



## SHIP WAIVER PROCESS- FREQUENTLY ASKED QUESTIONS

### WHAT IS SHIP?

SHIP is a Student Health Insurance Plan designed specifically for Colorado State University – Fort Collins students. CSU makes this plan available to protect your educational future. If you get sick or injured, insufficient health insurance can lead to financial hardships that can threaten your ability to attend class, pay tuition, get student loans, or live independently. Having health insurance is a safety net that helps ensure you will be able to stay in school, so you can graduate and achieve your professional goals.

### AM I REQUIRED TO HAVE HEALTH INSURANCE?

The following students will be automatically enrolled in SHIP, unless proof of coverage that satisfies the Waiver Criteria below is provided and a waiver application is submitted by the Waiver Deadline Date.

- Admitted graduate students registered for six (6) or more resident instruction credit hours
- Undergraduate students registered for six (6) or more resident instruction credit hours
- All International Students

If you have other health insurance, such as coverage as a dependent under your parent's or spouse's insurance plan, and you do not wish to enroll in SHIP, you may submit a waiver application.

### 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 the CSU – Fort Collins SHIP. As part of the waiver process, you are required to provide specific information about your insurance coverage, which must meet the waiver criteria. This information will be verified by a third party audit company. You will receive additional information from our designated waiver/enrollment administrator, Specialty Insurance Solutions (SIS), about the waiver process via e-mail from [ColoState\\_VerifyInsurance@sis-inc.biz](mailto:ColoState_VerifyInsurance@sis-inc.biz).

### DOES MY OTHER INSURANCE MEET THE WAIVER CRITERIA?

Your plan benefits must include, at a minimum, the following:

- Unlimited medical and prescription drug benefit.
- No pre-existing condition limitation.
- Essential health benefits as outlined [here](#).
- The auditors determine whether or not your plan provides non-emergency (full coverage) in Colorado. If your policy does not provide full coverage in Colorado, your waiver may still be approved, but you will be notified of the coverage limitation so you can take the necessary steps to obtain full coverage.
- Coverage must be active as of the first day of classes and remain active for the academic year.
- The Insurance Company must be owned and operated in the U.S.

***Students who are covered under a health insurance plan that does not meet all of the applicable requirements will not be allowed to waive out of SHIP.***

### SHOULD I WAIVE SHIP?

If you have other coverage that meets the waiver criteria, it is your decision whether or not to waive. However, here are some important things to consider:

- SHIP may be less expensive than being insured on an individual plan or as a dependent on an employer group plan through your parent or spouse. You should compare costs and coverage.
- SHIP has low copays and deductibles so you won't have to pay a lot out of pocket.
- SHIP's out-of-pocket costs may be much less than your other plan. When medically necessary treatment is provided at the CSU Health Network there is no copay or deductible to meet.
- SHIP has a national PPO provider network; worldwide 24/7 coverage plus, care at the Student Health Center on campus is covered at **100% for covered benefits with no deductible**. If you have out-of-state coverage, or HMO or PPO coverage with a limited provider area, there may not be any network providers near school. You may have to pay higher out-of-network copays, deductibles, or coinsurance.

**Please remember that if you waive SHIP by providing your own health plan, you are responsible for any medical costs you incur.**

### **WHEN CAN I WAIVE?**

**AFTER YOU BECOME ENROLLED AS A CSU – FORT COLLINS STUDENT, YOU WILL BE ABLE TO LOG IN TO THE WAIVER APPLICATION. TO WAIVE OUT OF SHIP, YOU MUST COMPLETE THE ONLINE APPLICATION EACH ACADEMIC YEAR BY THE WAIVER DEADLINE DATE, WHICH IS THE SCHOOL ADD/DROP DATE.**

### **HOW LONG DOES IT TAKE TO WAIVE?**

1. **The online waiver application takes 2 minutes to complete. Please have your student ID, current insurance ID card and primary plan subscriber's date of birth available.**
2. Once you submit your application, your information must go through an audit to verify the information provided is accurate, satisfies the waiver criteria and the coverage is active. **The audit process takes 7-10 business days.**
3. If your plan fails the audit, you will be notified via your official CSU email account that the information provided is incorrect or that your plan does not meet the requirements. You may return to the portal to correct information or submit a new plan for audit.
4. **If you receive a waiver approval email, your CSU student account (if charged) will reflect a credit for the insurance within 1-5 business days of the approval email.**

### **WHEN IS THE WAIVER DEADLINE?**

**Fall:** CSU Fall semester add/drop date.

**Spring/Summer:** CSU Spring semester add/drop date.

Students who do not submit a waiver application by the waiver deadline each semester will be automatically enrolled in SHIP. If you miss the waiver deadline, you may waive coverage the subsequent semester. The waiver portal will open prior to the beginning of each semester. Please complete the process as soon as possible to avoid missing the deadline and to ensure you have enough time to respond to any waiver deficiency notices prior to the deadline.

### **IF MY INSURANCE COVERAGE STARTS AFTER THE SEMESTER BEGINS, CAN I GET A REFUND?**

If you obtain other coverage and it is past the waiver deadline date, you will have to wait until the next semester to submit a waiver application. No refunds will be issued after the waiver submission deadline.

### **WHAT IF I SUCCESSFULLY WAIVE OUT OF SHIP, THEN LOSE MY OTHER COVERAGE?**

You may enroll in SHIP mid-year 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 aging out of your parent's plan. This does not include coverage that has a predetermined termination date, expiration of COBRA eligibility, or coverage that has been voluntarily or inadvertently terminated by you.

To enroll in the plan mid-year after an involuntary loss of coverage, you must notify the Student Insurance Office on campus and submit proof of loss of coverage *within 60 days of termination of prior coverage*. You will be charged a monthly rate for the remaining months of the term in which you are enrolling.

### **HOW DO I SUBMIT A WAIVER APPLICATION OR CONFIRM ENROLLMENT IN SHIP?**

If you are eligible to waive coverage under this plan, follow these simple steps to submit your waiver application:

1. Go to the website [CSU Fort Collins - SHIP Waiver and Opt-in Portal](#).
2. Enter your last name, date of birth (DOB), and student ID number, then click "Login."
3. On the next page, select "I have my own insurance (click here to waive)" to submit a waiver request.
4. Your basic information will auto-populate in the top section of the waiver form.
5. Select your insurance company from the drop down menu. If your insurance company is not listed, please select 'other' and manually enter the insurance name in the box provided.
6. Select your relationship to the primary policy holder: self, child, spouse, or other.
7. If you selected a relationship other than "self", input the primary policy holder's information.
8. Please enter your insurance information exactly as it appears on your insurance ID card. See below for definitions of terms.
9. Click "Submit". Shortly after you click Submit, you will receive an email confirming receipt of your information. Save this email for confirmation of submission. You will receive subsequent emails regarding the status of your waiver application. Your waiver application must be approved to have your premium charges reversed. Look for an approval message in your **official school email** for confirmation.

10. Once you receive confirmation of an approved waiver, the insurance premium amount shown on your student account will be credited within 1-5 business days.

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

You will need to provide the following information about your insurance coverage:

**Insurance Co. Name:** This is the name of the insurance carrier. Please select from the drop-down box. If your insurance carrier is not listed, please select “other” and write the name of your insurance company in the the box provided.

**Insurance Co. Phone:** This is the customer service or provider 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.

**Primary Insured First:** This is the first name of the individual who is the **primary insured** on the plan. If you are insured through your parents, it’s either your mother, father or guardian, depending on who enrolled in the plan. 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. It may also be listed as Subscriber, Member, or Enrollee on the insurance card.

**Primary Insured Last:** This is the last name or surname of the individual who is the **primary insured** on the plan.

**Primary Insured DOB:** This is the date of birth of the individual who is the **primary insured** on the plan.

**Relationship to Primary Insured:** This is the student’s relationship to the primary insured. Please choose Self, Spouse (if your spouse is the primary insured), or Child (if your parent, step-parent, or other guardian is the primary insured).

**Policy/Group Number:** This is a number found on the insurance ID card of your current health plan. It is different from the member number. It will be listed as Policy or Group Number and may contain an alpha prefix (letters, then numbers). Type it in exactly as it appears on the card. If there is no Group Number present, please indicate “N/A”.

**Member/Sub ID:** This is a number found on the insurance ID card of your current health plan, sometimes referred to as a member or subscriber ID. It is different from the policy or group number. It is sometimes the Social Security Number of the policyholder. Type it in exactly as it appears on the card except for VA/Tricare then see comments in WHAT DO THE ACTION REQUIRED STATEMENTS MEAN section.

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, benefits department, or the insurance carrier.

***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 100% verified by our third party waiver auditor.***

## HOW DO I KNOW IF MY WAIVER IS APPROVED OR DENIED?

Once you submit a waiver application, you will receive a “CSU SHIP Waiver Application Received” email via your official CSU student email account. This means your information has been successfully **transmitted**. ***Your waiver is not final until you receive a “Waiver Approval” or “Waiver Denial” email message.***

Please check your student email account regularly. **It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested.**

**Approval** of your waiver means that you will not be enrolled in the Student Health Insurance Plan for the academic year and that medical costs you incur will be your responsibility. CSU reserves the right to verify your eligibility status. If at any time it is discovered that you have failed to maintain coverage that meets the stated requirements, your waiver will be revoked and you will be required to enroll in the CSU Student Health Insurance Plan.

## WHAT HAPPENS IF I RECEIVE AN “APPLICATION DENIED– ACTION REQUIRED” EMAIL?

If you receive an email that has “CSU Waiver Application Denied - Action Required” in the subject line, you must provide the requested information, or your waiver will be denied. If you provide the necessary information and it meets the waiver requirements, you will be notified via your student email account within 7-14 business days that your waiver was approved. ***If you do not provide the information by the date requested, or if the documentation you provide does not meet the insurance waiver requirements, you will be automatically enrolled in SHIP and you will receive notice that your waiver application was denied after the waiver deadline.***

**It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested. Please see below for a more detailed explanation of the Information Needed requests.**

## WHAT DO THE ACTION REQUIRED STATEMENTS MEAN?

**Policy is not active:** This means the waiver administrator auditors have verified with your insurance company that the insurance plan you submitted is no longer active. You will need to update your waiver application to reflect an insurance plan that is effective on or before the first day of class and runs through the end of the academic year.

**Invalid Remarks or Auditor Unable to Complete The Audit:** This means that your insurance carrier was unable to provide confirmation to the waiver auditors that you are enrolled in one of their plans. This audit failure can happen for a few reasons. The most common reason is that member ID number was entered incorrectly or you entered the wrong insurance company in your application. You will need to update your waiver application with the correct ID and carrier information.

- In the event the auditors are still unable to validate your insurance coverage after you update the application, there is a manual Letter of Verification form that is available for you to have the insurance complete and return to our attention. Please contact our waiver administrator, Specialty Insurance Solutions to obtain a form that may be completed by your insurance company.

**The above audit failure notices are the most common. There are a number of other notices that you may receive depending on what information is lacking from your audit so please review each e-mail carefully. Here are some other helpful hints:**

- **Tricare** - If you are a Veteran or service personnel/dependent, please use your Department of Defense Benefits Number (DBN), which is an 11 digit number located on the back of your card or the SSN of the primary insured service member as your Member ID #. The other numbers displayed on the card including the DoD number cannot be used to verify Tricare eligibility.
- **Medicare/VA Benefits** – Please upload a copy of the front and back your current Medicare ID card with your waiver application. If you have VA benefits, you can upload a VA benefits letter, a dated benefits ID card, or use your SSN as the member ID number.

### **WHAT HAPPENS IF I RECEIVE AN “IMPORTANT INFORMATION” EMAIL?**

If you receive an “Important Information” email, it is to notify you that the insurance coverage you submitted is approved under the waiver terms, but the plan provided does not include comprehensive benefits outside of your home area and may only cover life threatening emergencies in Colorado. This email is sent to inform you that you may want to acquire additional coverage to ensure that primary care and preventative benefits are available to you while you reside in Colorado.

Many regional insurance companies or out-of-state HMOs have special arrangements either through “guest” or “visiting” privileges, or through a Primary Care Physician (PCP) referral to a provider in the Fort Collins area for students who will be studying away from home. Usually this is available at no extra cost, but you must contact your insurance company to activate this extended coverage. We strongly suggest that you contact your insurance company to see if this can be arranged prior to having a medical need while attending CSU that may put you at financial risk. Additionally, you may wish to purchase [RamCare](#) to supplement your coverage.

If you submitted a Medicaid plan that is from a state other than Colorado, you may wish to explore the following other options to avoid potentially heavy financial risk, since out-of-state Medicaid plans generally do not extend coverage other than emergency care outside of the home state:

- Contact your state’s Medicaid office to see if out-of-state coverage (other than emergency) is available
- Enroll in Colorado Medicaid
- Enroll in Colorado State University’s SHIP and check with the Office of Financial Aid to see if additional aid is available to cover some or all of the premium
- Enroll in another comparable health plan that offers comprehensive benefits in Colorado
- Consider purchasing [RamCare](#) to supplement your Medicaid Coverage

### **WHAT HAPPENS IF MY WAIVER IS DENIED?**

If you started a waiver application and did not complete it or have an unresolved/failed waiver application on file on the waiver application deadline date, you will receive a Waiver Application Denied e-mail and you will be automatically enrolled in and charged for SHIP. If you feel the denial was in error or due to administrative error, you may challenge the waiver denial by contacting the Student Insurance Office at (970) 491-2457 to submit an appeal. Appeals must be received within 7 business days of your waiver denial notification to be considered.

### **WHOM SHOULD I CONTACT IF I HAVE ADDITIONAL QUESTIONS?**

For more information or for questions, please contact our waiver/enrollment administrator - Specialty Insurance Solutions at (877) 974-7462 ext. 315 from 8:30 AM - 5:00 PM Central Time, Monday-Friday or at [student-insurance@sis-inc.biz](mailto:student-insurance@sis-inc.biz).

