



THE UNIVERSITY OF IOWA

Student
Health and **D**ental
Insurance
Plans for
Graduated **S**tudents

IMPORTANT:

There is a provision for health insurance through The University of Iowa after you graduate from school. If a University of Iowa student wishes to utilize this option, complete the application on page 11. The continuation application must be made within 45 days of graduation.

The University of Iowa prohibits discrimination in employment or in its educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Equal Opportunity and Diversity, (319) 335-0705 (voice) or (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa, 52242-1316.



HUMAN RESOURCES

University Benefits

120 University Services Building, Suite 40
Iowa City, Iowa 52242-1911
319-335-2676 Toll Free 877-830-4001
Fax 319-335-2776
benefits@uiowa.edu

MEMORANDUM

TO: Graduated Students
FROM: Richard G. Saunders
Director of Benefits and Payroll
SUBJECT: Health and Dental Insurance Coverage

Dear University of Iowa Graduate:

Congratulations on earning your degree. Your dedication and hard work have paid off. The University of Iowa is concerned about the potential threat the high cost of health and dental care may pose to a graduate's financial well being. For this reason, the University offers health and dental insurance coverage to recent graduates through The University of Iowa Student Health Insurance Plan (SHIP), a group policy administered by Wellmark Blue Cross and Blue Shield of Iowa, and Student Dental Insurance Plan, a group policy administered by Delta Dental of Iowa.

The premium for a student-only health policy is \$113.00 per month while the dental policy is \$23.00 per month. After graduating from The University of Iowa, you may continue coverage up to 12 months. You may seek care from any provider you choose. However, if you use an Iowa "Alliance Select Provider" or Delta Dental provider, your costs will generally be much lower. The University of Iowa Hospitals and Clinics (UIHC), Mercy Hospital, and Family Practice Clinics are Alliance Select Providers in Iowa City. The College of Dentistry is a Delta Dental provider in Iowa City.

The health policy provides a lifetime maximum benefit of \$250,000 for hospitalization, surgery, maternity, emergency illness or injury, and well-baby/well-child care. Additional benefits for non-emergency care include up to \$1,500 per person for outpatient medical care for outpatient diagnostic imaging and laboratory services.

Once you have enrolled in the plan you will be sent a membership card to present to care providers. The card includes phone numbers to call if you have questions or require pre-certification for certain procedures.

If you decide this insurance is suitable for your situation, your signed and completed enrollment form must be returned to the University Benefits Office by the appropriate enrollment deadline (see page 1). For additional information, you may contact the University Benefits Office at 120 University Services Building, Suite 40, or call (319) 335-2676 or toll-free (877) 830-4001.

The University of Iowa recommends that all graduates be covered under some type of health insurance. We urge you to give the enclosed information your immediate attention.

THE UNIVERSITY OF IOWA

CONTINUATION POLICY

HEALTH INSURANCE RATES

| <u>TYPE OF CONTRACT</u> | <u>MONTHLY INSTALLMENT</u> |
|---|--------------------------------|
| STUDENT | \$113.00 |
| STUDENT & SPOUSE/DOMESTIC PARTNER | \$319.00 |
| STUDENT & CHILDREN | \$638.00 |
| STUDENT, SPOUSE/DOMESTIC PARTNER & CHILDREN | \$760.00 |

Effective September 1, 2008 through August 31, 2009

DENTAL INSURANCE RATES

| <u>TYPE OF CONTRACT</u> | <u>MONTHLY INSTALLMENT</u> |
|---|--------------------------------|
| STUDENT | \$23.00 |
| STUDENT & SPOUSE/DOMESTIC PARTNER | \$43.00 |
| STUDENT & CHILDREN | \$48.00 |
| STUDENT, SPOUSE/DOMESTIC PARTNER & CHILDREN | \$63.00 |

Effective September 1, 2008 through August 31, 2009

OPEN ENROLLMENT PERIODS

| | |
|---------|--------------------------------------|
| FALL: | December 1, 2008 to January 20, 2009 |
| SPRING: | May 1 to July 3, 2009 |
| SUMMER: | August 1 to October 2, 2009 |

ENROLLMENT INFORMATION

To enroll, simply detach the continuation enrollment form in this brochure, complete it, and return the form to **The University of Iowa, University Benefits Office, 120 University Services Building, Suite 40, Iowa City, Iowa 52242-1911** during the appropriate enrollment period. Enrollments can only be accepted or changed during these time periods unless the student loses coverage with another company or has a qualifying event. In order to apply for the student insurance continuation if you leave The University of Iowa without graduating, you must supply a proof of prior coverage along with your application. This must be done within 45 days of you leaving The University of Iowa.

- Coverage will begin the first day of January, June, or September if applications are received within the open enrollment period.
- Rates are valid from September 1, 2008 until August 31, 2009.

Questions regarding premium charges should be directed to the University Benefits Office at 120 University Services Building Suite 40, or call (319) 335-2676 or toll-free at (877) 830-4001.

THE UNIVERSITY OF IOWA

STUDENT HEALTH INSURANCE PLAN

SHIP is available to students who have recently graduated from The University of Iowa. SHIP is an Alliance Select Plan, which provides coverage for hospitalization, surgery, maternity, well-baby/well-child care (to age seven), emergency care for accident or illness, medically-necessary physician care, prescription drugs, and mental health. There is a lifetime benefit maximum of \$250,000 per person covered under this plan.

HOW AN INDIVIDUAL USES THE SHIP PLAN

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Select Providers who have agreed to join with Wellmark Blue Cross and Blue Shield of Iowa to offer each student affordable health care.

To receive the greatest benefits from SHIP, we advise you to use the physicians from the Alliance Select Provider list which can be accessed at www.wellmark.com.

HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES

Per Service Co-payment/Co-insurance Amounts:

Select Provider:

- Office Visit: \$10 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$50 co-payment per visit for surgery, emergency room, and ambulatory surgical centers
- Hospitalization: 10% co-insurance after \$300 deductible

Non-Select Provider:

- Office Services: \$30 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$150 co-payment per visit for surgery, emergency room, and ambulatory surgical centers
- Hospitalization: 20% co-insurance after \$600 deductible

SERVICE MAXIMUMS

Coverage is limited to a combined total of \$1,500 per covered person per calendar year for additional medical services such as:

- office services and outpatient care not related to emergency, accident, surgery, or maternity services
- ambulance services, home infusion therapy, home medical equipment, and prosthetic appliances

Coverage is limited to a \$1,500 calendar maximum for:

- diagnostic imaging and lab as a hospital outpatient

Coverage is limited to \$500 for individuals or \$750 for family statuses per calendar year for:

- prescription drugs

Coverage is limited to a lifetime maximum of \$250,000.

PRESCRIPTION DRUGS (3-TIER PLAN)

| <u>Tier</u> | <u>You pay</u> |
|-----------------------------------|----------------|
| 1. Generic drugs | 25% |
| 2. Name brand formulary drugs | 30% |
| 3. Name brand non-formulary drugs | 50% |

Formulary drugs are drugs that are on Wellmark's preferred list available at www.wellmark.com.

IDENTIFICATION CARDS & POLICY INFORMATION

Insured graduates will receive identification (ID) cards. A Coverage Manual that details complete information on benefits, definitions, terms, and exclusions is available from the University Benefits Office and on the University Benefits Office website at <http://www.uiowa.edu/hr/benefits/>. A list of providers may be accessed at www.wellmark.com.

BILLINGS

All premiums will be charged on a monthly basis. You will receive a bill from **The University of Iowa** for your health insurance premium. You may choose to have premiums deducted from a savings or checking account by completing the appropriate section on the enrollment form or an Authorization for Prepayment of Insurance Premium form, available in the University Benefits Office or through the forms link via the University Benefits Office website.

PRIVACY NOTICE AND RELEASE FORM

Changes in federal law require individuals to sign a release form before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child, or other representative unless that form is on file in The University of Iowa Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form at the end of this brochure.

CANCELLATIONS

Coverage can be cancelled for the following reasons:

- You become ineligible for the continuation coverage under the policy twelve months after graduation (i.e. if a student graduates in May 2009 and begins their continuation policy effective June 1, 2009, their insurance coverage will terminate on May 31, 2010 as they have exhausted the continuation benefit of the health insurance plan).
- The student may cancel coverage by providing a written request to The University of Iowa Benefits Office. Coverage will terminate the last day of the month in which the request is made.
- The University of Iowa Benefits Office will cancel coverage for non-payment of premium.

COVERAGE TERMINOLOGY

SHIP is designed for you to be responsible for some of the direct costs of your health care through per-service co-payments, deductibles and co-insurance provisions as explained below.

Per-Service Co-payment: A per-service co-payment is an amount that you pay to your provider each time you receive care. Wellmark Blue Cross and Blue Shield of Iowa provides benefits after you have paid the co-payment amount. You pay a lesser co-payment amount when you use an Alliance Select facility or practitioner.

Deductibles: A deductible is the amount you pay for covered services for each separate admission to a hospital or nursing facility. This amount is subject to the benefit maximums and differs according to whether you use a Select Provider or Non-Select Provider. Deductible amounts apply only to inpatient admissions.

Co-insurance: Co-insurance is the amount calculated using a fixed percentage that you pay for covered services after you have met the deductible responsibility.

Out-of-Pocket Maximum (OPM): The OPM is the highest dollar amount you would pay for covered services during an inpatient hospital stay. Your OPM equals your per-service deductible plus the co-insurance amounts that are paid during the hospital stay. The OPM pertains to each separate admission to a hospital or nursing facility.

Usual, Customary, and Reasonable (UCR) Amount: The UCR amount is the amount that equals the lesser of the covered charge for a service or supply, or an amount that Wellmark Blue Cross and Blue Shield establishes as the maximum allowable fee for the same service or supply, and is determined as follows:

- For health services, the maximum allowable fee is developed from various sources, such as the usual charge billed for the same service or supply by most providers within Iowa, economic indices, fee schedules, and relative value indicators developed or approved by Wellmark, and is based on the simplicity or complexity of the service or supply provided.
- For services billed by providers outside of Iowa, the maximum allowable fee is based on information from the Blue Cross and/or Blue Shield Plan in that state.

The majority of Iowa physicians participate with Wellmark Blue Cross and Blue Shield of Iowa and agree to accept direct payment of UCR amounts as payment-in-full (except your liability for any deductible or co-insurance amounts). Payments for covered services of a non-participating physician are based on the same UCR amounts as for participating physicians but will be sent to you. You will be responsible for the payment of any amount exceeding the UCR amount for services received from a non-participating physician.

Medical Necessity Provision: The benefits available through SHIP apply only to medically-necessary care. Only your medical condition is considered in determining the medical necessity of a covered service. Non-medical factors, such as your financial or family situation, are not considered.

The fact that a physician may prescribe or recommend a service does not mean it will automatically meet the standards for medical necessity. **You should discuss the medical necessity of services with Wellmark (1-800-535-6099) before treatment or services are performed.**

The following is a description of the Alliance Select notification components with which you need to comply when you use non-Select facilities or providers.

Pre-certification: (Non-Emergency Admission) Before you are admitted to a hospital or nursing facility for a non-emergency procedure, or before you use home health care or hospice program services, you must contact Wellmark Blue Cross and Blue Shield of Iowa and receive pre-certification to determine if your care is medically-necessary. Participating Alliance Select practitioners and hospitals must do this for you; non-participating providers are not required to do so, so you must do it.

Admission Review: (Emergency and Maternity Admissions) If you are admitted on an inpatient basis to the hospital for emergency or maternity services, your admission does not need to be pre-certified to receive the maximum benefits. However, Wellmark Blue Cross and Blue Shield of Iowa must be notified by you or your provider within 24 hours of your admission. The toll-free telephone number is printed towards the back of this brochure and on your identification card (ID). Alliance Select providers agree to be responsible for this notification.

If you or your provider do not notify Wellmark as required, you may have to pay as much as 50% of the cost of your care yourself in addition to the deductible and co-insurance amounts you are required to pay. You will be responsible for care that is determined not to be medically-necessary. These are excellent reasons to seek care from an Alliance Select participating provider.

BENEFIT SUMMARY

More detailed information is provided in the Coverage Manual available online at <http://www.uiowa.edu/hr/benefits/> or by contacting the University Benefits Office. The benefit summary in this brochure provides a brief description of the important features of your Coverage Manual. This brochure is not your Coverage Manual. Only the actual benefit provisions in your Coverage Manual will determine your benefits. Please read your Coverage Manual carefully.

LIMITATIONS AND EXCLUSIONS

The following are limited, excluded, or not considered medically-necessary by Wellmark Blue Cross and Blue Shield of Iowa and are not covered under SHIP.

- Services provided for the treatment of illness or injury arising out of or in the course of a covered person's employment for which an employer is required to furnish health care services or benefits (including Worker's Compensation benefits) or for which the employer is liable under any applicable federal, state, municipal, or other law.
- Services which you obtain, or may be entitled to obtain, through a governmental program, except Medicaid.
- Services under this policy if you are eligible for Medicare, even though you do not enroll in Medicare or waive or fail to claim Medicare benefits.
- Custodial or sanitarium care, travel, or rest cures.
- Services for cosmetic or beautifying surgery, except as specified and limited in the Coverage Manual.
- Dental services, except as specified and limited in the Coverage Manual.
- Services furnished to you prior to the effective date of the Coverage Manual.
- Services for routine or periodic physical examinations or screening for insured persons age seven years and older.
- Services furnished to you if, on the effective date of the policy, you are an inpatient of a hospital or a nursing facility until you are discharged.
- Services or supplies under this policy to the extent they are payable by another insurance policy in force on the date of admission to the hospital or nursing facility.
- Hospital services or supplies for those days you are on leave from the hospital or nursing facility but have not been discharged.
- Percentage reductions for covered services furnished in a non-participating facility.
- Eyeglasses or eye refractions, surgery for refraction, hearing aids, orthopedic shoes, arch supports, trusses, or examinations for the prescription or fitting of such items.
- Wigs and artificial hairpieces.
- Services or supplies for the diagnosis or treatment of infertility.
- Purchase or rental of personal convenience items.
- Services of private duty nurses.
- Services or supplies for organ transplants including, but not limited to, bone marrow, liver, heart, single lung, heart-lung and pancreas, or involving mechanical or non-human organs. This does not apply to services or supplies for cornea and kidney transplants.
- Services for recreational or educational therapy or non-medical self-help programs.

- Hospital or nursing facility admissions which are primarily for diagnostic evaluation, physical therapy, or occupational therapy.
- Investigational procedures.
- Marital and family counseling or training.
- Surgical treatment for morbid obesity, except as specified and limited in the Coverage Manual.

Accident and Injury Care Limitations: Services for home and office calls related to accident care are limited to care received within 7 days of injury; follow-up medical care (other than dental) and physical therapy will be covered when received within 90 days of injury when initial care was received within 7 days of injury.

OTHER FACTS YOU SHOULD KNOW

- Coverage is available for services and supplies associated with transplant surgery involving the cornea and kidney when treatment is performed in a facility approved by Wellmark Blue Cross and Blue Shield of Iowa.
- We may terminate your coverage without advance notice for fraudulent use of your policy.
- You become ineligible for continuation coverage under the policy twelve months after graduation.
- Wellmark Blue Cross and Blue Shield of Iowa will coordinate benefits with other group health carriers when duplicate coverage exists. Total payment from this coverage and all other group health coverages under which you are enrolled shall not exceed 100 percent of the cost of the covered services.

This is a general description of your coverage. It is not a statement of contract. Your actual coverage is subject to the terms and conditions specified in the policy between The University of Iowa and Wellmark Blue Cross and Blue Shield of Iowa.

REPATRIATION BENEFIT

A \$7,500 repatriation benefit applies to the student, spouse/domestic partner, or child covered under the policy. This must be applied toward those expenses incurred in returning the body to the person's place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to participants if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation expenses to the nearest appropriate medical facility and/or to the participant's home country are limited to a lifetime maximum of \$10,000 per person. Pre-certification of medical evacuation services is required.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS

SHIP provides a \$1,000 OPM per hospital admission. The OPM equals the per-service deductible plus the co-insurance amounts paid during each inpatient hospital stay. Co-payments are not applied to the OPM.

When the amount paid by the insured equals the OPM, the plan pays 100% of the usual, customary and reasonable (UCR) covered charges incurred for that admission up to the lifetime maximum of \$250,000. The UCR is the charge the insurance company considers to be acceptable for a particular service.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA

SHIP provides coverage worldwide. For covered services received in other states or outside of the USA, the provider category may be Select or Non-Select when determining payment amounts. Choosing a Select provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

THE UNIVERSITY OF IOWA

HEALTH INSURANCE OPTIONS

PLAN PROVISIONS

SHIP

| | |
|--|---|
| Co-insurance Percentage | 10% for Select inpatient hospital; 20% for non-Select inpatient hospital |
| Out-of-Pocket Maximums | \$1,000 per hospital stay |
| Pre-existing Condition Waiting Period | None |
| Pre-approval of Inpatient Admissions | Required |
| Second Surgical Opinion | Voluntary |
| Benefits Available from Non-member Providers | Co-payment deductibles and co-insurance are higher plus individual is responsible for charges above UCR |

PREVENTIVE CARE

| | |
|-----------------|---|
| Immunizations | Children to age 7 only |
| Well-Child Care | No cost for children to age 7 |
| Not Covered | Routine Physicals Routine Eye Exam Hearing Exam |

HOSPITAL SERVICES

| | |
|---|--|
| Room and Board Semi-private Room | 10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital; |
| Physicians Services | Included in hospital deductible and co-insurance |
| Inpatient Surgery | 10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital |
| Outpatient Surgery | \$50 co-payment for Select hospital; \$150 co-payment for non-Select hospital; |
| Inpatient Supplies, Drugs, Tests, ICU, Operating Room, and Specialized Care | 10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital |

OUTPATIENT SERVICES

The following services have a \$10 co-payment for Select providers; \$30 co-payment for non-Select providers; and a **total combined maximum benefit of \$1,500 per year**.

| | |
|--|--|
| Allergy Treatments | Chiropractor |
| Ambulance | Durable Medical Equipment |
| Office Calls | Speech, Occupational, and Respiratory Therapy |
| Physical Therapy | Dental Accident Care (completed within 6 months) |
| Outpatient Mental Health/Chemical Dependency | \$10 co-payment for Select providers \$30 co-pay for non-Select providers Mental Health-outpatient maximum of 52 outpatient visits Mental Health-inpatient maximum of 30 days |
| Imaging and Lab | Diagnostic only; \$10 co-payment at physicians office; \$50 co-payment at outpatient facility Maximum of \$1,500/year |
| Prescription Drugs/Oral Contraceptives | \$500 maximum for single/\$750 maximum for all other contracts (see page 3) |
| Emergency Room Services | \$50 co-payment \$150 co-payment for non-Select hospital |
| Home Health Care | Maximum of 30 days/calendar year |
| Organ Transplants | Prior approval; cornea, kidney coverage only |
| Skilled Nursing Facility | Maximum of 30 visits per calendar year |
| Blood | 10% co-insurance after \$300 deductible for Select hospital 20% co-insurance after \$600 deductible for non-Select hospital |
| Hospice Care | Covered |
| Domestic Partner | Yes, same sex or opposite sex |
| Dependent Child Age Limit | 25 (if residing in the State of Iowa) or unlimited if full-time student |
| Lifetime Maximum | \$250,000 per individual |
| Not Covered | Eyeglasses Hearing Aid Infertility Treatment Routine Physicals |

THE UNIVERSITY OF IOWA

DENTAL INSURANCE PLAN

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN

Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental of Iowa, the dental insurance plan administrator. A list of plan providers may be accessed via the web at <http://www.uiowa.edu/hr/benefits/>. You will receive an ID card from Delta Dental of Iowa which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental's payment arrangements. This means you are responsible for any difference between your dentist's covered charges and the Delta Dental allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES

Insureds will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, imaging, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 14), space maintainer (under age 14), and biopsy of oral tissue.

There is a \$25 deductible per person, with a maximum deductible of \$75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a \$25 deductible per person, with a maximum of \$75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of \$1,000 per covered individual per year.

THE UNIVERSITY OF IOWA

GRADUATED STUDENT INSURANCE PLANS 2008 - 2009

GRADUATED STUDENTS ENROLLMENT FORM

Please complete, sign, and return this enrollment form to:

THE UNIVERSITY OF IOWA
UNIVERSITY BENEFITS OFFICE
120 UNIVERSITY SERVICES BUILDING SUITE 40
IOWA CITY, IOWA 52242-1911

You will be billed monthly through The University of Iowa's billing system or bank account, if appropriate.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by The University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and by Delta Dental of Iowa.

I certify that, after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any false statements or misrepresentations, or have failed to disclose or conceal any material fact, Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa will be entitled to declare the contracts applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to charge my University bill or bank account, as appropriate, for the premium. I understand that if the University bill on which the premium first appears is not paid when due, the coverage may be canceled.

THE UNIVERSITY OF IOWA

GRADUATED STUDENTS ENROLLMENT FORM

PLEASE PRINT:

Student Name (Last, First, MI) Sex M F

Birth Date (month/day/year) Social Security Number

Local Address (Home or Office)

City, State, Zip

Telephone Number

Insurance Plans: SHIP Dental

Enrollment Beginning Date:
 01/01/09 06/01/09 09/01/09 _____

Contract Information: Coverage is for (check one):

- Single
- Single & Spouse/Domestic Partner
- Single & Children
- Single, Spouse/Domestic Partner, & Children

List dependents below: (Complete this section only if you are covering your spouse, domestic partner or children)

Spouse/Domestic Partner Name (Last, First, MI) Sex M F

Birth Date (month/day/year) Social Security Number
Coverage SHIP Dental

Child Name Sex M F

Birth Date (month/day/year) Social Security Number
Coverage SHIP Dental Full-time student Yes No

Child Name Sex M F

Birth Date (month/day/year) Social Security Number
Coverage SHIP Dental Full-time student Yes No

Child Name Sex M F

Birth Date (month/day/year) Social Security Number
Coverage SHIP Dental Full-time student Yes No

I have read and understand the Agreement and Certification language on the back of this form.

Signature

Student ID#

Date

PLEASE COMPLETE THE FOLLOWING ONLY IF YOU WISH TO HAVE YOUR HEALTH INSURANCE PREMIUMS DEDUCTED FROM A CHECKING OR SAVINGS ACCOUNT RATHER THAN BILLED TO YOUR UNIVERSITY BILL: AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS OF STUDENT HEALTH INSURANCE PLAN PREMIUMS TO BE PAID TO THE UNIVERSITY OF IOWA

I HEREBY AUTHORIZE THE UNIVERSITY OF IOWA TO INITIATE DEBIT ENTRIES TO MY ACCOUNT INDICATED BELOW AND THE FINANCIAL INSTITUTION NAMED BELOW, HEREINAFTER TO DEBIT THE SAME TO SUCH ACCOUNT.

The University of Iowa requests this information for the purpose of establishing the payment of your Student Health Insurance Plan premiums. Individuals outside the University employed by the institution who will administer this benefit will have access to this information. No other persons outside the University are routinely provided this information. If you fail to provide the required information, the University cannot authorize the direct payment from your institution to the University of your health insurance premiums.

(PLEASE ATTACH A VOIDED CHECK OR OTHER DOCUMENT CONTAINING THE INFORMATION BELOW)

FINANCIAL INSTITUTION

ADDRESS

CITY, STATE

TRANSIT/ABA NUMBER (8 OR 9 DIGIT NUMBER ON BOTTOM OF CHECK)

YOUR ACCOUNT NUMBER: _____
 Checking Savings

SIGNATURE OF ACCOUNT HOLDER

DATE

Return to:
University Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911

THE UNIVERSITY OF IOWA

QUESTIONS AND ANSWERS

Q: Can the premium be charged to my Ubill?

A: No, you will receive a bill monthly in the mail from The University of Iowa.

Q: Did I have to be on the SHIP or Student Dental plan prior to graduation to be eligible for the continuation privilege?

A: No, the continuation plan is an option for all University of Iowa graduates.

Q: Will all my expenses be covered by insurance?

A: No. "Insurance" does not mean "all your medical care is free." Review the information about what is and is not covered. If you have questions about a specific service or procedure, call Wellmark Blue Cross and Blue Shield at 1-800-535-6099 or Delta Dental of Iowa at 1-800-544-0718.

Q: What do I do if I get a bill and I can't pay?

A: Call the doctor, dentist, or hospital's billing office. Generally, they will try to set up a payment plan that you can afford. If you meet certain low-income guidelines and have small children, you may be eligible for help from the county, state, or federal government. Check listings in the phone book for places to contact.

If your insurance has not paid their portion of the claim, contact them to see if there is a problem. Pay the co-payment or co-insurance for which you are responsible and contact the doctor, dentist, or hospital's billing office to explain the situation.

DON'T IGNORE THE BILL. It won't go away and may end up on your credit report, which could affect your ability to rent an apartment or buy a house or car.

WHO TO CONTACT

This policy is administered by The University of Iowa for the benefit of recent graduates of The University of Iowa. If you have questions about claims or specific questions about your SHIP coverage, you should call Wellmark Blue Cross and Blue Shield of Iowa.

Wellmark Blue Cross and Blue Shield of Iowa
636 Grand Avenue
Des Moines, IA 50309-2565
www.wellmark.com

Claims Inquiries (toll-free)
1-800-535-6099

For Pre-certification call (toll-free)
1-800-558-4409

Prescription Mailing Address:
Catalyst Rx
Claims Department
P. O. Box 1069
Rockville, MD 20849-1069

Mail order prescription claim mailing address:
Walgreens Mail Service
P. O. Box 29061
Phoenix, AZ 85038-9061

Questions about claims or specific dental coverage:

If you have questions about claims or specific questions about your dental coverage, you should call Delta Dental of Iowa.

Delta Dental of Iowa
2401 SE Tones Drive
Ankeny, IA 50021
1-800-544-0718

Questions about SHIP or dental coverage, eligibility, adding dependents, brochures and enrollment forms, enrollment periods, or premium charges:

The University of Iowa Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911
<http://www.uiowa.edu/hr/benefits/>

Office: (319) 335-2676
Toll-free: (877) 830-4001
Fax: (319) 335-2776

**The University of Iowa Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911**

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