2012-13 Student Health Insurance Requirement

APPEAL RENEWAL INFORMATION FOR GRADUATE AND PROFESSIONAL STUDENTS

INTRODUCTION

Cornell’s policy establishes the Student Health Insurance Plan (SHIP) as mandatory for all graduate and professional students. It also creates an option for students to file a written appeal if you believe you have other comparable health insurance. If the appeal demonstrates that your health insurance meets all six of Cornell’s criteria, you will not be required to enroll in the SHIP and pay the SHIP premium.

PRIMARY CARE AT GANNETT HEALTH SERVICES

Whether you have the Student Health Insurance Plan or other health insurance, Gannett Health Services provides primary medical care and counseling when you are in the Ithaca area. All full-time registered students can meet with a Gannett health care provider or counselor for a $10 student visit charge. Most other services at (e.g., lab, xray, some preventive services) are covered for those enrolled in the SHIP. For students who have private health insurance, fees are charged for most services. Carefully review your health insurance policy to make sure it will provide adequate coverage for your health care needs. Gannett does not bill private insurance companies directly, but will provide a receipt for services you can submit to your insurance company for reimbursement.

Confidentiality: All medical care and counseling at Gannett is confidential. Gannett staff members confer with one another as needed to provide integrated care for you; in the event of your treatment at Cayuga Medical Center or another hospital, the hospital and Gannett will share relevant health information for continuity of care. Otherwise, Gannett will not release any information about you without your written permission, except as authorized or required by law, or in our judgment as necessary to protect you or others from a serious threat to health or safety.

For more information about Gannett, visit www.gannett.cornell.edu.

ELIGIBILITY FOR APPEAL RENEWAL

You are eligible for a renewal if your appeal was approved in a previous year AND your health insurance coverage has not changed since the appeal was approved (same company, same policy, same benefits).

Your health insurance coverage has changed since your appeal was approved or you are appealing for the first time, you must complete an Appeal Application.

If you were approved for an appeal last year and do not file an Appeal Renewal or Appeal Application by the deadline this year, you will be enrolled in and charged the premium for the SHIP automatically. (The premium charge is covered for fully-funded graduate students.)

If you were approved for an appeal last year, but wish to be covered by the SHIP this year, you do not need to file any paperwork: you will be enrolled in and charged for the SHIP automatically.

APPEAL RENEWAL APPLICATION

In the Appeal Renewal Application, you must reaffirm that you have health insurance that meets all six criteria for health insurance coverage.

Your plan must:
1. be provided by a company licensed to do business in the US, with a US claim payment office and US phone number
2. provide coverage in the Ithaca area for outpatient and inpatient medical care. (A policy that provides coverage in the Ithaca area on an “emergency care only” basis does not meet this requirement.)
3. provide coverage in the Ithaca area for outpatient and inpatient mental health care
4. have a maximum benefit of at least $500,000 per year
5. remain in force as long as you are a registered student at Cornell
6. cover pre-existing conditions

DEADLINE FOR SUBMITTING AN APPEAL RENEWAL APPLICATION

Your Appeal Application and supporting materials are due to the Office of Student Health Insurance by:

Fall Entrants: Sept. 30
Spring Entrants: Feb. 28

You may request the installment plan payment option from the Office of Student Health Insurance.

APPROVAL OF AN APPEAL RENEWAL APPLICATION

Your Appeal Application will be approved if:
1. you submit your fully completed application by the deadline; and
2. your health insurance has not changed since the appeal was approved;
3. you submit a current copy of your insurance membership card and
4. you have not used the SHIP

The Office of Student Health Insurance will communicate to you via your CU netid and the Office of Student Health Insurance will issue a credit to your Bursar account for the premium. The Office of the Bursar will waive finance charges if filed by deadline.

DENIAL OF AN APPEAL RENEWAL

Your Appeal Renewal Application will be denied if your health insurance coverage has changed since the appeal was approved. Incomplete applications cannot be processed and will be returned to you for completion.

The Office of Student Health Insurance will communicate to you via your CU netid and the Office of the Bursar, indicating that your Appeal Renewal Application has been denied.

Your SHIP coverage will be cancelled. The Office of Student Health Insurance will issue a credit to your Bursar account for the premium. The Office of the Bursar will waive finance charges if filed by deadline.

CORNELL OFFICE OF STUDENT HEALTH INSURANCE

Address: 409 College Avenue, Suite 211
Ithaca, NY 14850
Phone: 607.255.6363 E-mail: sicu@cornell.edu
Fax: 607.254.5221 Web: www.studentinsurance.cornell.edu
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APPEAL RENEWAL APPLICATION FOR GRADUATE AND PROFESSIONAL STUDENTS

Name __________________________________________________ Date of Birth (mm/dd/yyyy) ____________ Gender ______________

(Please print clearly using ink)

7-Digit Cornell ID # ____________________________ School/Program ____________________________

HEALTH INSURANCE INFORMATION

Insurance Company ____________________________________________ CU Netid ____________________________

Subscriber Name ____________________________________________ Subscriber ID # ____________________________

Subscriber’s Relationship to Student ____________________________ Subscriber Date of Birth (mm/dd/yyyy) ____________

Insurance Co. Address ____________________________________________ Insurance Policy # ____________________________

Insurance Co. Phone # ____________________________

STEP ONE: RENEWAL REQUIREMENTS

You are eligible for a renewal if your appeal was approved in a previous year AND your health insurance has not changed since the appeal was approved.

YES NO

☐ ☐ 1. I applied for an appeal in a previous year, and my appeal application was approved.

☐ ☐ 2. My health insurance coverage has not changed since the appeal was approved (same company, same policy, same benefits)

☐ ☐ 3. I have attached a copy of my insurance identification card that includes my name (or “subscriber name” as written above, and family, spouse, or domestic partner coverage indicated).

STEP TWO: INFORMATION ABOUT YOUR HEALTH INSURANCE PLAN

Please affirm that you have health insurance that satisfies Cornell's six criteria by checking all six of the “yes” boxes below. If your coverage does not meet all six of these criteria, your appeal cannot be renewed and you must purchase the SHIP.

YES NO

☐ ☐ 1. My plan is provided by a company licensed to do business in the United States, with a US claim payment office and US phone number.

☐ ☐ 2. My plan provides coverage in the Ithaca area for outpatient and inpatient medical care. (A policy that provides coverage in the Ithaca area on an “emergency care only” basis does not meet this requirement.)

☐ ☐ 3. My plan provides coverage in the Ithaca area for outpatient and inpatient mental health care.

☐ ☐ 4. The maximum benefit for my coverage is at least $500,000 per year.

☐ ☐ 5. My coverage will remain in force as long as I am a full-time registered student (including in absentia and non-degree status) at Cornell University.

☐ ☐ 6. My plan provides coverage for pre-existing conditions.

STEP THREE: SIGNATURE

By my signature, I affirm that I have read and understand the information in the Appeal Renewal Instructions and Application. I hereby request a renewal of my appeal of the requirement of enrollment in the SHIP, based on my previous demonstration that I have health insurance coverage that meets all six of the criteria described above. I understand I am legally responsible for all medical expenses incurred during my enrollment at Cornell University and that the University will not be responsible for any medical expenses.

Signature ____________________________________________ Date (mm/dd/yyyy) ____________________________

RETURN TO: Cornell Office of Student Health Insurance 409 College Avenue, Suite 211 Ithaca, NY 14850