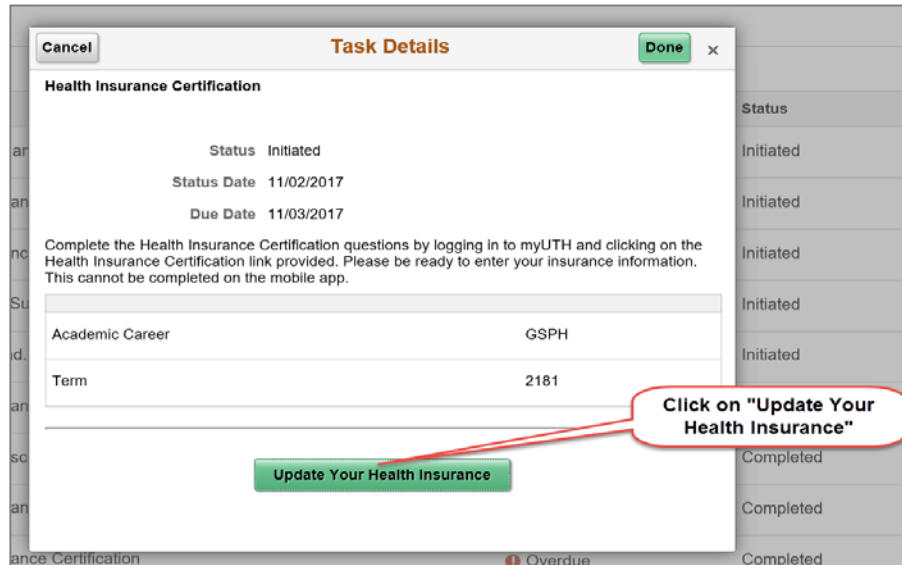


The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences

Health Insurance Certification Guide

- Log-In to myUTH: <https://my.uth.tmc.edu/>
 - Under the Tasks section, navigate to your Holds or To Do List Items.
 - Initiate your “Health Insurance Certification” for the upcoming semester.



- Answer the question “Will You Have Health Insurance” for the upcoming semester.

Will You Have Health Insurance?

Questions apply to 2018 Spring

I currently do not have Health Insurance
 I have stud. insurance, but will need to renew it
 I will have Health Insurance that will cover me

[Click here for information about Student Health Insurance.](#)

[Cancel](#)

See below on how you should answer depending on your circumstance

| SELECT | IF THIS CIRCUMSTANCE APPLIES TO YOU | GO TO PAGE |
|---|---|------------|
| <input type="radio"/> I currently do not have Health Insurance | You do not have any health insurance for the upcoming term. | 2 |
| <input type="radio"/> I have stud. insurance, but will need to renew it | You paid for and have ‘student’ health insurance coverage for the current term, and need to renew it for the upcoming term. | 2 |
| <input type="radio"/> I will have Health Insurance that will cover me | You are a Graduate Research Assistant (GRA) receiving a paycheck and ‘employee’ health insurance through UTHealth or UT MD Anderson; or you have other health insurance (through your spouse, parents, Army, private, or other) | 3 |

→ **NOTE: ‘Employee’ health insurance and ‘Student’ health insurance are NOT the same.** ←
 (Page 6 provides examples and type of insurance card/s you may have.)

If you answered

- o I CURRENTLY DO NOT HAVE HEALTH INSURANCE or
- o I HAVE STUD. INSURANCE, BUT WILL NEED TO RENEW IT

- Disability Insurance Availability screen will appear:

Disability Insurance Availability

[Click here for more information on disability insurance.](#)

Professional disability insurance may be available for your program of study. For more information on availability and eligibility, click on the hyperlink above.

Please select the check box below to acknowledge that you are aware that disability insurance may be available for purchase at your own expense.

I am aware that Disability Insurance may be available.

[Click To Continue](#)

Cancel

- Certification Statement screen will appear:

Certification Statement

By clicking the Confirm button below, you have indicated that you do not have private insurance and acknowledge that a fee for health insurance will be assessed to your student account upon enrollment.

In addition, you are consenting to the release of personal information to the UT Health Science Center Insurance Provider for the issuance of the policy.

Repatriation and Medical Evacuation coverage for International Students is provided by this policy.

Confirm Cancel

- Certification Confirmed box will appear:

Certification Confirmed

OK

Please NOTE: Once you Confirm, your answer cannot be changed on-line.

Go to Financial Account and check your balance. There will be a **Health Insurance Fee** on your bill, because your answers indicate you do not have health insurance coverage for the upcoming term, and that you need to purchase the UT 'Student' Health Insurance Plan (UT SHIP). **It is your responsibility to pay this fee.**

Please NOTE: A **Late Payment Fee** will be assessed in your account if there is any outstanding balance remaining after the payment deadline date for the upcoming semester.

If you answered

o I WILL HAVE HEALTH INSURANCE THAT WILL COVER ME

- Insurance Policy Information screen will appear:
 - o Enter your insurance information (each item can be located on your insurance card).
 - o The insurance information you enter must be current and valid.
 - o If you lost or cannot locate your card, and you have BCBS (Blue Cross Blue Shield), call **BCBS 866-882-2034** to obtain your Benefits ID#, and request that a new card be mailed to you.

The screenshot shows the 'Insurance Policy Information' screen. It has three input fields: 'Insurance Company Name', 'Policy Number', and 'Effective Date'. Below these is the 'Student Policy Owner' section with two radio buttons: 'Yes, I am the Policy Holder' and 'No, I am not the policy holder'. A 'Cancel' button is in the bottom right. Red callout boxes with arrows point to each field: 'Name of your current insurance company' points to the company name field; 'Enter your Benefits ID# or Identification#, not your Group#' points to the policy number field; 'Coverage Date or Start Date of when your insurance began' points to the effective date field; and 'Answer "Yes" if you are the policy holder' points to the 'Yes' radio button.

If you are not the policy holder, select **"No, I am not the policy holder"** and enter name of the policy holder:

The screenshot shows the 'Student Policy Owner' section. The 'No, I am not the policy holder' radio button is selected. Below it is a 'Policy Holder Name' input field containing the text 'Policy Holder's Name'. A 'Click to Continue' button is on the left and a 'Cancel' button is on the right. Red callout boxes with arrows point to the 'No' radio button and the 'Policy Holder Name' field. The callout for the radio button says 'Answer "No" if you are not the policy holder, and are on someone else's insurance plan.' The callout for the name field says 'Enter name of policy holder'.

Please be aware that if the information and policy number you provide is invalid, the requirement for proof of coverage to UT Auxiliary Enterprises has not been satisfied, and it is possible that you may be charged the UT 'Student' Health Insurance Plan (UT SHIP) Fee for the upcoming term.

- Disability Insurance Availability screen will appear:

Disability Insurance Availability

[Click here for more information on disability insurance.](#)

Professional disability insurance may be available for your program of study. For more information on availability and eligibility, click on the hyperlink above.

Please select the check box below to acknowledge that you are aware that disability insurance may be available for purchase at your own expense.

I am aware that Disability Insurance may be available.

[Click To Continue](#)

[Cancel](#)

- Certification Statement screen will appear:

Certification Statement

By clicking the "Confirm" button, you are certifying that you have private health insurance that will provide coverage for you throughout the entire term and that all information you have provided is true and complete.

International students must have Repatriation and Medical Evacuation coverage in addition to your health insurance coverage. If the policy you provided above does not provide this coverage, a fee will be added to your student account upon enrollment.

I understand that all students enrolled at The University of Texas Health Science Center at Houston (UTHealth) are required to have and maintain health insurance coverage on a continual basis while enrolled at UTHealth. I further understand and agree that my failure to have and maintain such health insurance coverage may result in the cancellation of my registration. I understand and agree that I am responsible for any and all charges related to my medical care.

I hereby certify that I have and will maintain current health insurance coverage while enrolled as a student at UTHealth. I understand that the information and certification herein provided will be relied upon by UTHealth, and I waive and release any claims against UTHealth in connection with my failure to have and maintain required health insurance coverage while enrolled at UTHealth.

In addition, you are acknowledging that all insurance information provided is subject to verification and you are consenting to the release of personal information to the insurance carrier you identified above for the purpose of coverage verification.

[Click Confirm to complete/finalize the certification](#) [Confirm](#) [Cancel](#)

- Certification Confirmed box will appear:

Certification Confirmed

[OK](#)

[Click OK to Confirm](#)

Please NOTE: Once you Confirm, your answer cannot be changed on-line.

Go to Financial Account and check your balance.

Please NOTE: A **Late Payment Fee** will be assessed in your account if there is any outstanding balance remaining after the payment deadline date for the upcoming semester.

If you are an [F-1, F-2, J-1 or J-2 international student](#), please go to Page 5 for additional information.

F-1, F-2, J-1, AND J-2 INTERNATIONAL STUDENTS

You will also see the following Hold in your myUTH account:

Hold Details ✕

International Health Ins Plan

Department Aux Ent - Health

Reason International Health Ins Plan

You will not be allowed to register for classes until you verify continuous medical insurance coverage compliant with the Federal Patient Protection and Affordable Care Act (PPACA). You will receive an email, sent to your campus email address, from Student Insurance which will provide you with additional instructions for you to certify your health insurance online. PLEASE FOLLOW THE INSTRUCTIONS IN THE EMAIL TO ENSURE THAT YOUR ACCOUNT IS ACCURATELY UPDATED OR TO GET STARTED, CUT & PASTE THE FOLLOWING LINK INTO YOUR BROWSER - <https://uthouston.myahpcare.com>. For questions or concerns contact: Auxiliary Enterprises Email: Student-insurance@uth.tmc.edu Phone: 713-500-8400

UT System Board of Regents require that all F-1, F-2, J-1 and J-2 international students:

- (a) purchase/enroll in the UT 'Student' Health Insurance Plan (UT SHIP), or
- (b) complete an electronic waiver if you have 'employee' or other/private health insurance.

If you are a paid GRA and have 'employee' health insurance (BCBS/UT Select), or you have other/private health insurance, submit an electronic waiver weeks before the deadline date for open registration.

Follow instructions under the section labeled "On-Line Waiver Process" in the following website:

<https://www.uth.edu/auxiliary-enterprises/insurance/international-insurance-verification.htm>

UT Auxiliary Enterprises also sends an email reminder each term with more information and deadline dates.

The Hold is removed after approval of your waiver request is received by UT Auxiliary Enterprises. After you are able to register, you will see an **Evacuation/Repatriation Insurance Fee** for the upcoming term on your bill. **Be sure to pay this fee by the payment deadline date.**

→ If you do not complete the "On-Line Waiver Process" by the posted deadline for the upcoming term, the system will enroll you to purchase UT SHIP, and you will be charged a 'student' Health Insurance Fee for the upcoming term. [Be sure to pay this fee by the payment deadline date.](#) ←

Please NOTE: A Late Payment Fee will be assessed in your account if there is any outstanding balance remaining after the payment deadline date for the upcoming semester.

CONTACT FOR QUESTIONS RELATED TO 'STUDENT' HEALTH INSURANCE OR THE ON-LINE WAIVER PROCESS (INTERNATIONAL STUDENTS):
UT Auxiliary Enterprises | ☎ 713-500-8400, ✉ student-insurance@uth.tmc.edu



EXAMPLES OF BCBS HEALTH INSURANCE CARDS

CARD A: 'Employee' UT Select / BCBS Insurance Card

Subscriber Name: [Redacted]
 Identification Number: UTS0 [Redacted]
 Group Number: 071778
 Coverage Date: 07/01/18
 Plan Name: UT SELECT (PPO)
 Service: UT Health/PPO
 Family Care: \$20/\$30
 Specialist Care: \$25/\$35
 MRI/CT*: \$100
 Emergency Room: \$150 + 10%/20%
 BCA *Copay waived if member calls BVA prior to service

Note Card A type will have Group Number 071778.

Note the difference

CARD B: 'Student' BCBS Insurance Card or 'Student' Evacuation/Repatriation Insurance Card

Subscriber Name: [Redacted]
 Identification Number: ZGP [Redacted]
 Group Number: 239942
 Coverage Date: 09/01/18
 Member Effective: 09/01/18
 Plan Name: STUDENT HEALTH INSURANCE PLAN
 OV/Specialist: \$20/\$40
 ER/UC: \$150/\$35
 RX Generic Copay: \$15
 RX Brand Copay: \$30/\$50
 BCA SINGLE TDI
 RxBIN: 011552
 PxlCN: BCTX

Note Card B type will have Group Number 239942.

**** LOST OR CAN'T LOCATE YOUR CARD? If you have BCBS (Blue Cross Blue Shield), call BCBS 866-882-2034 to obtain your Benefits ID#, and request that a new card be mailed to you. ****

What type of health insurance card should you have?

You receive a paycheck and 'Employee' health insurance through UTHealth or UT MD Anderson:

| Status | Insurance Card | Comments |
|-------------------|----------------|--|
| Non-international | Card A | For medical visits. Prescription coverage through Express Scripts. |
| International | Cards A & B | Card A: for medical visits. Prescription coverage through Express Scripts. Card B: for evacuation/repatriation coverage. <u>Do not</u> use this card for your medical doctor visits. |

You do not have 'Employee' or other health insurance, and you purchased 'Student' health insurance:

| Status | Insurance Card | Comments |
|-------------------|----------------|--|
| Non-international | Card B | For medical needs. |
| International | Card B | For medical needs <u>AND</u> evacuation/repatriation coverage. |