds in a Family per Policy Year. The Out-of-Network Out-of-Pocket maximum has decreased to \$7,000 per Insured Person per Policy Year, \$14,000 for all Insureds in a Family per Policy Year.

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?

	Fall (9/1/2015-1/3/2016)	Winter (1/4/2016-3/27/2016)	Spring (3/28/2016-6/19/2016)	Summer (6/20/2016-8/31/2016)
Student	\$601	\$404	\$404	\$351
Spouse/Domestic Partner*	\$601	\$404	\$404	\$351
Each Child*	\$601	\$404	\$404	\$351

*A nominal, non-refundable processing fee applies.

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

No, a referral is not required with the Student Health Insurance Plan, but there are many benefits to first seeking care or advice from the Integrated Student Health Center. Students should be aware that on-campus Health Services are available to them. Your school's Health Services website is: <http://www.oit.edu/campus-life/student-health>.

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 FrontierMEDEX, the 24-hour worldwide assistance service. All

services must be arranged for in advance and provided by FrontierMEDEX. Any services not arranged by FrontierMEDEX 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.

Eligibility, Enrollment & Waiving

Who is eligible for the plan?

All international students are automatically enrolled in and billed for the Student Health Insurance Plan at registration.

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.

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.

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 decision 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

Are there any additional insurance products available?

Please visit www.gallagherstudent.com/OIT 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.

Important Contact Information

Information Needed	Who to Contact	Contact Information
<i>Questions about enrollment, coverage, benefits or ID cards</i>	Gallagher Student Health & Special Risk	Gallagher Student Health & Special Risk 500 Victory Road Quincy, MA 02171 Phone: 1-800-466-7103 Email: oitstudent@gallagherstudent.com Website: www.gallagherstudent.com/OIT
<i>Questions about claims and claims payment</i>	UnitedHealthcare StudentResources	UnitedHealthcare StudentResources P.O. Box 809025 Dallas, TX 75380-9025 Phone: 1-866-948-8472 Email: gkclaims@uhcsr.com Website: www.uhcsr.com
<i>Questions about preferred providers</i>	UnitedHealthcare Options PPO Network	Phone: 1-866-948-8472 Website: www.gallagherstudent.com/OIT , click on 'Find a Doctor'
<i>Questions about participating pharmacies</i>	UnitedHealthcare Network Pharmacy	Phone: 1-855-828-7716 Website: www.gallagherstudent.com/OIT , click on 'Pharmacy Program'
<i>Worldwide assistance services (medical evacuation and repatriation)</i>	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