

## **WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE HEALTH INSURANCE PLAN**

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### **Why is health insurance policy mandatory?**

Wayne State University (WSU) School of Medicine experience before making health insurance mandatory was that many students purchased inadequate plans for most illness and injury situations. By negotiating a comprehensive and reasonably priced benefits package from Blue Cross / Blue Shield of Michigan, we are ensuring that students have the coverage they need. By making the plan mandatory for a 12-month period we ensure that every registered student has adequate coverage for the entire year.

### **Why am I NOT allowed to purchase my own individual policy?**

WSU School of Medicine experience found that many students tended to buy the cheapest insurance, which left them with inadequate insurance coverage for illness or injury. In addition, some students merely purchased a policy so they could register, but later let it lapse. This left them open to the massive financial burden that illness or injury can bring. The School of Medicine undertook a comprehensive review of a variety of policies and chose one that best meets the needs of medical students at a reasonable cost. Medical students participated in the selection of the current policy and its benefits.

### **What coverage through a parent qualifies for the waiver?**

You must be included on a parent's GROUP health plan as a DEPENDENT through your parent's employer (a group plan and being a dependent are the critical issues). You are NOT eligible for a waiver if your parent merely purchased health insurance coverage for you. Also note, as a general insurance rule, you will likely not be covered as a dependent on your parent's group plan if you are older than 26 years of age.

### **I was approved for a waiver, so why am I now being contacted to provide additional documentation?**

The School of Medicine determines whether your waiver application meets the criteria for the waiver. We have developed a streamlined, completely automated process for applying for a waiver through the Relation Insurance Services website. The information provided in the waiver application is not proof of approval. Students may be contacted and asked to provide additional information to support the waiver request. If requested, you will need to provide additional information within the required timeframe. Per School of Medicine policy, if you fail to respond, are unable to provide appropriate evidence of coverage, or the documentation you submit does not support a waiver, you will be required to enroll in the school's plan or face possible disenrollment.

### **Could I be denied coverage?**

No, because Blue Cross of Michigan group health options are not medically underwritten, you will not be denied health insurance coverage because of medical history or current health status.

### **Why do I have to pay a second deductible?**

The deductible applies to a calendar year and does not match school's coverage "year" (July through June). If you are hospitalized in October and again in February, you would need to pay the deductible in both calendar years.

### **How does the 1-member deductible differ from a family deductible?**

When only one member of your family is having services, then the 1-member deductible must be met before Blue Cross will begin paying for covered services. When two or more family members are receiving covered services, then all the members contribute toward the family deductible. Each family member is not expected to fulfill an individual requirement.

### **What is Annual Coinsurance dollar maximum?**

The Annual Coinsurance dollar maximum limits the amount you pay each calendar year. Once you meet the copay maximum in a calendar year, covered services will be paid at 100 percent of the approved amount for the remainder of the year. Your coinsurance requirement begins each calendar year on January 1st.

### **Will the copay I pay for prescription drugs apply towards the Annual out of pocket maximum?**

Yes.

### **What is the total out of pocket amount I will pay in a calendar year?**

Annual out of pocket maximum.

### **How do I find an in-network provider?**

1. Visit [bcbsm.com](http://bcbsm.com).
2. Click on **Find a Doctor**.
3. **Log in** to Choose Plan options – Employer Group Plans.
4. Pick PPO Plans or Blue Care Network HMO.

### **When will I receive my Blue Cross ID card?**

Your card will be mailed to the address you provide within 10 days of receiving your application. If you need to use the coverage prior to receiving your ID card, simply provide your social security number.

## What if I need services while traveling outside of Michigan?

### PPO

The Blue Card program provides coverage for our members from coast to coast. All you pay are the applicable deductible and co-pays when you receive care from a provider who participates with his or her local Blue Cross Blue Shield Plan.

### HMO

Emergency Services only.

## Can I add dental or vision coverage?

Yes, but the medical school is not involved in this process. Please contact the university's insurance broker, Michael Vincent, for more information.

## Once I enroll, may I change my mind about the plan I selected?

No, the level of coverage you select (PPO, HMO) is required to remain the same for each of the 3 enrollment periods. Your opportunity to select the level of coverage you desire occurs during your initial enrollment under the 2022-2023 plan year. However, you can change the number of individuals covered as your life circumstances change (e.g., if you get married during the year, you could add your spouse and switch from 1-member to 2-member coverage).

## I am currently enrolled in the school's Student Health Insurance plan, but now I meet the conditions of a waiver. How do I cancel my coverage and submit the waiver?

Please contact Relation Insurance Services.

## Can I enroll mid-year (e.g., as the result of my waiver coverage ending)?

Yes. In general, you should plan to submit the enrollment form one month before your coverage ends to ensure that there are no gaps in coverage. Please contact Relation Insurance Services.

## What if I get married or have a baby? Can I add them to the plan?

Yes. You can add a new spouse or baby mid-year as long as you enroll them within 30 days of the marriage/birth. Please contact Relation Insurance Services.

## Can I add a domestic partner?

Yes. Please contact Records and Registration.

## Am I purchasing insurance for a 12-month term? Will my insurance automatically terminate in a year if I do not renew it next year?

Once you enroll in the plan during each open enrollment period (three times per year) your health insurance coverage will continue **UNLESS** you fail to purchase coverage for the 2nd and 3rd enrollment terms or cancel the insurance. Students who do not complete the necessary 2nd and/or 3rd enrollment purchase or fail to cancel in the appropriate way are responsible for any charges billed to the School or student acct holds.

## What are the open enrollment periods and why do I have to enroll three times a year?

If your annual waiver is denied or you wish to enroll in the student health insurance plan, you must enroll in coverage for each of the three open enrollment periods as shown below. The open enrollment periods coincide with student financial aid disbursements throughout the year and guarantee that your coverage remains continuous for 12 months.

ENROLLMENT PERIOD	OPENS	CLOSES
<b>Fall</b> 07/01/2022 – 10/31/2022	06/27/2022	07/14/2022
<b>Winter</b> 11/01/2022 – 02/28/2023	10/03/2022	11/15/2022
<b>Spring / Summer</b> 03/01/2023 – 06/30/2023	01/03/2023	03/15/2023

## Who do I call if I have additional questions about my insurance coverage or I have concerns about claims?

Please contact Michael Vincent, Broker at 517-282-3535

## Why do health insurance premium costs change?

The main reasons for the health insurance premium increase.

1. Increases in healthcare costs and
2. Increases in utilization-more students on the plan are using more healthcare services.

## Does the Plan satisfy ACA Requirements?

Both plans are ACA approved and include mandated essential benefits provisions.

### **Any Other Charges?**

ACA rules and regulations have added Taxes and Fees to the insurance premium. These other charges include reinsurance fee, comparative effectiveness fee, (PCORI) and federal insurance premium tax.

### **Contact Information**

#### **Records & Registration Department**

**313-577-1466**  
[records@med.wayne.edu](mailto:records@med.wayne.edu)

#### **Affiliation Agreements & Health Insurance**

Shanae Pruitt, Coordinator  
**(313) 577-3741**  
[smpruitt@wayne.edu](mailto:smpruitt@wayne.edu)

#### **Insurance Broker**

Michael Vincent  
**(517) 282-3535**  
[michael@michaelvincentinsurance.com](mailto:michael@michaelvincentinsurance.com)

#### **Insurance Plan Administrator**

Relation Insurance Services  
**(800) 537-1777**