

University of Northern Iowa

Student Health and Dental Insurance Plan



Academic Year 2011-2012

IMPORTANT:

International students will be billed for insurance unless proof of other coverage is provided annually by the printed deadlines (see page 10). There will be no refunds for charges after these dates.

The University of Northern Iowa prohibits discrimination in employment or in its educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. **For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA.**

Updated 07/2011

TO: UNI Students
FROM: University of Northern Iowa Student Health Clinic
SUBJECT: Health and Dental Insurance Coverage

Welcome to the University of Northern Iowa

The University of Northern Iowa is concerned about the potential threat the high cost of health and dental care may pose to a student's financial well being. For this reason, the University offers health and dental insurance coverage to students through the Student Health Insurance Plan (SHIP), a group policy administered by Wellmark Blue Cross and Blue Shield of Iowa, and the Student Dental Insurance, a group policy administered by Delta Dental of Iowa through The University of Iowa Benefits Office.

The premium for a student-only health policy is \$120.00 per month while dental insurance is \$25.00 per month. To be eligible for the student health insurance you must be a registered student attending on-campus classes at the time coverage begins. Your coverage will end on the last day of the month in which you cease to be a student. After graduating from UNI, you may continue coverage up to 12 months.

Health insurance coverage is in effect at school and during vacation periods, 24 hours a day, worldwide. You may seek care from any medical or dental provider you choose. However, if you use a Wellmark BC & BS of Iowa "Alliance Select Provider" or a Delta Dental provider, your costs will generally be much lower.

Once you have enrolled in the plans you will be sent membership cards to present to care providers. The cards include phone numbers to call if you have questions or require pre-certification for certain procedures.

The rates and terms of coverage described in this booklet are effective beginning September 1, 2011 through August 31, 2012.

If you decide this insurance is suitable for your situation, your signed and completed enrollment form must be returned to the University of Northern Iowa Student Health Clinic Insurance Office by the appropriate enrollment deadline (see page 1). For additional information, you may contact the UNI Student Health Clinic Insurance Office at (319) 273-7736 or e-mail healthcenter@uni.edu.

The University recommends that all students be covered under some type of insurance. We urge you to give the enclosed information your immediate attention.

INTERNATIONAL STUDENTS: You are required to have health insurance in order to attend the University and will automatically be billed for SHIP, student only coverage, for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents or if you want dental insurance coverage. If you do not want the University health insurance coverage, you must provide during the dates of open enrollment proof of other coverage that meets the exemption guidelines for international students. The guidelines may be found on page 10 of this brochure, along with the deadlines for requesting an exemption. **No refunds of premiums will be given if proof of acceptable coverage is not received by the deadline.**

University of Northern Iowa

STUDENT INSURANCE RATES

HEALTH INSURANCE RATES

MONTHLY

<u>TYPE OF CONTRACT</u>	<u>INSTALLMENT</u>
STUDENT	\$120.00
STUDENT & SPOUSE/DOMESTIC PARTNER	\$440.00
STUDENT & CHILDREN	\$909.00
STUDENT, SPOUSE/DOMESTIC PARTNER & CHILDREN	\$707.00

Effective September 1, 2011 through August 31, 2012

DENTAL INSURANCE RATES

MONTHLY

<u>TYPE OF CONTRACT</u>	<u>INSTALLMENT</u>
STUDENT	\$25.00
STUDENT & SPOUSE/DOMESTIC PARTNER	\$47.00
STUDENT & CHILDREN	\$50.00
STUDENT, SPOUSE/DOMESTIC PARTNER & CHILDREN	\$75.00

Effective September 1, 2011 through August 31, 2012

OPEN ENROLLMENT PERIODS

FALL:	August 1 to September 9, 2011
SPRING:	January 1 to February 3, 2012
SUMMER:	May 1 to June 8, 2012

ENROLLMENT INFORMATION

To enroll, simply detach the enrollment form in this brochure, complete it, and return the form to the University of Northern Iowa Student Health Clinic Insurance Office during the appropriate enrollment period. Enrollments can only be accepted or changed during these time periods unless the student loses coverage with another company or has a qualifying event.

- Coverage may begin the first day of August, January, or May if applications are received within the open enrollment period.
- Coverage will begin the first of the month following receipt of your enrollment form, unless the form is received during the open enrollment period.
- Rates are valid from September 1, 2011 until August 31, 2012.
- Eligible dependents may be added during open enrollment periods and/or within 30 days of a change of status (60 days for birth or adoption or loss of Medicaid or CHIP coverage). A change in status can be the result of any of the following events:
 - Marriage or divorce, domestic partner affidavit
 - Death of a spouse or child
 - Birth or adoption of a child
 - Change in employment for yourself or spouse

University of Northern Iowa

STUDENT HEALTH INSURANCE PLAN

SHIP is available to students who are enrolled in the University of Northern Iowa. SHIP is an Alliance Select Plan, which provides coverage for hospitalization, surgery, maternity, preventive care, well-baby/well-child care, emergency care for accident or illness, medically-necessary physician care, prescription drugs, and mental health.

HOW AN INDIVIDUAL USES THE SHIP PLAN

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Select Providers who have agreed to join with Wellmark Blue Cross and Blue Shield of Iowa to offer each student affordable health care.

The SHIP plan is designed to work in conjunction with the Student Health Services. Students are encouraged to take advantage of the University of Northern Iowa Student Health Clinic when they need health care in order to maximize their benefits. If you are registered for five (5) or more credit hours per semester you are assessed the student health fee. A portion of that goes toward the Student Health Services. Payment of the fee allows you to visit any one of our medical providers without being charged for an office visit. Payment of the health fee subsidizes all charges at the Student Health Clinic. Medications, immunizations, preventative health physicals, lab tests, medical supplies, and medical/surgical procedures are available at an additional charge.

Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health Services for additional information (319) 273-2009.

Laboratory services are available at Student Health Clinic. Any charges incurred for such services are the responsibility of the student. SHIP may be used to pay for these services.

Students may also purchase coverage for their spouse or domestic partner and/or dependent children. To receive the greatest benefits from SHIP, dependents are advised to use the physicians from the Alliance Select Provider list, which can be accessed at www.wellmark.com. A spouse of a currently registered student who pays the voluntary spouse health fee can utilize the UNI Student Health Clinic for services. The UNI Student Health Clinic does not have the resources available to see dependent children.

HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES

Per-Service Co-payment/Co-insurance Amounts:

Select Provider:

- Office Visit: \$10 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$50 co-payment per visit for surgery and ambulatory surgical centers
- Hospitalization: 10% co-insurance after \$300 deductible

Non-Select Provider:

- Office Services: \$30 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$150 co-payment per visit for surgery and ambulatory surgical centers
- Hospitalization: 20% co-insurance after \$600 deductible

PRESCRIPTION DRUGS (3-TIER PLAN)

<u>Tier</u>	<u>you pay</u>
1. Generic drugs	25%
2. Name brand formulary drugs	30%
3. Name brand non-formulary drugs	50%

Formulary drugs are drugs that are on Wellmark's preferred list available at www.wellmark.com.

If you purchase a brand name drug when an FDA-approved "A"-rated generic equivalent is available, you are responsible for your co-payment or co-insurance **plus any difference between the billed charge for the brand name drug and the billed charge for the generic.** This can result in you paying substantially higher costs than if you had chosen the generic drug.

If your physician feels it is important for you to have the brand name drug, they can write the prescription for the brand name drug with the direction "Dispense as Written" on the prescription. In this situation you will not be responsible for the difference between the billed charge for the brand name drug and the billed charge for the generic drug.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS

SHIP provides a \$1,000 OPM per hospital inpatient admission. The OPM equals the per-service deductible plus the co-insurance amounts paid during each inpatient hospital stay. Co-payments are not applied to the OPM.

When the amount paid by the insured equals the OPM, the plan pays 100% of the maximum allowable fee for covered charges incurred for that admission. The maximum allowable fee is the amount established by Wellmark using various methodologies for covered services and supplies the insurance company considers to be acceptable for a particular service.

ADDING DEPENDENTS

- If a student, while insured by this plan, acquires eligible dependents, they may only be added within thirty (30) days after becoming eligible (60 days for birth or adoption).
- Eligible dependents are spouse or same-sex or opposite sex domestic partner, dependent children, adopted children, stepchildren, and foster children up to the end of the calendar year after turning 26. Students wishing to insure a domestic partner must complete the "Affidavit for Domestic Partnership" available at www.uiowa.edu/hr/benefits.
- Children over the age of 26 may continue to be covered if they are full-time students.

IDENTIFICATION CARDS & POLICY INFORMATION

Insured students will receive identification (ID) cards 15-21 business days after their SHIP application has been processed. A Coverage Manual that details complete information on benefits, definitions, terms, and exclusions is available from the University of Northern Iowa Student Health Clinic Insurance Office and on the UNI Student Health Clinic website at www.uni.edu/health/insurance. A list of providers may be accessed at www.wellmark.com.

BILLINGS

All premiums will be charged on a **monthly basis**. You will receive a bill from **The University of Iowa** for your health insurance premium. You may choose to have premiums deducted from a savings or checking account by completing the appropriate section on the enrollment form.

PRIVACY NOTICE AND RELEASE FORM

Changes in federal law require individuals to sign a release form before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child, or other representative unless that form is on file in the University of Northern Iowa Student Health Clinic Insurance Office and The University of Iowa Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form at the end of this brochure.

CANCELLATIONS

Coverage will be continuous unless one of the following occurs:

- **Coverage will terminate at the end of the month in which a student ceases to be registered for classes.** This includes graduation and withdrawal during a semester. (A student wishing coverage over summer session must either be registered for that session or pre-registered for fall prior to the end of the spring semester.)
- Coverage can only be terminated during a semester if a student withdraws from school or obtains other insurance. Coverage will terminate the last day of the month in which one of these events occurs. **No refund of premiums will be given.** If cancellation is being requested because of other coverage, the student must provide written documentation to the University of Northern Iowa Student Health Clinic Insurance Office. The student may cancel coverage during an open enrollment period by providing a written request to the University of Northern Iowa Student Health Clinic Insurance Office.
- The University of Northern Iowa Student Health Clinic Insurance Office will cancel coverage for non-payment of premium, except in the case of students for whom coverage is required by the University. Non-payment is not a method to terminate coverage. Written notification is required to terminate the student health and dental insurance coverage. Please contact us at www.healthcenter.edu or (319) 273-7736.

COVERAGE TERMINOLOGY

SHIP is designed for you to be responsible for some of the direct costs of your health care through per-service co-payments, deductibles, and co-insurance provisions as explained below.

Per-Service Co-payment: A per-service co-payment is an amount that you pay to your provider each time you receive care. Wellmark Blue Cross and Blue Shield of Iowa provides benefits after you have paid the co-payment amount. You pay a lesser co-payment amount when you use an Alliance Select facility or practitioner.

Deductibles: A deductible is the amount you pay for covered services for each separate admission to a hospital or nursing facility. This amount is subject to the benefit maximums and differs according to whether you use a Select Provider or Non-Select Provider. Deductible amounts apply only to inpatient admissions.

Co-insurance: Co-insurance is the amount calculated using a fixed percentage that you pay for covered services after you have met the deductible responsibility.

Out-of-Pocket Maximum (OPM): The OPM is the highest dollar amount you would pay for covered services during an inpatient hospital stay. Your OPM equals your per-service deductible plus the co-insurance amounts that are paid during the hospital stay. The OPM pertains to each separate admission to a hospital or nursing facility.

Medical Necessity Provision: The benefits available through SHIP apply only to medically-necessary care. Only your medical condition is considered in determining the medical necessity of a covered service. Non-medical factors, such as your financial or family situation, are not considered.

The fact that a physician may prescribe or recommend a service does not mean it will automatically meet the standards for medical necessity. **You should discuss the medical necessity of services with Wellmark (1-800-535-6099) before treatment or services are performed.**

The following is a description of the Alliance Select notification components with which you need to comply when you use Non-Select facilities or providers.

Pre-certification: (Non-Emergency Admission) Before you are admitted to a hospital or nursing facility for a non-emergency procedure or before you use home health care or hospice program services, you must contact Wellmark Blue Cross and Blue Shield of Iowa and receive pre-certification to determine if your care is medically-necessary. Participating Alliance Select practitioners and hospitals must do this for you; non-participating providers are not required to do so, so you must do it.

Admission Review: (Emergency and Maternity Admissions) If you are admitted on an inpatient basis to the hospital for emergency or maternity services, your admission does not need to be pre-certified to receive the maximum benefits. However, Wellmark Blue Cross and Blue Shield of Iowa must be notified by you or your provider within 24 hours of your admission. The toll-free telephone number is printed toward the back of this brochure and on your identification card (ID). Alliance Select providers agree to be responsible for this notification.

If you or your providers do not notify Wellmark as required, you may have to pay as much as 25% of the cost of your care yourself in addition to the deductible and co-insurance amounts you are required to pay. You will be responsible for care that is determined not to be medically-necessary. These are excellent reasons to seek care from an Alliance Select participating provider.

BENEFIT SUMMARY

More detailed information is provided in the Coverage Manual available on line at www.uni.edu/health/insurance or by contacting the University of Northern Iowa Student Health Clinic Insurance Office at (319) 273-7736. The benefit summary in this brochure provides a brief description of the important features of your coverage manual. This brochure is not your coverage manual. Only the actual benefit provisions in your coverage manual will determine your benefits. Please read your coverage manual carefully.

LIMITATIONS AND EXCLUSIONS

The following are limited, excluded, or not considered medically-necessary by Wellmark Blue Cross and Blue Shield of Iowa and are not covered under SHIP.

- Services provided for the treatment of illness or injury arising out of or in the course of a covered person's employment for which an employer is required to furnish health care services or benefits (including Workers' Compensation benefits) or for which the employer is liable under any applicable federal, state, municipal, or other law.
- Services that you obtain or may be entitled to obtain through a governmental program, except Medicaid.
- Services under this policy, if you are eligible for Medicare, even though you do not enroll in Medicare or waive or fail to claim Medicare benefits.
- Custodial or sanitarium care, travel, or rest cures.
- Services for cosmetic or beautifying surgery, except as specified and limited in the Coverage Manual.
- Dental services, except as specified and limited in the Coverage Manual.
- Services furnished to you prior to the effective date of the Coverage Manual.
- Services furnished to you if on the effective date of the policy, you are an inpatient of a hospital or a nursing facility until you are discharged.
- Services or supplies under this policy to the extent they are payable by another insurance policy in force on the date of admission to the hospital or nursing facility.
- Hospital services or supplies for those days you are on leave from the hospital or nursing facility but have not been discharged.
- Percentage reductions for covered services furnished in a non-participating facility.
- Eyeglasses or eye refractions, surgery for refraction, hearing aids, orthopedic shoes, arch supports, trusses, or examinations for the prescription or fitting of such items.
- Wigs and artificial hairpieces.
- Services or supplies for the diagnosis or treatment of infertility.
- Purchase or rental of personal convenience items.
- Services of private duty nurses.

- Services or supplies for organ transplants including, but not limited to, bone marrow, liver, heart, single lung, heart-lung and pancreas, or involving mechanical or non-human organs. This does not apply to services or supplies for cornea and kidney transplants.
- Services for recreational or educational therapy or non-medical self-help programs.
- Hospital or nursing facility admissions that is primarily for diagnostic evaluation, physical therapy, or occupational therapy.
- Investigational procedures.
- Marital and family counseling or training.
- Surgical treatment for morbid obesity, except as specified and limited in the coverage manual.

OTHER FACTS YOU SHOULD KNOW

- Coverage is available for services and supplies associated with transplant surgery involving the cornea and kidney when treatment is performed in a facility approved by Wellmark Blue Cross and Blue Shield of Iowa.
- We may terminate your coverage without advance notice for fraudulent use of your policy.
- You become ineligible for coverage under the policy when you become eligible for Medicare or when you no longer qualify as a student, dependent, or spouse/domestic partner. You may obtain continuous coverage from Wellmark Blue Cross and Blue Shield of Iowa with no additional medical underwriting if your application is made to Wellmark Blue Cross and Blue Shield of Iowa within thirty (30) days of the date you become ineligible.
- If you graduate or withdraw from classes at the University of Northern Iowa, your coverage will end the last day of the month in which you graduate or withdraw.
- Wellmark Blue Cross and Blue Shield of Iowa will coordinate benefits with other group health carriers when duplicate coverage exists. Total payment from this coverage and all other group health coverages under which you are enrolled shall not exceed 100 percent of the cost of the covered services.

This is a general description of your coverage. It is not a statement of contract. Your actual coverage is subject to the terms and conditions specified in the policy between The University of Iowa and Wellmark Blue Cross and Blue Shield of Iowa.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA

SHIP provides coverage worldwide. For covered services received in other states or outside of the USA, the provider category may be Select or Non-Select when determining payment amounts. Choosing a Select provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

REPATRIATION BENEFIT

A repatriation benefit applies to the student covered under the policy. This must be applied toward those expenses incurred in returning the body to the person's place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation benefits cover expenses to the nearest appropriate medical facility and/or to the student's home country. Pre-certification of medical evacuation services is required.

University of Northern Iowa

HEALTH INSURANCE OPTIONS

PLAN PROVISIONS

SHIP

Co-insurance Percentage	10% for Select inpatient hospital; 20% for non-Select inpatient hospital
Out-of-Pocket Maximums	\$1,000 per hospital stay
Pre-existing Condition Waiting Period	None
Pre-approval of Inpatient Admissions	Required
Second Surgical Opinion	Voluntary
Benefits Available from Non-member Providers	Co-payment deductibles and co-insurance are higher plus individual is responsible for charges above the maximum allowable fee
Domestic Partner	Yes, same sex or opposite sex
Dependent Child Age Limit	End of the calendar year after the individual turns 26 or unlimited if full-time student
Lifetime Maximum	None

PREVENTIVE CARE

Immunizations	Covered, \$0 co-pay
Well-Child Care	Covered, \$0 co-pay
Gynecological pelvic examinations and pap smears	Covered, \$0 co-pay (one per calendar year unless medically necessary)
Routine Physicals	Covered, \$0 co-pay (one per calendar year unless medically necessary); 10% co-insurance for lab and imaging
Not Covered	Routine Eye Exam Hearing Exam

HOSPITAL SERVICES

Room and Board Semi-private Room	10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital;
Physicians Services	Included in hospital deductible and co-insurance
Inpatient Surgery	10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital
Outpatient Surgery	\$50 co-payment for Select hospital; \$150 co-payment for non-Select hospital;
Inpatient Supplies, Drugs, Tests, ICU, Operating Room, and Specialized Care	10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital

OUTPATIENT SERVICES

The following services have a \$10 co-payment for Select providers; \$30 co-payment for non-Select providers.

Allergy Treatments
Ambulance
Office Calls
Physical Therapy

Chiropractor
Durable Medical Equipment
Speech, Occupational and Respiratory Therapy
Dental Accident Care (completed within 6 months)

Imaging and Lab

Diagnostic only;
\$10 co-payment at Physician's Office;
\$30 co-payment at Outpatient Facility

Prescription Drugs/Oral Contraceptives

<u>Tier</u>	<u>you pay</u>
1. Generic drugs	25%
2. Name brand formulary drugs	30%
3. Name brand non-formulary drugs	50%

Emergency Room Services

\$50 co-payment

Home Health Care

Maximum of 30 days/calendar year

Organ Transplants

Prior approval; cornea, kidney coverage only

Skilled Nursing Services

Maximum of 30 visits per calendar year

Blood

10% co-insurance after \$300 deductible for Select hospital;
20% co-insurance after \$600 deductible for non-Select hospital

Hospice Care

Covered

Not Covered

Eyeglasses
Hearing Aid
Infertility Treatment

University of Northern Iowa

DENTAL INSURANCE OPTIONS

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN

Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental of Iowa, the dental insurance plan administrator. A list of plan providers may be accessed via the web at <http://www.uiowa.edu/hr/benefits>. You will receive an ID card from Delta Dental of Iowa which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental's payment arrangements. This means you are responsible for any difference between your dentist's covered charges and the Delta allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES

Insureds will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, imaging, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 19), space maintainer (under age 14), and biopsy of oral tissue.

There is a \$25 deductible per person, with a maximum deductible of \$75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a \$25 deductible per person, with a maximum of \$75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of \$1,000 per covered individual per year.

University of Northern Iowa

INTERNATIONAL STUDENTS ONLY

ALL INTERNATIONAL STUDENTS are required to have insurance in order to attend the University of Northern Iowa. **International students will be automatically billed for a student-only policy under SHIP.** Premiums for health insurance coverage will be charged to your university bill. Coverage and premium charges will begin the first of the month in which the student is registered and class begins. Fall semester billing will be from August through December and Spring semester from January through April.

Coverage will extend over the summer unless the student graduates. **Students who are pre-registered for fall, but will be out of the U.S. over the summer, must bring proof of travel to the University of Northern Iowa Student Health Clinic Insurance Office prior to departure in order to avoid being billed for summer insurance premiums.**

ADDING DEPENDENTS: If you have a spouse or children who need insurance, you must complete an application to add them to your policy. Applications are available at the University of Northern Iowa Student Health Clinic Insurance Office. You have only thirty (30) days from the date of arrival, or date of eligibility, to add dependents to your policy. You have 60 days from the date of birth to add dependents to your policy. After that 30-day (60 days for birth) period, dependents can only be added during an enrollment period.

IF YOU HAVE OTHER INSURANCE AND DO NOT WANT THE UNIVERSITY'S COVERAGE, you must provide to the University of Northern Iowa Student Health Insurance Office either: 1) your actual policy; or 2) an identification card and a descriptive brochure (ID cards without supporting information will not be sufficient). **If your coverage meets all of the University's Exemption Guidelines (see below); including the deadlines for document presentation, you will receive an exemption and will not be billed for the University insurance.**

EXEMPTION GUIDELINES

Your documents must show the following

1. Your name.
2. The date your coverage begins and ends.
3. Exclusions (services not covered).
4. Hospitalization coverage.
5. The insurance must be non-cancelable and fully paid for a minimum period of one (1) semester.
6. The insurance must be renewable for continuous coverage.

- Monthly payment plans will not be accepted.
- Exemptions will not be made for students or family members leaving the U.S. for a period of less than one month.

Conditions covered under the initial policy must not constitute a pre-existing condition under the renewal policy

SCHOLARSHIPS, SPONSORING AGENCIES OR GOVERNMENT COVERAGE

If you have a scholarship or are sponsored by an agency that provides insurance or assumes payment of your medical costs, you must provide documentation to the University of Northern Iowa Student Health Insurance Office by the deadlines shown on this page.

DEADLINES FOR RECEIVING EXEMPTIONS AND MAKING POLICY CHANGES

FALL SEMESTER

September 2, 2011

SPRING SEMESTER

January 20, 2012

SUMMER SEMESTER

June 8, 2012

Contact the University of Northern Iowa Student Health Clinic Insurance Office before the deadline if you have problems or questions regarding the insurance requirement.

After the deadlines shown above, you will be required to pay for coverage through the end of the current semester. If your documents are not in English, you will be required to have them translated.

**STUDENT INSURANCE PLANS
(SHIP)
2011-2012**

ENROLLMENT FORM

Please complete, sign, and return this enrollment form to:

**University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA 50614-0221**

You will be billed monthly through The University of Iowa billing system or bank account, if appropriate.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by The University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa.

I certify that after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements or intentional misrepresentations of any material fact, Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to bill the contract holder directly or bank account, as appropriate, for the premium. I understand that if the University of Iowa bill on which the premium first appears is not paid when due, the coverage may be canceled.

University of Northern Iowa

New _____ Change _____

ENROLLMENT FORM

PLEASE PRINT:

Student Name (Last, First, MI) Sex M F

Birth Date (month/day/year) Social Security Number _____

Local Address (Home or Office)

City, State, Zip

Student ID Number _____

Telephone Number

Insurance Plans: SHIP Dental

Enrollment Beginning Date:

08/01/2011 01/01/2012 05/01/2012
 09/01/2011 02/01/2012 06/01/2012

Contract Information: Coverage is for (check one):

- Student
 Student & Spouse/Domestic Partner
 Student & Children
 Student, Spouse/Domestic Partner, & Children

List dependents below: (Complete this section only if you are covering your spouse, domestic partner or children.)

Spouse/Domestic Partner Name (Last, First, MI) Sex M F

Birth Date (month/day/year) Social Security Number _____
Coverage SHIP Dental

Child Name Sex M F

Birth Date (month/day/year) Social Security Number _____
Coverage SHIP Dental Full-time student Yes No

Child Name Sex M F

Birth Date (month/day/year) Social Security Number _____
Coverage SHIP Dental Full-time student Yes No

Child Name Sex M F

Birth Date (month/day/year) Social Security Number _____
Coverage SHIP Dental Full-time student Yes No

I have read and understand the Agreement and Certification language on the back of this form.

Student's Signature

Date

e-mail address: _____

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU WISH TO HAVE YOUR HEALTH INSURANCE PREMIUMS DEDUCTED FROM A CHECKING OR SAVINGS ACCOUNT. AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS OF STUDENT HEALTH INSURANCE PLAN PREMIUMS TO BE PAID TO THE UNIVERSITY OF IOWA

I HEREBY AUTHORIZE THE UNIVERSITY OF IOWA TO INITIATE DEBIT ENTRIES TO MY ACCOUNT INDICATED BELOW AND THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER TO DEBIT THE SAME TO SUCH ACCOUNT.

The University of Iowa requests this information for the purpose of establishing the payment of your Student Health Insurance Plan premiums. Individuals outside the University employed by the institution who will administer this benefit will have access to this information. No other persons outside the University are routinely provided this information. If you fail to provide the required information, the University cannot authorize the direct payment from your institution to the University of your health insurance premiums.

(PLEASE ATTACH A VOIDED CHECK OR OTHER DOCUMENT CONTAINING THE INFORMATION BELOW.)

FINANCIAL INSTITUTION

ADDRESS

CITY, STATE

TRANSIT/ABA NUMBER (8 OR 9 DIGIT NUMBER ON BOTTOM OF CHECK)

YOUR ACCOUNT NUMBER: _____
 Checking Savings

SIGNATURE OF ACCOUNT HOLDER

DATE

Return to:

University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA 50614-0221
Fax: (319) 273-7030

University of Northern Iowa

PERSONAL HEALTH INFORMATION RELEASE FORM

Please complete this form in its entirety. This release is not valid if it does not contain the employee's original signature and date signed for if it has expired as described below.

I hereby authorize: University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA 50614-0221
and
The University of Iowa
120 University Services Building, Suite 40
Iowa City, IA 52242

To disclose the following information from the benefit and health records of:

Name: _____
Last First MI

Address: _____
Street City State Zip

Birth date: ____/____/____ Telephone: _____ (Home)

Social Security Number: ____/____/____ _____ (Work)

This information is to be disclosed to (please print): (i.e. mother, Jane Doe and/or father, John Doe).

Covering the periods: From: ____/____/____ to: ____/____/____
(If "to" is left blank, it is assumed to be an opened ended release.)

Affirmation of Release:

I give The University of Iowa and the University of Northern Iowa permission to release my benefit and health information to the individual(s) or agency(s) I have named. I understand that this release is valid from the date I sign it, and I may revoke this authorization at any time. Any revocation of this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits. The revocation will take effect on the day it is received in writing. I have the right to access the records of whoever has contacted the University for information about me. Copies of the records may be obtained with reasonable notice and payment of copying costs.

Signature of the Student

Date Signed

University of Northern Iowa

QUESTIONS AND ANSWERS

Q: Must I be registered full-time to enroll in SHIP?

A: No, the only requirement is to be registered for one (1) semester-long class.

Q: How can I get the most out of my SHIP Plan?

A: Use Student Health Clinic for the majority of your care. Use the emergency room of a hospital only for emergencies and not for care that could wait until Student Health Clinic or your doctor's office is open.

Q: Will all my expenses be covered by insurance?

A: No. "Insurance" does not mean "all your care is free." Review the information about what is and is not covered. If you have questions about a specific service or procedure, call Wellmark Blue Cross and Blue Shield at 1-800-535-6099 or Delta Dental of Iowa at 1-800-544-0718.

Q: What do I do if I get a bill and I can't pay?

A: Call the doctor, dentist, or hospital's billing office. Generally, they will try to set up a payment plan that you can afford. If you meet certain low-income guidelines and have small children, you may be eligible for help from the county, state, or federal government. Check listings in the phone book for places to contact.

If your insurance has not paid their portion of the claim, contact them to see if there is a problem. Pay the co-payment or co-insurance for which you are responsible and contact the doctor, dentist, or hospital's billing office to explain the situation.

DON'T IGNORE THE BILL. It won't go away and may end up on your credit report, which could affect your ability to rent an apartment or buy a house or car.

Q: Can I continue this insurance when I am not a student?

A: There is a provision for continuing coverage through The University of Iowa after you graduate from school. International students who wish to continue coverage for Optional Practical Training (OPT) or Academic Training can also utilize this option. Contact the University of Northern Iowa for an application and terms of the coverage. Application must be made within thirty (30) days of graduation. You may also contact BC/BS for a conversion policy, the UNI Alumni Center, or other insurance companies.

WHO TO CONTACT

This policy is administered by The University of Iowa for the benefit of students of the University of Northern Iowa.

Questions about claims or specific SHIP coverage:

Wellmark Blue Cross and Blue Shield of Iowa
P. O. Box 9232
Des Moines, IA 50306-9232
www.wellmark.com

Claims Inquiries (toll-free)
1-800-535-6099

For Pre-certification call (toll-free)
1-800-558-4409

Prescription Claim Mailing Address:
Catalyst Rx
Claims Department
P. O. Box 1069
Rockville, MD 20849-1069

Mail order prescription claims:
Immediate Pharmaceutical Services
IPSRX.com
1-866-611-5961

Questions about claims or specific dental coverage:

If you have questions about claims or specific questions about your dental coverage, you should call Delta Dental of Iowa.

Delta Dental of Iowa
P. O. Box 9000
Johnston, IA 50131
1-800-544-0718

Questions about coverage, eligibility, brochures and enrollment forms, enrollment periods, policy cancellation, or premium charges:

University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA 50614-0221
<http://www.uni.edu/health/insurance>
Office: (319) 273-7736
Fax: (319) 273-7030

The University of Iowa Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911
<http://www.uiowa.edu/hr/benefits>
Office: (319) 335-2676
Toll free: (877) 830-4001
Fax: (319) 335-2776

**The University of Iowa
120 University Services Building, Suite 40
Iowa City, IA 52242-1911**

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