

Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission & Approval Emails)

www.universityhealthplans.com/montclair

Montclair State University
STUDENT HEALTH INSURANCE PLAN

2021-2022 Academic Year

Health Insurance Requirement

In keeping with its institutional responsibility to protect the health and well-being of the students, as well as meeting the requirements under New Jersey state law, Montclair State University requires all full-time undergraduate and graduate students to carry health insurance. Full-time students are automatically enrolled in the University-Sponsored Student Health Insurance Plan and charged for the insurance premium. Students are responsible to submit a health insurance waiver online if they do not want the Student Health Insurance Plan.

The following students are required to have health insurance that meets University requirements:

- Full-time undergraduate students enrolled in twelve (12) or more credits.
- Full-time graduate students enrolled in nine (9) or more credits.

Plan Highlights

The Student Health Insurance Plan will continue to be provided by Aetna Student Health. The plan complies with the Affordable Care Act benefit requirements and includes access to Aetna's national PPO network of providers. Students do not have to select a primary care physician and referrals are not required. You can view the Plan Design and Benefit Summary located under Benefit information in the left-hand side navigation menu. In order to keep the premium competitive, the following benefit changes were made: **Deductible** increased from \$150 to \$250 and the **Prescription Drug Benefit** changed from \$20/\$40/\$60 to \$15/\$45/\$75/\$100 lowering the copay for generic drugs and increasing the copay for brand and specialty drugs.

Montclair has partnered with University Health Plans to administer the plan and help with waiver, enrollment, or benefit-related questions. University Health Plans can be reached at 800-437-6446 or info@univhealthplans.com

Insurance Cost & Coverage Periods

	Annual
Coverage Dates	8/15/2021-8/14/2022
Undergraduate and Graduate Insurance Cost	\$2,274
Waiver Deadline Date	September 20, 2021

Waiver Process

Full-time students who wish to waive (opt-out) the Health Insurance:

- If you wish to waive the Student Health Insurance Plan, you must provide proof of alternative coverage

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MONTCLAIR STATE UNIVERSITY

Montclair State University STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form 2021-2022 Academic Year

It is important for you to make an informed health assessment each year. For instance, have your health needs changed? Will you be participating in a study abroad program? Do you have access to a network that covers you throughout the country and do you have coverage for emergencies? Make sure you have appropriate health coverage so that an unexpected illness or accident doesn't hold back your wellness or academic success.

You may waive coverage under this plan if you have health insurance that meets all of Montclair State University's insurance plan requirements. You will need to provide information about your coverage. An accepted waiver applies to the full academic year during which it is filed.

The waiver deadline is September 20, 2021. PLEASE FILL OUT THE REQUIRED FIELDS BELOW:

Please note, your Montclair State University student ID# begins with a "M" followed by 8 digits.

date of birth: (MMDDYYYY)
student ID:

Student Health Plan

- Waiver Form
- Enrollment Form
- Benefit Information >
- Insurance ID Card
- Aetna Provider Search
- Telehealth - Teladoc
- Prescription Information
- Aetna Member Log-in & Claim Status
- Aetna Health Mobile App
- Aetna Information >
- Worldwide Travel Assistance

Optional Plans

- DeltaCare Dental Insurance
- VSP Vision Insurance

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ABOUT US CONTACT US / FAQs HEALTHCARE NEWS

MONTCLAIR STATE UNIVERSITY

Montclair State University STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form 2021-2022 Academic Year

Pre-Waiver Form Questionnaire

It is important that students and families make an informed decision regarding their health insurance coverage. Before waiving the Montclair State University Student Health Insurance Plan, carefully review your current coverage and determine that it meets each of the following requirements.

1. I understand I am required to complete an online Waiver Form at the beginning of each academic year.
 Yes No
2. I am currently enrolled in a health insurance plan and I agree to maintain health insurance coverage throughout the remainder of the academic year.
 Yes No
3. I acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither the University nor the Student Health Insurance Plan will be held responsible.
 Yes No

Student Health Plan

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STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form
2021-2022 Academic Year

Asterisk (*) denotes required field

STUDENT INFORMATION

first name: _____
last name: _____
student ID: _____
student type: _____
email address: _____
date of birth: _____
international student: No

INSURANCE INFORMATION

insurance company name: _____
member ID number: _____
type of insurance: _____
insurance company phone: _____
subscriber name: _____
subscriber relation: _____
subscriber state: _____

PROOF OF INSURANCE

Optional: to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

Files may not exceed 10 MB each.

file 1: [Choose File] No file chosen
file 2: [Choose File] No file chosen

person completing waiver: _____

Correct Phone #

STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form
2021-2022 Academic Year

Asterisk (*) denotes required field

STUDENT INFORMATION

first name: Danisha
last name: Goodman

Insurance Company Phone

Provide a phone # for your insurance company (ex: member services).

PROOF OF INSURANCE

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Files may not exceed 10 MB each.

file 1: [Choose File] No file chosen
file 2: [Choose File] No file chosen

STUDENT INFORMATION

student ID: _____
student type: _____
email address: _____
date of birth: _____
international student: _____

INSURANCE INFORMATION

insurance company name: _____
member ID number: _____
type of insurance: _____
insurance company phone: _____
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file 1: [Choose File] Health Insurance Card.pdf
file 2: [Choose File] No file chosen

person completing waiver: _____
your relation to student: _____

I certify that my insurance coverage is in effect and I expect it to remain in effect during the 2021-2022 academic year. The submission of this waiver form including all information herewith constitutes truthful and accurate statements.

Remember: State University and its contractors reserve the right to verify the insurance you are submitting. You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation that you have the required coverage for the policy year.

Please note, once you click "apply" below you will receive an immediate response that your waiver was successfully submitted. Should you not receive an immediate response with your confirmation number, please contact University Health Plans at 800-437-6448 as this would mean you did not successfully submit the waiver form.

My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan as described above.

Please check your information before clicking on Submit.

[Submit] for waiver.

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Optional Plans

Additional Information

Insurance Info for Graduating Students and Dependents

Mental Wellness Resources

type of insurance *

insurance company phone *

subscriber name *

subscriber reason *

subscriber state *

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for waiver.

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Introduction

Aetna COVID-19 Updates

NJ Senate Bill 2201 -
Hard Waiver Requirement

New Jersey Family Care (NJFC)

Student Health Plan

Waiver Form

Enrollment Form

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Mental Wellness Resources

Annual Waiver Form
2021-2022 Academic Year

Dear _____

You have received your request for a waiver. Another email will be sent within 3-5 business days that states if your waiver form has been approved or denied. If it is denied, you will have a chance to prove your insurable plan is active.

The enrollment/waiver process is annual. Please review your student status and health needs each year to make an informed decision.

Your confirmation number is _____

Please use this information if you contact University Health Plans at [800-437-6448](tel:800-437-6448).

If you lose your insurance coverage, you may qualify for special enrollment rights. You must contact University Health Plans and submit a qualifying event enrollment form and payment within 31 days of the date you lost your other coverage.

FOR YOUR SECURITY: If you are using a shared or public computer, please be sure to close and exit from all browsers/ windows to remove personal information from previous pages stored in the browser's history cache.

Waiver successfully submitted