



WOODBURY UNIVERSITY

FOUNDED IN 1884

Student Health Insurance Plan

2022 | 2023 Academic Year
Benefit Guide

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YOUR COVERAGE



Medical Insurance: UnitedHealthcare PPO

Semester	Coverage Starts	Coverage Ends
Fall	08/19/2022	01/16/2023
Spring/Summer	01/17/2023	08/18/2023
Summer	05/23/2023	08/18/2023

What is the Student Health Insurance Plan (SHIP)

SHIP is a health insurance plan customized by Woodbury University for its students. Woodbury provides this coverage to ensure that all students attending the school are protected against the hardships of becoming sick or injured without insurance coverage, allowing you to focus on attaining your academic and professional objectives. To review the Woodbury SHIP dedicated website, visit <https://clients.garnett-powers.com/univ/woodbury/>

Eligibility and Enrollment

The following types of students will be automatically enrolled* in SHIP and billed for the applicable premium amount at the beginning of each semester.

- Traditional Undergraduate Students
- Students residing in University-operated housing (including graduate students)
- International students on an F-1 or J-1 visa, including those residing off-campus

*This is a student only plan.

*Students who have alternate, comparable insurance coverage may waive out of SHIP (see page 4 for more details)

WAIVING OUT OF SHIP

The Waiver Process

If you already have alternate, comparable health insurance coverage, you can complete a waiver application that will exempt you from mandatory enrollment in SHIP. The waiver application can be submitted online through the dedicated SHIP website and must include documents that detail your alternate plan's coverage. Once Gallagher reviews your coverage and verifies that it qualifies as comparable, your waiver will be approved and your SHIP premium credited.

IMPORTANT: You must complete the waiver process each semester.

For your alternate plan to qualify as comparable, it needs to meet all of the following criteria:

- Coverage must be continuous (no break or termination) for the entire academic year
- Coverage must be ACA compliant with an unlimited maximum benefit
- Deductible must be no more than \$1,000 per person, per policy year
- Benefits must be paid at 80% or higher for in-network providers and 50% or higher for out-of-network providers
- Claims must be paid by a company based in the U.S. with an underwriter owned, operated and headquartered in the U.S., and must be in full compliance with all applicable federal laws
- Insurance must be accepted in Southern California for doctor visits and urgent care



International students cannot waive out of SHIP with insurance from their home country.





WEBSITE RESOURCES

Provider Directories

For your convenience, you may begin accessing a list of in-network providers directly from the GBS web site via the **Find a Provider** section. To find an in-network PPO provider (provider accepts UHCSR insurance), simply follow the applicable instructions in the **Find a Provider** section of the website.

Benefit Summary

This booklet contains a benefit “snapshot” of the plan offered through SHIP, listing the core benefits that are most commonly utilized. There are however more detailed plan documents, including a full benefit summary and summary of benefits and coverage (SBC), available on the website. The SBC is particularly useful, as it summarizes important information about your medical insurance plan in a straight-forward format to help familiarize you with your benefits. When visiting the site, click on the **Plan Documents Library** navigational tile to access detailed plan documents associated with SHIP coverage.

Woodbury University SHIP Rates

This information can be found on the website under the **Insurance Benefits and Rates** section, as well as page 10 of this booklet.

KNOW YOUR HEALTH INSURANCE PLAN

Your Preferred Provider Organization (PPO) Plan

- The SHIP PPO plan offers flexibility and choice because there is an 'In-Network' and 'Out-of-Network' option at the time you seek service from a provider.
- Your in-network out-of-pocket costs (coinsurance, out-of-pocket maximum, etc.) are lower than the out-of-network out-of-pocket costs. Accessing care in-network can save you a substantial amount of money.
- The contractual agreement between the PPO Plan and the Provider is on a "discounted fee for service" basis. This means that the provider who participates in the network has agreed to provide their services at an agreed upon, discounted fee. Thus, a Provider who is not in the network has not agreed to that discounted fee and will typically charge whatever fee they wish, resulting in higher out-of-pocket costs.
- You are not required to choose a Primary Care Physician (PCP).
- You can see any doctor or specialist you want (in-network is recommended) without a referral.
- Your coverage can be utilized when traveling throughout the United States.



GLOSSARY OF TERMS

Deductible

A specific dollar amount that your health insurance company may require that you pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible.

Out-of-Pocket Maximum

Out-of-pocket maximums apply to all medical plans. This is the maximum amount you will pay for health care costs in a year. Once you have reached the out-of-pocket maximum, the plan will fully cover eligible medical expenses for the rest of the benefits plan year. If you see an out-of-network provider, you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.

Coinsurance

The amount that you are required to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan. Coinsurance is typically expressed as a percentage of the charge for a service rendered by a healthcare provider. For example, if your insurance company covers 80% of the allowable charge for a specific service, you may be required to cover the remaining 20% as coinsurance.

Copayment

A specific charge that your health insurance plan may require that you pay for a specific medical service or supply, also referred to as a "copay." For example, your health insurance plan may require a \$20 copayment for an office visit or brand-name prescription drug, after which the insurance company often pays the remainder of the charges.

In-Network Provider

A healthcare professional, hospital, or pharmacy that has a contractual relationship with your health insurance company. This contractual relationship typically establishes allowable charges for specific services. In return for entering into this kind of relationship with an insurance company, a healthcare provider typically gains patients, and a primary care physician may receive a capitation fee for each patient assigned to his or her care. An **Out-of-Network** provider is a healthcare professional, hospital, or pharmacy that **is not** part of your health plan's network of preferred (In-Network) providers. You will generally pay more for services received from out-of-network providers, in part because you may be responsible for out-of-pocket costs that are considered above the “reasonable and customary” fees.



MEDICAL PLAN BENEFITS



Core Benefits	PPO	
	In-Network	Out-of-Network
	Student Pays	Student Pays
Deductible	\$500 per member	\$1,000 per member
Out of Pocket Max Single/Family	\$7,900 / \$15,800	\$15,000 / \$30,000
Office Visit	\$10 Copay + 20%	\$20 Copay + 50%*
Wellness Visit	No Charge	50%*
Inpatient Hospital	20%*	50%*
Outpatient Surgery	20%*	50%*
Emergency Room	\$50 Copay (Copay waived if admitted)	
Rx	\$15 Tier 1 Formulary \$40 Tier 2 Formulary \$100 Non-Formulary \$100 Specialty	50% Tier 1 Formulary 50% Tier 2 Formulary 50% Non-Formulary 50% Specialty

*After deductible has been met

My Account: UnitedHealthcare Online Member Portal

My Account is an online portal that allows you to download and/or print your ID card, review coverage details, check the status of your claims and more.

To register, simply:

- Visit www.uhcsr.com/CreateAccount
- Follow the onscreen prompts - you'll need the email address we have on file for you, your school ID number, or your 7-digit SR ID, located on your medical insurance ID card.
- Select a user name and password.

Health Insurance ID Card

UnitedHealthcare will mail you a physical ID card which you will receive prior to the start of your coverage. An electronic copy of your card is also available through your UnitedHealthcare *My Account* portal, should you need a replacement.

ACCESSING CARE

Using the UnitedHealthcare Online Provider Directory

For your convenience, you may begin accessing a list of in-network providers directly from the GBS web site via the **Find a Provider** section. To find an in-network PPO provider when you wish to access service, simply follow the applicable instructions in the **Find a Provider** section of the website.

IMPORTANT: When seeking care, make sure the provider is aware that your coverage is through 'UnitedHealthcare Student Resources.'



You are no longer required to obtain a referral from the campus nurse's office (first aid station) before accessing care through a medical provider. You may contact the desired medical provider to make an appointment directly.

But Where do I go for care?

Figuring out where to go when you need to access medical care can be daunting. The chart below can be used as a quick-reference guide if you find yourself wondering where to go for a certain illness or injury.

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP) (Common under HMO plan)	Annual wellness exams, or moderate pain you need diagnosed	General checkup, moderate pain of unknown origin, etc.
Specialist (Requires referral from PCP under HMO)	Experiencing pain specific to a particular region of the body (i.e. muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated levels, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.
Walk-in Clinic	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
Urgent Care (Alternative to ER)	Treatment of most non-life threatening emergencies	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.

STUDENT HEALTH INSURANCE PLAN RATES*

Coverage Type	Annual	Fall	Spring/Summer
Student	\$2,324.00	\$961.00	\$1,363.00

*Rates include a fee that is charged by the University to cover your school's costs associated with offering this plan



CONTACT INFORMATION

Insurance Carrier Member Services

UnitedHealthcare Student Resources..... (800) 767-0700

Gallagher Benefit Services (GBS)

Phone..... (800) 261-7109

Email..... UniversityServices.GBS.woodbury@ajg.com

Woodbury University SHIP Plan Website..... Woodbury.gpa.services

Woodbury Whitten Student Center [\(818\) 252-5232](tel:(818)252-5232)

Your Dedicated Account Manager: Candace Nicholson

Duties: Candace is responsible for managing and servicing several of our larger University accounts, including City of Hope, University of Chicago, and University of Rochester. From renewals to orientations and everything in between, Candace’s goal is to ensure that our clients and their employees are provided with the highest level of service and expertise.

How Candace helps GPA shine: Candace’s warm personality and passion for helping people make her an excellent account manager. Her accounts continually praise her willingness to go above and beyond for their needs.

Hobbies: Candace enjoys spending time with her three children, running half-marathons, enjoying the beach when it is warm, and watching movies.





Gallagher Benefit Services

The benefits outlined on this guide are for comparative purposes only. In the event of a discrepancy between this guide and the actual plan documents, the provisions of the master policy will prevail.