

ESSENTIAL INFORMATION FOR REQUIRED HEALTH INSURANCE COVERAGE WHILE AT BARNARD DURING THE 2019-2020 ACADEMIC YEAR

Dear Barnard Student/Parent/Guardian:

While you are a student at Barnard College, you are **required** to carry health insurance. You have two options for insurance coverage. They are:

1. Purchase the health insurance policy provided through Barnard which is offered through Aetna Student Health, or
2. Waive out of the Barnard Aetna Student Health plan if you are covered by your parents'/guardian's insurance for the entire year and their insurance plan meets certain criteria. **This is an annual process and must be completed before the start of every academic year.** In order to waive out, **all of these criteria must apply:**

1. Plan or its partner is recognized and can be used in New York State (most out-of-state Medicaid plans and state HMO plans will not cover you in NY).
2. Plan covers biological and psychological disorders, for both inpatient and outpatient services.
3. Plan has NO cap for medical, mental health (outpatient & inpatient) and pharmacy benefits
4. Coverage must be effective on or before 8/25/19 through the end of the academic year of 2019-2020 with no break in coverage.
5. Plan must be based in the United States and must be in full compliance with the Affordable Care Act.

If you do not actively waive out of the Barnard student health plan using the online waiver application by August 23, 2019* the student will be automatically enrolled in the Barnard Aetna Student Health (ASH) insurance plan, and it will be considered her primary insurance.

***Although the deadline to opt out of insurance is August 23, 2019, we encourage you to opt-out prior to the August 1st tuition payment deadline so that you do not incur late payment fees**

Please see the chart below to compare Barnard's plan, underwritten by Aetna, to your current plan.

2019-2020 Academic Year: Compare Your Coverage

Points of Comparison	Barnard/Aetna	Your Plan	Notes
Fall 2019	\$1,285	?	\$257/month (approx.)
Plan Covers Visits to Medical Specialists in NYC Referrals from the PCHS are required for the insurance to pay at the highest benefit level	Preferred Provider Organization (PPO) Affordable Care Act Metal Plan Level: Gold	?	In-Network Coverage: Deductible: \$300 (applies to all excluding copay visits) \$40 copay for Medical/Mental Health Office Visits \$60 copay for Urgent Care visits (e.g. CityMD) \$150 copay for ER visits Deductible does not apply to benefits w/copays All other In-Network coverage: 80/20% (after deductible is met) Out-of-Pocket cap: \$4250, 100% coverage thereafter Out-of-Network Coverage: Deductible: \$500 Coverage: 60/40% (after deductible is met) Out-of-Pocket: N/A. There is no out-of-pocket max This benefit is used for all urgent care, specialists and hospitalizations while studying abroad (ask PCHS for details)
Covers you as long as you are a registered student at Barnard	YES	?	If your parent loses his/her job or moves out of state, his/her insurance policy may be in jeopardy
Barnard requires that your health insurance provider be based in the U.S.	YES	?	
Covers mental health services, on par with medical services	YES	?	Many managed care plans have limited mental health coverage out of area
Includes a national provider network	YES	?	Many employers and individual plans have local networks only. ASH is connected to the Aetna national provider network
Includes pharmacy coverage Vaccines	YES	?	ASH provides unlimited prescription benefits \$20/\$45/60 copay for generic/brand prescriptions Free Flu and many travel vaccines at no cost

Frequently Asked Questions

1. How do I waive out of the school plan?

Between **6/12/19** and **8/23/19** you can access the waiver on University Health Plans website: www.universityhealthplans.com/barnard
For assistance with the waiver, please call **800-437-6448**.

- Select “Waiver Form” in the navigation menu located on the left-hand side of the webpage. You will answer a number of questions pertaining to the criteria listed on the previous page.

BE SURE TO HAVE THE STUDENT'S PLAN INFORMATION AND INSURANCE CARD IN FRONT OF YOU WHEN COMPLETING THE QUESTIONS, SINCE SOME OF THE QUESTIONS PERTAIN TO POLICY AND GROUP NUMBERS AND MEMBER ID NUMBER. KNOW WHO YOUR IN-NETWORK LAB PROVIDER IS FOR ANY POSSIBLE LAB TESTS THAT MAY BE NECESSARY.

Once the answers are submitted, University Health Plans will send a final decision to **the student's Barnard e-mail account** stating if the insurance waiver has been accepted or declined. Please advise the student to check their Barnard e-mail account after completing the waiver request. The decision takes 5 - 7 business days after the waiver request has been submitted.

There will be no communication through a parent/guardian's e-mail account.

Please Note:

You will need the student's birth date and 7-digit, numerical Barnard ID Number (ex. 1234567) to begin the waiver process.

The ID Number is NOT the same as the UNI and is NOT located on the Barnard ID card.

You can find the 7-digit ID Number by logging into the myBarnard portal: my.barnard.edu, clicking on the **Academics** tab and looking in “**My Academic Record**” and then “**My College Profile.**”

2. Why is there a charge on my tuition bill if I successfully opted out of the Barnard insurance plan?

All students are initially charged for the health insurance plan when the first tuition bill goes out. If you waive out of the insurance plan and it is accepted, the charge will subsequently come off your bill. The **Bursar** encourages all students to try to opt-out before tuition payments are due. This will avoid late payment fees.

3. How can I evaluate if I should waive out of the school plan or not?

Please review the parameters of the Barnard Aetna Student Health plan on the previous page, and compare the cost to what you are paying for your current plan. If the student plans to study abroad, the Barnard Aetna Student Health plan will reimburse according to the Out-of-Network rules and includes medical evacuation and repatriation (most domestic US health insurance plans do not). **All students are required to have health insurance that covers medical evacuation and repatriation if they are studying outside of the United States.**

4. What happens if I successfully waive out of the student health insurance plan and then lose my other coverage?

Students who waive out of the student health plan and subsequently lose their personal coverage may purchase the student health insurance as long as they notify either Elliot Wasserman or MJ Murphy within 31 days of their loss of coverage.

5. Can I waive out of the student health insurance plan anytime I want?

No, all new and returning students for the Fall 2019 semester must waive out no later than **Friday, August 23, 2019**. If you fail to meet that deadline, you will automatically be enrolled in the Aetna Student Health plan for the year. After **August 23rd**, the waiver and enrollment period will be closed, and **no exceptions will be made**.

6. If I waive out of the student health insurance can I still use the services at the Barnard Primary Care Health Service?

All full time students, regardless of having personal/family insurance or Aetna Student Health insurance, can access the services at the Primary Care Health Service & Furman Counseling Center. These services are covered under the Barnard student comprehensive fee and there is no per-visit fee or co-pay. The only exception is for discount medication, vaccines and medical supplies which must be paid for at the time of the visit with a credit card (Visa, Mastercard) or check (the PCHS does not directly bill insurance). **Health insurance is only activated when laboratory tests are ordered and sent to LabCorp, Inc. and/or when a student is referred off-campus to a health care or mental health specialist or facility. Students should be aware of what lab their insurance considers in-network.**

***Students are responsible for all charges that they incur such as deductibles, copays, and coinsurance.**

Dental and Vision Benefits

DENTAL INSURANCE:

Under 19: Preventative and routine dental care services for students through the end of the month that the student turns 19.

Over 19: Aetna Student Health, however, does offer for everyone else a Dental discount program called “**Vital Savings on Dental**” which you can take advantage of for a fee of \$33.60. The range of discounts will vary based on the type of provider and type of service received. You can join this program at any time during the year until 5/31/20. Plan ends on 8/31/20. To enroll, go to the Aetna Student Health/Barnard page after July 1, 2019 <https://students.aetnastudenthealth.com/welcome.aspx?groupid=474925>

VISION CARE INSURANCE:

Under 19: Preventative, routine and emergency vision care is covered through the end of the month the student turns 19. Please see plan details for further information.

While there are no Vision insurance benefits for those 19 and over through the Barnard College Aetna Student Health insurance program, there is a Vision discount plan and a Vision insurance plan available to students.

Discount Plan: The Vision discount plan is for Aetna Student Health members only and is provided through the **EyeMed Vision Care Network**. Students can save on eye exams, lenses/frames, replacement contact lenses and more by referring to **Plan #46543** when visiting an EyeMed Vision Care provider. <https://www.eyemedvisioncare.com/locator/locator.emvc?execution=e1s2>

The **Vision insurance plan** is available to all students, and is provided by **VSP Vision Care**. Information on this plan and the online enrollment form can be found at https://www.universityhealthplans.com/letters/letter.cgi?group_id=170

Please note that the deadline for enrollment in the Vision Insurance Plan is the 15th of the month for a start date on the first of the following month. Last enrollment date will be November 15, 2019 for a December 1st start date.

If you have further questions please contact MJ Murphy at mmurphy@barnard.edu or Elliot Wasserman at ewasserman@barnard.edu

Sincerely,

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