WHAT IS SHIP?

SHIP is a health insurance plan designed just for WesternU students. Your school 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 away from home.

AM I REQUIRED TO HAVE HEALTH INSURANCE?

Yes, all full-time registered students at Western University of Health Sciences are required to have health insurance while they are attending school. The University offers a plan to all students, which you must purchase if you do not have other coverage that meets the waiver requirements.

WHAT IS AN INSURANCE WAIVER?

An insurance waiver is an application you fill out if you have other qualifying health insurance and don’t wish to be enrolled in the school-sponsored plan. As part of the waiver process you’re required to provide specific information about your insurance coverage, which will be verified by the University.

AM I ELIGIBLE TO WAIVE COVERAGE UNDER SHIP?

You are eligible to waive if you have other active health insurance coverage in place for the entire school year. In addition, your coverage MUST have a deductible of $1,000 or less per policy year ($2,000 or less for family). If your plan has separate deductibles for inpatient and outpatient treatment, only the inpatient deductible will need to meet the waiver requirement.

SHOULD I WAIVE SHIP?

If you have other coverage that meets the waiver requirements, it’s up to you whether to waive. However, here are some important considerations:

- **SHIP** may be a less expensive alternative to being insured on an individual plan or as a dependent on an employer group plan through your parent or spouse. When comparing costs and coverages, be sure to look at premium, deductibles, copays, and out-of-pocket maximums.
- **SHIP** has a local PPO provider network; plus, many services at the Patient Care Center on campus are covered at 100%. 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, and you may have to pay higher out-of-network copays, deductibles, and/or coinsurance.

Please remember that if you waive coverage under SHIP, you are responsible for any medical costs you incur.

WHEN CAN I WAIVE?

The waiver application will be available beginning on the first date of registration for your program/year and will close on the waiver deadline date for your program/year. Students need to submit a waiver only once per school year. The waiver application must be completed, and required documentation submitted, by the waiver deadline date noted below. If you obtain other coverage past the waiver deadline date, the school-sponsored plan coverage will remain in place and you will have to wait until the next school year to waive out. No refunds will be issued (except as otherwise specified in the policy).
How do I submit a waiver application?

Go to [www.4studenthealth.com/westernu](http://www.4studenthealth.com/westernu) and click on the waiver section, then follow these simple steps to submit your waiver application:

1. Enter your last name, date of birth (DOB), and student ID number, then click “Login.”
2. On the next page, where the term of coverage is indicated as “Available to waive,” click “Create.”
3. Please read the text on the next page, then check the “I understand and agree...” box if you agree to the terms and conditions, and click “Continue.”
4. If you submitted an approved waiver in the previous term, your prior insurance information will be shown. If your information has not changed from last term, go to step #6 below.
5. If your insurance information has changed, or you do not have an approved waiver on record, you will be asked for information about your insurance plan. Please enter your information exactly as it appears on your insurance ID card. See below for definitions of terms.
6. Click “Submit Petition.” Shortly after you click Submit, you will receive an email confirming receipt of your information.

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 enter the full name of the company.
- **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 or your father, depending on whose plan it is. 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), Child (if your parent is the primary insured), or Other Adult (if the primary insured is not yourself, spouse or parent).
- **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.
- **Member/Sub ID:** This is a number found on the insurance ID card of your current health plan. 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.
- **Primary Insured Address:** This is the address of the individual who is the primary insured on the plan.

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 or 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 verified by the University or designated waiver administrator.**

How do I know if my waiver is approved or denied?

Once you submit a waiver application, you will receive a “Waiver Confirmation” email. This means your information has been successfully transmitted. You will then be notified within 3 to 10 business days if your waiver is approved, denied, or pending. Please check your WesternU email account on a regular basis for the approval email after you start a waiver request. **Your waiver is not approved until you receive a “Waiver Approval” email.**

What happens if I receive a “waiver pending” email?

If you receive an email that has “Waiver Pending” in the subject line, you must provide more information, or your waiver will be denied. If you provide the requested information and it meets the requirements, you will be notified via email 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 qualifications, you will be automatically enrolled in the school-sponsored plan and you will receive notice that your waiver application is denied shortly thereafter. It is your responsibility to check your WesternU email account for waiver status updates, and to send in additional documentation if requested.

What happens if my waiver is denied?

If your waiver is denied, you will receive a “Waiver Denial” email, and you will be automatically enrolled in and charged for the school-sponsored plan. However, if you would like to challenge your waiver denial, you may contact Kimberley de Kruijf in the Registrar’s Office to submit an appeal. Appeals must be received within 10 business days of your Waiver Deadline Date to be considered.

What if I successfully waive out and then lose my other coverage?

You may enroll in the school-sponsored plan mid–school 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 by reaching an age limit set by the plan. This does not include coverage that has a predetermined termination date, or expiration of COBRA eligibility, or coverage that has been voluntarily or inadvertently terminated by you (by quitting a job or missing an enrollment deadline, for instance).

To enroll in the plan mid-year after an involuntary loss of coverage, you must notify the Registrar’s Office on campus and submit proof of loss of coverage, within 31 days of termination of prior coverage. You will be charged the pro-rated cost for the remainder of the school year.

Whom should I contact if I have additional questions?

For more information or for questions about waivers, you may contact the Registrar’s Office at 1-909-469-5491. You may also contact Ascension, the waiver administrator, at 1-800-537-1777 or customerservice.la@ascensionins.com.