UChicago Student Wellness

MID-YEAR UPDATE OF INSURANCE INFORMATION

Please use this form to update alternate insurance information submitted on your waiver application for the 2022-2023 academic year.

Please return this completed form by email to uchicagoadvocates@uhcsr.com within 31 days of the new/updated policy taking effect:

Please provide *all* of the information requested. **Insurance Update forms will not be accepted if the information is incomplete.** If you have questions about completing this form, please e-mail uchicagoadvocates@uhcsr.com.

Student Name:_____ **UofC ID #** *(8-digit)*:_____

Daytime Phone:_____ **Date of Birth** *(mm/dd/yyyy)*:_____

Student UChicago E-mail: _____

SECTION A: INSURANCE POLICY AND SUBSCRIBER INFORMATION – PRIMARY PLAN

Policy Holder First Name:_____ **Last Name:** _____

Student Relationship to Insured(policyholder): ☐ Self ☐ Spouse ☐ Child

Insurance Company Name:

_____

Policy or Subscriber Number: _____

Insurance Type: ☐ HMO ☐ PPO ☐ EPO ☐ POS ☐ Military ☐ Indemnity

(please check one) ☐ Open Access ☐ Medicaid/care ☐ Nat'l Health Service ☐ Other

Insurance Co. Phone: _____ **Insurance Co. State**:_____

(Used to verify coverage. Must be a toll-free U.S. number.)

SECTION B: COMPARABILITY OF COVERAGE

Type of Plan: *please specify individual or family**	
Annual premium *(please list dollar amount)*	$
Annual deductible *(please list dollar amount)*	$
Annual out-of-pocket maximum *(please list dollar amount)***	$
Annual HSA/HRA contribution *(please list dollar amount, if applicable)*	$

**individual plans provide coverage for one person; family plans provide coverage for a couple, or adults and related dependents **individual plan out-of-pocket max may not exceed $8,700; family plan out-of-pocket max may not exceed $17,400, per the ACA.*

Alternate insurance plans also must provide:	*Please indicate if your plan includes coverage for the following:*	
	Yes	No
Routine non-emergency, and emergency, care ***provided in the Chicago area*** (or the local area the student will be residing and studying in for the academic year)		
Treatment for pre-existing conditions (with no waiting periods or exclusions)		
Essential health benefits as defined by the Affordable Care Act (ACA):		
• Outpatient care (ambulatory patient services)		
• Emergency Services		
• Hospitalization (treatment for inpatient care)		
• Mental health services and addiction treatment		
• Prescription drugs		
• Maternity and newborn care		
• Rehabilitative services and devices		
• Laboratory services		
• Inpatient mental health care		
• Preventive services, wellness services, and chronic disease treatment		
• Pediatric services		
Plan has a claims administrator based in the U.S.		
Plan has a U.S. telephone number		
Plan has a U.S. address for submission of claims		
Insurance policy was issued in the U.S.		
Coverage for medical evacuation and repatriation expenses: • Required for all F1 / J1 students (specific J-1 insurance requirements can be found here) • Required for all other students ONLY when they will be studying/ traveling/ doing research out of the United States during the current academic year (otherwise exempt and can check "yes")		
Active coverage from the day student arrives on campus through either August 31, 2023 OR the end of their academic program (whichever comes first)		

SECTION C: VERIFICATION OF INFORMATION

☐ **Permission to Disclose Information** *(optional)*
I give the University of Chicago permission to share my health insurance enrollment information with UChicago Student Wellness providers and/or staff (if needed). The purpose of this disclosure is to expedite the verification of student insurance status and thereby enable faster access to health care information and services.

Please agree to the following statements to complete your waiver application (required):

☐ **Notification Requirement**
I agree to notify the University of Chicago of any additional changes in medical coverage no later than 30 days after such a change has taken place. I understand that, I must contact the United Healthcare On-Campus Insurance Office, phone: (773) 834-4543 (option #2); email: uchicagoadvocates@uhcsr.com.

☐ **Waiver Audit Acknowledgement**
I understand that my insurance information may be audited, after my waiver application has been updated through this form, to ensure that my policy is active, and that it meets all of the University of Chicago's comparable coverage requirements. If an audit finds that my policy fails to meet the University's requirements for alternate insurance, I will have 10 business days either to supplement my existing coverage or find alternate insurance that meets these requirements; otherwise I will be reenrolled in U-SHIP for the entire plan year (or relevant time period) and billed the annual premium (or appropriate installment).