

Cornell University Office of Student Health Insurance

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2009–10 Student Health Insurance Requirement APPEAL RENEWAL INFORMATION FOR 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 professional 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 will serve your primary medical care and counseling needs 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 Gannett are covered for those enrolled in the SHIP. (The SHIP is an accident and illness policy; see "Exclusions" in the SHIP brochure.) 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 you with a receipt for services that you can submit to your insurance company for reimbursement.

Confidentiality: All medical care and counseling at Gannett is confidential. Gannett staff 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).

Only continuing professional students in the Law School (all, except JSD), the Johnson School (MBA only), and College of Veterinary Medicine (DVM only) are eligible to file an Appeal Renewal.

If 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 (available from your school or the Office of Student Health Insurance).

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.

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: **September 30.** Waiver applications received after this date will incur a late fee of \$50 for each month late. No applications will be accepted after December 10, 2009

Spring Entrants: **February 28.** Waiver applications received after this date will incur a late fee of \$50 for each month late. No applications will be accepted after April 15, 2009.

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; *and*
3. you have not used the SHIP.

The Office of Student Health Insurance will send a letter to you, with copies to your school and the Office of the Bursar, indicating that your Appeal Renewal Application has been approved.

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.

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 send a letter to you, your school, and the Office of the Bursar indicating that your Appeal Renewal Application has been denied.

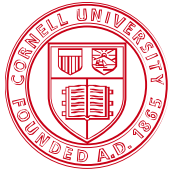
You will be responsible for the SHIP premium (charged to your Bursar account and payable immediately) and remain enrolled in the SHIP. You may also retain your own insurance if you choose.

The Bursar will waive finance charges accrued up to the date your appeal renewal is denied; finance charges that accrue after the appeal renewal denial are your responsibility.

If you prefer to spread out your payments, you may request the installment plan payment option from the Office of Student Health Insurance.

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2009–10 Student Health Insurance Requirement
APPEAL RENEWAL APPLICATION FOR PROFESSIONAL STUDENTS

Name _____ Date of Birth (mm/dd/yyyy) _____ Gender: Female Male
(Please print clearly using ink)

7-Digit Cornell ID # _____ School/Program _____

Mailing Address _____ E-mail Address _____

Insurance Company _____ Subscriber ID # _____

Subscriber Name _____ Subscriber Date of Birth (mm/dd/yyyy) _____

Subscriber's Relationship to Student _____ Insurance Policy # _____

Insurance Co. Address _____ 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)

➤ **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) _____