

### Why do I need health insurance?

- **If you don't have insurance**, doctors and hospitals may require you to pay them up front before they will even treat you, unless your injury or illness is life-threatening.
- **Do you take prescription medicine?** Some prescription drugs can be very expensive without insurance. Just go to any pharmacy website (like Walgreens.com) and look up the costs if you're curious.



### Can't I just go to Hall Health for care?

Hall Health offers a lot, but it doesn't come free. You may receive one free visit per quarter for illness or injury at Hall Health but after that you will have to pay for the health care you receive, the same as any other health care provider.

### Quick facts about SHIP and SHIP Plus

#### If you're a UW student, you can choose from two health insurance plans:

- The UW's Student Health Insurance Plan (SHIP), the basic, less expensive plan, or
- SHIP Plus, a plan that costs a little more but pays more of your health care costs.

**SHIP and SHIP Plus both cover** a range of medical expenses including doctor's visits, well baby care, STD screenings, Pap smears, emergency room, hospital stays, and prescriptions. Mental health, dental and vision benefits are also offered.

**SHIP Plus covers more** of the cost for covered medical expenses than SHIP, but it also costs you a little bit more (you pay higher premiums).

**Both plans** have some limitations and exclusions—things that aren't covered. Read the details starting on page 6.

### Which plan is right for you?

#### SHIP has

Lower quarterly premiums — \$502 per quarter for student only coverage

Higher out-of-pocket costs when you seek medical care (insurance generally pays 80%, you pay 20% when using a network provider)

#### SHIP Plus has

Higher quarterly premiums — \$607 per quarter for student only coverage.

Lower out-of-pocket costs when you seek medical care (insurance generally pays 90%, you pay 10% when using a network provider)

## How do I sign up for the SHIP or SHIP Plus plan?

You can sign up for insurance on MyUW online when you register for classes. The deadline is the third Friday of the quarter (the same as the tuition due date). You can choose annual coverage (autumn through summer quarter) or one quarter at a time. But it's important to note that you can't sign up (or cancel) after the third Friday of a quarter.

The premium for the plan will be added to your student account and you will need to pay for it by the tuition due date.

### Can I enroll mid-quarter if I change my mind?

No. Enrollment is only open until the third Friday of each quarter (the same day tuition is due).

### Can I change plans mid-year if I change my mind?

No. Once you sign up for either SHIP or SHIP Plus you cannot change between the plans for the remainder of the academic year. If you want to change which plan you are enrolled in, you must wait until the following academic year to make the change.

### Can I cancel mid-quarter if I change my mind?

No. Your premium is due with tuition and non-refundable unless you enter full-time active military duty or become eligible for the Graduate Appointee Insurance Plan (GAIP).

### What family members can I cover?

You can sign up your registered domestic partner or spouse and/or your children. Only certain family members are eligible for coverage, so you should visit the SHIP website for more details before you enroll.

### Do I have to sign up for a plan?

No, the plan is optional unless you are an international student. Some international students may be eligible for a waiver through the International Student Services. For waiver questions call (206) 221-7857 or go to <http://iss.washington.edu>.

## Use the power of the network to save money

SHIP and SHIP Plus both feature a network of preferred providers—doctors, hospitals and pharmacies. You don't have to use network providers, but when you do, you could save money. That's because we have negotiated special pricing for services with our network of providers and we pass on the savings to you.

- Hall Health Primary Care Center on campus
- UW Physicians
- University of Washington Medical Center
- Children's Hospital
- Northwest Hospital & Medical Center
- Rubenstein Pharmacy on campus (at Hall Health)
- University of Washington Medicine Neighborhood Clinics
- Harborview Hospital
- Seattle Cancer Care Alliance

If you want to go to a doctor who is not in the network, you can see any licensed physician, just be prepared to pay more. For more information on participating network providers, go to the SHIP website.

## Protecting you from high costs

What if you had a hospital bill that was \$50,000? That's not unheard of these days. Under SHIP, assuming these are all for covered medical expenses, would you really be responsible for paying 20%, or \$10,000?

No, you wouldn't. One important feature of both plans if you ever face a large hospital bill is an annual "**coinsurance maximum**" that protects you when you need significant medical care.

- **For SHIP**, the per insured person coinsurance maximum is \$2,500 for network providers, or \$5,000 for non-network providers, per policy year.
- **For SHIP Plus**, the per insured person coinsurance maximum is \$1,750 for network providers, or \$5,000 for non-network providers, per policy year.

Once the total dollar amount you have to pay out of your own pocket (for example, your 10% or 20% share of the costs) reaches the coinsurance maximum limit for the policy year, the plan will pay 100% for covered medical expenses for the rest of that policy year (up to the maximum benefit per condition). So, in the example above, if you had a covered \$50,000 hospital bill, you were covered under SHIP and you used network providers, your maximum covered coinsurance cost would be \$2,500. With SHIP Plus, it would be \$1,750. That's a lot better than \$10,000.

Note, if you went to providers who were not in the network, your coinsurance maximum protection isn't as good—you'd have to pay more out of pocket. That's another excellent reason to take advantage of our network of doctors, hospitals, labs and pharmacies.

Some types of services like rehabilitation and neurodevelopmental therapy, and other items such as deductibles and copays do not count towards the coinsurance maximum. Please see the online Student Health Insurance 2011 | 2012 booklet for additional information on what is counted towards the out-of-pocket maximum.

## More information

This brochure just covers a few highlights of these plans; it's intended to be a brief introduction. There's a lot more information available online. See the **Student Health Insurance 2011/2012** online booklet at the SHIP website: <http://depts.washington.edu/ovpsl/insurance.html>.

Or, you can visit or call the Student Insurance Office at 459 Schmitz Hall, **(206) 543-6202**, (office hours 10am - 4pm; phone hours 8am - 5pm.) You can also get to additional helpful links from the SHIP website.

### LifeWise Assurance Company

For questions about eligibility, benefits and claims, contact LifeWise Assurance Company (LifeWise) at **(800) 971-1491**. For additional information you can visit their website: <https://student.lifewiseac.com/uw/ship>.

Looking for information on the Graduate Appointee Insurance Program (GAIP)?  
Go to: <http://www.washington.edu/admin/hr/benefits/insure/gaip/index.html>

## SHIP

|  |   |
|--|---|
| <p><b>Coverage</b><br/>Percentage you and the plans pay for covered expenses. Covered expenses include, but are not limited to, inpatient and outpatient physician services. The plans generally cover more when you see doctors and providers in the network. See page 2 for details about the network. You pay a higher percentage when you use out-of-network providers, plus, you must pay any charges in excess of the allowable charges.</p> | <p><b>Network providers:</b></p> <ul style="list-style-type: none"> <li>• Plan pays 80%*</li> <li>• You pay the other 20%*</li> </ul> <p><b>Out-of-network:</b></p> <ul style="list-style-type: none"> <li>• Plan pays 60%**</li> <li>• You pay the other 40%**</li> </ul>  |
| <p><b>STD and cholesterol screenings</b></p>   | <p>4 tests per policy year — 2 STD and 2 cholesterol battery of tests</p>   |
| <p><b>Mental health</b><br/>Benefits are higher when you see network mental health providers.</p>  | <p><b>Inpatient:</b><br/>No maximum (subject to the policy maximum benefit)</p> <ul style="list-style-type: none"> <li>• Network providers: the plan pays 80%* after you pay a \$300 copay per admission; you pay the other 20%*</li> <li>• Out-of-network: the plan pays 60%** after you pay a \$400 copay per admission; you pay the other 40%**</li> </ul> <p><b>Outpatient:</b><br/>No maximum (subject to the policy maximum benefit)</p> <ul style="list-style-type: none"> <li>• Network providers: the plan pays 80%*</li> <li>• Out-of-network, the plan pays 60%**</li> </ul> |
| <p><b>Dental</b><br/>Subject to a \$25 individual deductible per year; \$75 family deductible per year.</p>  | <p>Plan pays 100% of allowable charges up to a maximum of \$300 per policy year for preventive services only (things like cleanings and checkups)</p>   |
| <p><b>Vision</b></p>   | <p>Plan pays 100% of allowable charges up to a maximum of \$150 per policy year toward exams and up to \$200 per policy year toward hardware</p>  |
| <p><b>Deductible</b></p>   | <p>\$75 per quarter per insured person up to a maximum deductible of \$300 per policy year</p>  |
| <p><b>Maximum Benefit</b></p>  | <p>\$200,000 aggregate maximum per condition</p>  |
| <p><b>Prescriptions</b><br/>Your coverage depends on where you get your prescriptions filled. Also, please note, you are limited to a 35-day supply per prescription per month.</p>  |   |
| <p><b>Rubenstein Pharmacy</b><br/>(on campus at Hall Health)</p>   | <p><b>You pay the higher of:</b></p> <ul style="list-style-type: none"> <li>• Generic: 20% or \$15 copay</li> <li>• Brand formulary: 30% or \$25 copay</li> <li>• Non-formulary: 40% or \$30 copay</li> </ul> <p>Maximum copay/coinsurance of up to \$200/prescription</p>  |
| <p><b>UMC/UWP pharmacies</b><br/>Limited to a 35-day supply per prescription per month.</p>  | <p><b>You pay the higher of:</b></p> <ul style="list-style-type: none"> <li>• Generic: 30% or \$15 copay</li> <li>• Brand formulary: 40% or \$25 copay</li> <li>• Non-formulary: 50% or \$30 copay</li> </ul> <p>Maximum copay/coinsurance of up to \$200/prescription</p>  |
| <p><b>Out-of-network pharmacies</b></p>  | <p><b>You pay:</b></p> <ul style="list-style-type: none"> <li>• Generic: 50% of billed charges</li> <li>• Brand formulary: 50% of billed charges</li> <li>• Non-formulary: 50% of billed charges</li> </ul> <p>Maximum copay/coinsurance of up to \$200/prescription</p>  |

\* Of the Allowable Charges. \*\* Out-of-network benefits are limited to the allowable charges.

# SHIP Plus

## Network providers:

- Plan pays 90%\*
- You pay the other 10%\*

## Out-of-network:

- Plan pays 60%\*\*
- You pay the other 40%\*\*

Same as SHIP

## Inpatient:

No maximum (subject to the policy maximum benefit)

- Network providers: the plan pays 90%\* you pay the other 10%\*
- Out-of-network: the plan pays 60%\*\* after you pay a \$400 copay per admission; you pay the other 40%\*\*

## Outpatient:

No maximum (subject to the policy maximum benefit)

- Network providers: the plan pays 90%\*
- Out-of-network, the plan pays 60%\*\*

Plan pays 100% of allowable charges up to a maximum of \$750 per policy year for preventive and restorative services (things like fillings)

Same as SHIP

Same as SHIP

Same as SHIP

## You pay:

- Generic: \$10 copay
- Brand Formulary: \$25 copay
- Non-Formulary: \$35 copay

## You pay:

- Generic: 20%
- Brand Formulary: 20%
- Non-Formulary: 40%

Maximum coinsurance of up to \$200/prescription

## You pay:

- Generic: 50% of billed charges
- Brand formulary: 50% of billed charges
- Non-formulary: 50% of billed charges

Maximum copay/coinsurance of up to \$200/prescription



## What's a deductible?

### You pay the first \$75

toward the cost of any covered medical expenses (the "deductible") each quarter before the plans pay any benefits (except for office visits at Hall Health).

### Example:

Let's say you went to a UW Physician doctor for the first time in October, and the doctor's total bill was \$175. You pay the first \$75—the "deductible"—and then the plan starts to pay benefits (for example, 90% of the remaining \$100, if you are covered by SHIP Plus.)

You only have to pay the deductible once per quarter, and you don't have to pay the deductible for doctor's office visits at Hall Health (although the deductible does apply for x-rays, lab work, even if it was related to an office visit at Hall Health). You do not need to pay the deductible if you don't have any claims (didn't see a medical provider). The maximum deductible is \$300 for each insured person per policy year.

## Please Note

These are just the highlights. For more details, visit the SHIP website, <http://depts.washington.edu/ovpsl/insurance.html>, and review the plan brochure. Also, SHIP and SHIP Plus, like every insurance plan, have a list of exclusions—things that are limited or not covered at all. Before you decide to enroll, read "What's Not Covered" beginning on page 6, and "Pre-Existing Condition Limitation" on page 8.

## Premiums for 2011/2012

|                                    | SHIP         |                        |                                      |  | SHIP Plus    |                        |                                      |  |
|------------------------------------|--------------|------------------------|--------------------------------------|--|--------------|------------------------|--------------------------------------|--|
|                                    | Student Only | Student and Child(ren) | Student & Spouse or Domestic Partner | Student, Spouse or Domestic Partner and Child(ren) | Student Only | Student and Child(ren) | Student & Spouse or Domestic Partner | Student, Spouse or Domestic Partner and Child(ren) |
| Single Qtr (other than Summer Qtr) | \$502        | \$1,120                | \$1,237                              | \$1,855  | \$607        | \$1,360                | \$1,492                              | \$2,245  |
| Annual at Autumn Qtr (4 quarters)  | \$1,968      | \$4,440                | \$4,908                              | \$7,380  | \$2,388      | \$5,400                | \$5,928                              | \$8,940  |
| Annual at Winter Qtr (3 quarters)  | \$1,506      | \$3,360                | \$3,711                              | \$5,565  | \$1,821      | \$4,080                | \$4,476                              | \$6,735  |
| Annual at Spring Qtr (2 quarters)  | \$1,004      | \$2,240                | \$2,474                              | \$3,710  | \$1,214      | \$2,720                | \$2,984                              | \$4,490  |
| Summer Qtr Only* (1 quarter)       | \$538        | \$1,207                | \$1,327                              | \$1,996  | \$649        | \$1,456                | \$1,603                              | \$2,410  |

*Note: For a domestic partner to be eligible for coverage, you and your domestic partner must meet the definition of an eligible domestic partner and be registered with the Washington State registry or jurisdiction where domestic partner registration is offered. \*In order to have Summer quarter insurance, you must meet one of the following: 1) have signed up for annual coverage, or 2) be registered for classes in Summer quarter (in this case Summer quarter rates are same as other quarters), or 3) be enrolled in SHIP or SHIP Plus for Spring quarter (in this case higher Summer quarter rates apply).*

## What's not covered

Every insurance plan has a list of exclusions—things that are not covered. SHIP and SHIP Plus will not pay benefits for loss or expense caused by, contributed to, or resulting from; or treatment, services or supplies for, at, or related to:

- Acupuncture—Services, supplies and/or treatment.
- Bungee jumping or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
- Cosmetic procedures, except cosmetic surgery required to correct an injury for which benefits are otherwise payable under this policy or for newborn or adopted children.
- Counseling, educational or training services, except as stated under the Alcoholism/Chemical Dependency Treatment rider, Diabetes Treatment benefit, and Mental Health rider.
- Custodial care: care provided in rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or custodial care; extended care in treatment or substance abuse facilities for domiciliary or custodial care.
- Dental treatment **except** as specifically provided in the dental benefits section.
- Genetic testing.
- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing, apart from the disease process.
- Human growth hormone.
- Immunizations services and supplies related to immunizations, not specifically listed in the benefit section.

- Preventive medicines or vaccines, except where required for treatment of a covered injury.
- Injury or sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
- Injury sustained while participating in any intercollegiate sport, contest or competition; traveling to or from such sport, contest or competition as a participant; or while participating in any practice or conditioning program for such sport, contest or competition.
- Learning disabilities (excluding ADD/ADHD) and behavioral problems including services and supplies.
- Marital and family counseling.
- Naturopathic services.
- Nicotine dependency drugs and programs.
- Orthotics (except as specifically provided).
- Over-the-counter drugs and take home medications.
- Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting.
- Prescription drugs, services or supplies as follows:
  - » Products used for cosmetic purposes.
  - » Drugs labeled "Caution—limited by federal law to investigational use" or experimental drugs.
  - » Drugs used to treat or cure baldness; anabolic steroids used for body building.
  - » Anorectics—drugs used for the purpose of weight control.
  - » Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene or Viagra.
  - » Nicotine dependency drugs.
  - » Growth hormones, or
  - » Refills in excess of the number specified or dispensed after one year of the date of the prescription.
- Prosthetic appliances and orthotic devices, except as specifically provided in the policy.
- Reproductive/infertility services including but not limited to: fertility tests; infertility for male/female including any services or supplies rendered for the purpose or with the intent of inducing conception. Examples of fertilization procedures are: ovulation induction procedures, in vitro fertilization, embryo transfer or similar procedures that augment or enhance your reproductive ability; impotence, organic or otherwise; reversal of sterilization procedures.
- Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study.
- Routine physical examinations. The policy covers limited services related to men's prostate screenings, STD and cholesterol testing, well-baby care and an annual women's exam. All other routine physical examinations performed in the absence of injury or illness and any related test or laboratory services are not covered.
- Sexual dysfunction—services, surgery or related expenses or supplies.
- Services and/or supplies that are not medically necessary.
- Services provided normally without charge by the health service of the policyholder or services covered or provided by the student health fee.
- Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction.
- Treatment in a governmental hospital unless there is a legal obligation for the participant to pay for such treatment.
- War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
- Weight management services and supplies related to weight reduction programs, weight management programs, related nutritional supplies, surgery or treatment for obesity, surgery for removal of excess skin or fat.



## Pre-existing Condition Limitation

A pre-existing condition is a medical condition that existed prior to the beginning of your coverage. It includes: 1) the existence of symptoms within the 3 months immediately prior to your effective date under the SHIP or SHIP Plus; or 2) any condition which is diagnosed, treated or recommended for treatment within the 3 months immediately prior to your effective date under the SHIP or SHIP Plus.

Pre-existing conditions will not be covered for the first three months of coverage under SHIP or SHIP Plus, unless you were insured under another similar health plan for at least three months immediately before becoming insured under SHIP or SHIP Plus.

Credit will be given for the period of time you were covered under the immediately preceding health plan if it was less than three months. (For example, if you were covered by another plan for two months before becoming covered on SHIP or SHIP Plus, your pre-existing condition would be covered after one month of coverage on SHIP or SHIP Plus).

Any lapse in coverage means you will have to satisfy the pre-existing condition waiting period again. For example, if you do not enroll in SHIP or SHIP Plus for a quarter, then re-enroll the following quarter, the pre-existing condition waiting period will have to be satisfied again.

The pre-existing condition limitation may not apply in full or in part if you had "creditable coverage" in the 62 days prior to your effective date of coverage in SHIP or SHIP Plus.

If a claim was paid that was related to a pre-existing condition, payment will not constitute a waiver of this exclusion for that claim or for any subsequent claim if it is later determined that the condition was pre-existing.

### Exceptions

The pre-existing condition exclusion does not apply to any of the following:

- Abortion.
- Pregnancy, including complications, if the condition is covered under SHIP or SHIP Plus.
- Prescription drugs.
- A covered newborn child who, as of the last day of the 60-day period beginning with the date of birth, is covered under any immediately preceding health plan.
- A covered adopted child under the age of 18, who, as of the last day of the 30-day period beginning on the date of adoption or placement for adoption, is covered under any immediately preceding health plan. (This does not apply to coverage the adopted child may have had before the adoption or placement, however.)

Genetic information will not be treated as a pre-existing condition in the absence of a diagnosis of the condition related to such information. (Genetic testing is not covered under SHIP or SHIP Plus.)

### One year non-renewable term policy.

*Underwritten by: LifeWise Assurance Company.*

*Based on Injury and Sickness Insurance Policy Number SHIP UW C (03-2011) and SHIP UW CPLUS (03-2011). This document provides a brief description of benefits available under the injury and sickness insurance policy. For a full description of coverage, including costs, benefits, exclusions, any reductions and limitations, and the terms under which the coverage may remain in force, refer to the Plan Brochure.*