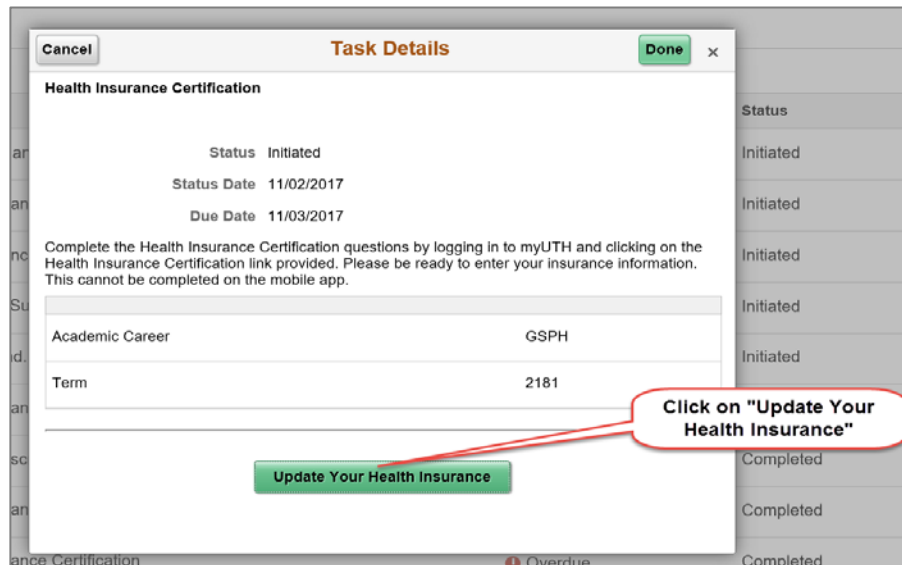


# The University of Texas MD Anderson Cancer Center UTHealth Graduate School of Biomedical Sciences

## 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

**I WILL HAVE HEALTH INSURANCE THAT WILL COVER ME**

- Insurance Policy Information screen will appear:
  - Enter your insurance information (each item can be located on your insurance card).
  - The insurance information you enter must be current and valid.
  - 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' form. It includes three input fields: 'Insurance Company Name', 'Policy Number', and 'Effective Date' (with a calendar icon). Below these is the 'Student Policy Owner' section with two radio button options: '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 and the 'Yes' option, providing instructions: 'Name of your current insurance company', 'Enter your Benefits ID# or Identification#, not your Group#.', 'Coverage Date or Start Date of when your insurance began', and 'Answer "Yes" if you are the policy holder'.

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 of the form. 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' option and the name field, with instructions: 'Answer "No" if you are not the policy holder, and are on someone else's insurance plan.' and '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:

- Certification Statement screen will appear:

- Certification Confirmed box will appear:

**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](mailto: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](mailto:student-insurance@uth.tmc.edu)



## EXAMPLES OF BCBS HEALTH INSURANCE CARDS

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

**UT SELECT**  
Group# **071778**

Subscriber Name: \_\_\_\_\_  
Plan Name: UT SELECT (PPO)

Identification Number: \_\_\_\_\_  
UTSO \_\_\_\_\_

Group Number: **071778**  
Coverage Date: **09/01/19**

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 prior to service

**PPO**

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

**STUDENT HEALTH INSURANCE PLAN**  
Group# **239942**

Subscriber Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_  
ZGP \_\_\_\_\_

Group Number: **239942**  
Coverage Date: **09/01/18**  
Member Effective: **09/01/18**

OV/Specialist	\$20/\$40
ER/UC	\$150/\$35
RX Generic Copay	\$15
RX Brand Copay	\$30/\$50

BCA **SINGLE TDI**

RxBIN: 011552  
RxPCN: BCTX

**PPO** **Rx**

**\*\* 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.