

To: Indiana University School of Medicine Students
From: Student Health Insurance
Date: July 13, 2015
Subject: **Important IUSM Waiver and Plan Information**

REMINDER

- **Please remember to use your 10-Digit University ID when submitting your waiver.**
- Bursar credits for the insurance will be issued on or after August 1st.
- ID cards will be sent after August 1st.
- Students must use a valid IU email account to access and submit the health insurance waiver.

Dear Students,
Please refer to the following for information regarding your plan:

ENROLLMENT

Indiana University has contracted with Aetna Student Health to provide a health insurance plan to IU School of Medicine students. Benefit details, waiver links, and temporary ID cards are available online at: <http://hr.iu.edu/benefits/student-pshp-2015-16.html>.

IU School of Medicine students will be automatically enrolled in the health insurance plan. Coverage for First, Second, and Third year students during the 2015-2016 academic year will begin on August 10, 2015 and terminate on August 9, 2016. Coverage for Fourth year students during the 2015-2016 academic year will begin on August 10, 2015 and terminate on June 30, 2016. Students will be billed for the coverage by the IUPUI Office of the Bursar in two installments: \$1,896 for the fall semester and \$1,865 for the First, Second, and Third year students spring semester. Fourth year students will be billed \$1,453 for the spring semester.

WAIVER

For those students who have comparable coverage and do not wish to enroll in the health insurance plan, there is an option to waive. The online waiver form can be filled out at: <https://students.aetnastudenthealth.com/welcome.aspx?GroupID=812801&JScript=1> and must be filed by **September 1, 2015**. The following requirements must be met in order to waive the plan:

- My plan provides coverage anywhere in the US and Emergency coverage internationally. (Note: out of state HMO's do not meet this criteria)
- My plan has an annual deductible of \$5,000 (individual) / \$10,000 (family) or less.
- My plan offers at least \$1,000,000 Maximum Benefit per Policy Year per Condition.
- I acknowledge that my coverage will remain in force for the 2015-2016 Academic Year. If I involuntarily lose coverage prior to the end of the academic calendar year, I will contact the Student Health Insurance Coordinator at studenhc@iu.edu within 30 days of loss of coverage to apply for enrollment in Indiana University's Postdoctoral Fellows and Professional Students Plan.

Students who have questions about the requirements for waiving coverage should contact the Student Health Insurance Coordinator at studenhc@iu.edu. Please note that once your waiver is filed and accepted, you will not be able to return to the Professional Students Plan without a qualified change in status. If you lose alternative coverage due to a qualifying event, you must enroll in the Professional Students Plan within 30 days of losing coverage.

There is dependent coverage available for a spouse, same sex partner, or dependent children. The dependent enrollment deadline is **September 1, 2015**. Online enrollment and information on the premiums are available online at: <http://hr.iu.edu/benefits/student-pshp-2015-16.html>.

For information about additional benefits and discounts from Aetna, visit www.aetnastudenthealth.com or the IU student insurance website at <http://hr.iu.edu/benefits/students.html>.