

# Wayne State University School of Medicine Health Insurance Plan

## Frequently asked questions

**Q. What coverage through a parent qualifies for the waiver?**

- A.** You must be included on a parent's group health plan as a dependent through your parent's employer (a group plan and being a dependent are the crucial issues). You aren't eligible for a waiver if your parent purchased health insurance coverage for you. Also note, as a general insurance rule, you will likely not be covered as a dependent on your parent's group plan if you are 26 years old or over.

**Q. I have my own insurance, how do I waive the student health insurance plan?**

- A.** As a domestic medical school student, you can waive the required student health insurance plan if you meet one of the following criteria:

- The health plan is Affordable Care Act compliant.
- You are a dependent on an employer-based plan under your parents or spouse.
- You are covered by Michigan Medicaid.
- You are covered by a military plan.

*Waivers must be fully complete and meet all criteria before the open waiver period.*

To submit a waiver request, log on to [www.jcbins.com](http://www.jcbins.com)\* and follow the prompts for Wayne State University School of Medicine. Make sure to have your medical ID card on hand. If you need help with submitting your waiver request and are experiencing difficulties with the Gallagher Student Health website, contact JCB at [GGB.JCB.Studentservices@ajg.com](mailto:GGB.JCB.Studentservices@ajg.com).\* Approved waivers are valid for the entire 2024-25 school year. If you lose coverage during the school year, contact Gallagher Student Health Insurance within 30 days to enroll in the plan.

*International students aren't eligible for a waiver.*

**Q. I was approved for a waiver, so why am I now being contacted to provide additional documentation?**

- A.** The School of Medicine determines whether your waiver application meets the criteria for the waiver. The information provided in the waiver application isn't proof of approval. Students may be contacted and asked to provide additional information to support the waiver request. If requested, you'll need to provide additional information within the required time frame. Per School of Medicine policy, if you fail to respond, are unable to provide appropriate evidence of coverage, or the documentation you submit doesn't support a waiver, you'll be required to enroll in the school's plan or face possible disenrollment.

**Q. Why do I have to pay a second deductible?**

- A.** The deductible applies to a calendar year and doesn't match the school's coverage "year" (July through June). If you are hospitalized in October and again in February, you would need to pay the deductible in both calendar years.

**Q. How does the one-member deductible differ from a family deductible?**

- A.** When only one member of your family is having services, then the one-member deductible must be met before Blue Cross® will begin paying for services included in your health plan. When two or more family members are receiving services included in your health plan, then all the members contribute toward the family deductible. Each family member is not expected to fulfill an individual requirement.

**Q. What is annual coinsurance dollar maximum?**

- A.** The annual coinsurance dollar maximum limits the amount you pay each calendar year. Once you meet the coinsurance maximum in a calendar year, covered services will be paid at 100% of the approved amount for the remainder of the year. Your coinsurance requirement begins each calendar year on Jan. 1.

## Frequently asked questions

**Q. Will the copay I pay for prescription drugs apply toward the annual out-of-pocket maximum?**

**A.** Yes.

**Q. What is the total out-of-pocket amount I will pay in a calendar year?**

**A.** The amount of your annual out-of-pocket maximum, which varies per plan.

**Q. How do I find an in-network provider?**

**A.** You can search for doctors and hospitals in your plan's network by logging in to your Blue Cross member account at [bcbsm.com](https://bcbsm.com).

Register for your account in one of three ways:

- Visit [bcbsm.com/register](https://bcbsm.com/register).
- Get the app. Search **BCBSM** in the App Store® or Google Play™.
- Text **REGISTER** to **222764**.\*

*\*Message and data rates may apply. Visit [bcbsm.com](https://bcbsm.com) for our Terms and Conditions of Use and Privacy Practices.*

**Q. When will I receive my Blue Cross ID card?**

**A.** Your card will be mailed to the address you provide within 10 days of receiving your application. If you need to use the coverage before receiving your ID card, simply provide your Social Security number.

**Q. What if I need services while traveling outside of Michigan?**

**A.** The Blue Card program provides coverage for our members from coast to coast. All you pay are the applicable deductible and copays when you receive care from a provider who participates with his or her local Blue plan.

**Q. Can I add dental or vision coverage?**

**A.** Yes, but the medical school isn't involved in this process. Contact the university's insurance broker, Michael Vincent, at **517-282-3535** or [michael@michaelvincentinsurance.com](mailto:michael@michaelvincentinsurance.com) for more information.

**Q. Can I add dental or vision coverage?**

**A.** Yes, but the medical school isn't involved in this process. Contact the university's insurance broker, Michael Vincent, for more information.

**Q. Once I enroll, may I change my mind about the plan I selected?**

**A.** No, the plan you select (PPO, POS) is required to remain the same for each of the three enrollment periods. Your opportunity to select the plan you want occurs during your initial enrollment under the 2024-2025 plan year. However, you can change the number of individuals on your plan as your life circumstances change (for example, if you get married during the year, you could add your spouse and switch from one-member to two-member coverage).

**Q. Can I enroll in a plan mid-year (for example, as the result of my waiver ending)?**

**A.** Yes. In general, you should contact Gallagher Student Health one month before your coverage ends to ensure that there are no gaps in coverage.

**Q. What if I get married or have a baby? Can I add them to the plan?**

**A.** Yes. You can add a new spouse or baby mid-year if you enroll them within 30 days of the marriage or birth. Contact Gallagher Student Health.

**Q. Can I add a domestic partner?**

**A.** Yes. Contact Records and Registration.

**Q. Who do I call if I have additional questions about my insurance coverage or if I have concerns about claims?**

**A.** For Blue Cross Blue Shield of Michigan PPO benefits call Customer Service at **313-225-9000**. For Blue Care Network Point of Service benefits call Customer Service at **1-800-287-4103**.

## Frequently asked questions

**Q. Am I purchasing insurance for a 12-month term? Will my insurance automatically terminate in a year if I don't renew it next year?**

- A.** Once you enroll in the plan during each open enrollment period (three times per year), your health insurance coverage will continue unless you fail to purchase coverage for the second and third enrollment terms or cancel the insurance. A waiver application must be submitted and approved to successfully terminate enrollment in Student Health Insurance Plan. Students who don't complete the necessary second or third enrollment purchase or fail to cancel in the appropriate way are responsible for any charges billed to the school or student account holds.

**Q. What are the open enrollment periods and why do I have to enroll three times a year?**

- A.** If your annual waiver is denied or you want to enroll in the student health insurance plan, you must enroll for each of the three open enrollment periods as shown below. The open enrollment periods coincide with student financial aid disbursements throughout the year and guarantee that your coverage remains continuous for 12 months.

Enrollment period	Opens	Closes
<b>Fall</b> July 1, 2024 to Oct. 31, 2024	June 16, 2024	July 24, 2024
<b>Winter</b> Nov. 1, 2024 to Feb. 28, 2025	Oct. 2, 2024	Nov. 15, 2024
<b>Spring/summer</b> March 1, 2025 to June 30, 2025	Jan. 6, 2025	March 15, 2025

**Q. Why do health insurance premium costs change?**

- A.** The main reasons for an increase in health insurance premiums are:
- Increases in health care costs
  - Increases in use – more students on the plan are using more health care services.

**Q. Does the plan satisfy ACA requirements?**

- A.** Both plans are ACA approved and include mandated essential benefits provisions.

**Q. Any other charges?**

- A.** ACA rules and regulations have added taxes and fees to the insurance premium. These other charges include reinsurance fee, comparative effectiveness fee, (PCORI) and federal insurance premium tax.

### Contact information

#### Records & Registration Department

**313-577-1466**

[records@med.wayne.edu](mailto:records@med.wayne.edu)

#### Affiliation Agreements & Health Insurance

Shanae Pruitt, coordinator

**313-577-3741**

[smpruitt@wayne.edu](mailto:smpruitt@wayne.edu)

#### Insurance Plan Administrator

Gallagher Student Health

**833-468-9570**

[Ggb.jcb.studentservices@ajg.com](mailto:Ggb.jcb.studentservices@ajg.com)

Gallagher Student Health & Special Risk is an independent company providing third-party administration of Student Health Plans to eligible Blue Cross Blue Shield of Michigan and Blue Care Network members.

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.