

# Colorado School of Mines Enrollment/Waiver Process User Guide

**ahp** Academic HealthPlans™

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## Colorado School of Mines

2020-2021

### COVID-19 Resources

Please note: the new insurance carrier for the 2020-2021 academic year is Anthem.

### waiver

**The Annual/Fall waiver period is 7/15/19 - 9/4/19.**  
**The Student Spring/Summer waiver period is 12/15/19 - 1/22/20.**

All are automatically enrolled in College School of Mines' (CSM) Student Health Insurance Plan (SHIP). The insurance charge will appear on students' accounts as an additional charge, separate from tuition and other fees. If students have alternative health insurance coverage, a waiver may be submitted.

To be eligible for a waiver of enrollment in the SHIP, Colorado School of Mines requires that students provide evidence of coverage that meets University requirements (see below). Please be advised that the waiver request will be reviewed for compliance and verified active with the insurance carrier. Notification of acceptance or rejection of waiver requests will be sent to students' Mines email addresses within seven business days. Late waivers are accepted at the SHIP office until October 5, 2019, with a \$125 late fee.

#### Domestic Students and Athletes

To qualify for a waiver, your health insurance plan must meet the requirements as listed below:

- Medical coverage must be active.
- Medical coverage must have a lifetime maximum benefit of at least \$2,000,000 (with no yearly or per condition maximum benefit that would reduce coverage).
  - Contains no exclusions (or waiting periods) for pre-existing conditions.
  - Includes prescription drug benefits (prescription discount cards will not be accepted as coverage).
  - Includes mental health care benefits of at least 20 outpatient visits for mental health care services and at least 30 days of inpatient mental health care services, including emergency psychiatric admissions.
  - Individual annual out-of-pocket maximum of \$8,000.00 or less.
- Plan provides in-network coverage in the Denver metro area.

If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your insurance ID card and your full policy document. Select the appropriate link below to submit your waiver request. Once you login, select the 'WAIVE' button under the 'I Already Have Insurance' section.

[Domestic Undergraduate Students Click Here To Waive or Enroll](#)

#### International Students

To qualify for a waiver, your health insurance plan must meet the requirements as listed below:

- Student is sponsored by a government or embassy (They provide for your schooling and your insurance (U.S. Insurance)).
- Student is covered by a U.S. based employer.
- Medical coverage must be ACA Compliant:
  - Provide the Essential Minimum Benefits required by the PPACA with no annual or lifetime limits. A list of the Essential Minimum Benefits can be found here: <https://www.healthcare.gov/glossary/essential-health-benefits/>.
  - Contains no exclusions (or waiting periods) for pre-existing conditions.
  - Covers 100% of Preventive Care as defined by the PPACA. A list of these preventive services can be found here: <https://www.healthcare.gov/coverage/preventive-care-benefits/>
  - Includes prescription drug benefits (prescription discount cards will not be accepted as coverage).
  - Includes mental health care benefits of at least 20 outpatient visits for mental health care services and at least 30 days of inpatient mental health care services, including emergency psychiatric admissions.

**NOTE: Travel plans are not acceptable.**

If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your insurance ID card, your full policy document, and a scanned copy of your medical evacuation and repatriation coverage (if you have this coverage). Select the appropriate link below to submit your waiver request. Once you login, select the 'WAIVE' button under the 'I Already Have Insurance' section.

[International Undergraduate Students Click Here To Waive or Enroll](#)

Student - Sign In

**Login:** Student ID (Campus Wide ID (CWID)) **Password:** Date of Birth in MMDDYYYY format, unless previously changed. (Ex: 01011990)

Student id:

Password:

**Login Assistance**

If you do not know if you have an account [click here](#)

If you do not know your password [click here](#)

**1** Go to [csm.myahpcare.com/](http://csm.myahpcare.com/) and click on the **Waiver** tab.

**2** Review the criteria and **click on your classification** to waive or enroll.

**3** **Log in** to the waiver system using the following:  
**Login:** Student ID Number (8 Digit CWID)  
**Password:** Birth Date (mmddyyyy format), unless you previously changed your password

### Student Dashboard

Waiting for waiver submission

Student Name: Jasmine AHPTST  
 Student ID: AHPTST  
 Email: jasmine.long@ahpcare.com  
 Phone:  
[View/Update account information >>](#)

Colorado School of Mines - Domestic  
 1770 Elm Street #207,  
 Golden, 80401  
 Tel: (317) 809-4731  
 Fax:

**I NEED HEALTH INSURANCE**  
 I would like to enroll in the Student Health Insurance Plan.

**I ALREADY HAVE INSURANCE**  
 I have my own insurance and wish to submit a waiver request.

### Student Dashboard

**Terms & Conditions: Enrollment in student health insurance**

- Coverage Purchase is final. No cancellations or refunds will be issued.
- Coverage will be effective on the Effective Date of the coverage period.
- Rates are not pro-rated other than as listed in the Master Policy.
- Applicant must meet the eligibility requirements for this coverage as described in the Brochure. If it is later determined that the applicant is not eligible, coverage will be deemed not been in force and the premium will be returned.
- Applicant has read the Brochure and understands all eligibility requirements, benefit descriptions and exclusions explained in the Brochure.
- FRAUD NOTICE:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- I understand my information is protected by privacy laws and will be released only in accordance with these laws.
- AHP's website and services are only intended for, and directed to, applicants located in the United States.

Please enter the initials of your first and last name in the box below if you agree to the above conditions and agree to purchase the insurance provided to you by your school through the healthcare provider.

Waiting for waiver submission

**I NEED HEALTH INSURANCE**

**3** Select the **blue button to waive** coverage or the **green button to enroll** in the insurance plan. You will have 25 minutes to complete your waiver submission before the system times out.

**4** If you choose to enroll by clicking the green button, you will prompted to read the Terms and Conditions and **enter your initials**.

Double check pre-populated information on this form and fill out the rest.

## Colorado School of Mines

### Waiver Request Information Form

#### Domestic Undergraduate Students Only

Fall 2019-2020

purchase the Student Health Insurance Plan (SHIP) unless they are eligible to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a et the eligibility requirements. The Student Health Insurance Plan, underwritten by National Guardian Life, is administered by Academic HealthPlans. The insurance premium is dent accounts. Students may request a waiver of SHIP and must provide evidence of alternate insurance coverage. For assistance please contact Academic HealthPlans Customer ADLINE FOR SUBMISSION: September 7, 2019

ive health insurance coverage

insurance coverage. 1. A front and back copy of your medical insurance card. 2. A copy of your full insurance policy (This document is a multi-page document that provides a detailed ctible amounts, copays/coinsurance amounts and percentages, hospital benefits, surgery benefits, mental health benefits, etc.). Please allow 5-7 business days to receive your waiver S ON ATTACHING YOUR DOCUMENT copy this link to your browser: <https://goo.gl/vF9EHw>

entation

Attach File 2

Attach File 3

**5** If you choose to waive by clicking the red button, you will be prompted to **attach proof of insurance**.

Attach File 2  Attach File 4

**Student Information**

First Name\*

Last Name\* AHPTST

Gender\* Female

School Email\*

Parent/Alternate Email

Middle Name

Student ID\* AHPTST

Birth Date (mmddyyyy)\* 01/01/1990

Personal Email

Phone Number\*

**Policy Holder Information**

Insurance Company Name\*

Member ID\*

Member Service Phone #

First Name (Policy Holder)\*

Last Name (Policy Holder)\*

Address (Policy Holder)\*

City (Policy Holder)\*

State (Policy Holder)\*

**6** Once your proof of insurance is uploaded, complete the **Student Information chart**.

Zip (Policy Holder)

**Student Agreement**

I request a waiver of participation for the Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Colorado School of Mines, and that Colorado School of Mines will not be responsible for any medical expenses I may incur. By electronically submitting this form, I attest that the information provided about my health insurance coverage is true and correct. If this Health Insurance Waiver is approved, I will receive a credit, posted on my student account within the next 5 to 7 business days.

Student's Signature (or Parent's Signature if student is under Age 18)\*\*

Date

\*\* By typing your name in the Signature field you hereby certify that the information entered into this form is true and correct to the best of your knowledge.

Please allow five to seven business days for waivers to be processed.

**\*\*\*IMPORTANT NOTE - PLEASE READ\*\*\***

Once you have successfully submitted your waiver request you should receive an automated email confirming receipt of your request. **Please make sure you have received a submission confirmation email, and print for your records.** Should there be any problems with your waiver, you will need this confirmation email and your waiver request code. This automated email does not constitute granting of a waiver; a separate email as to whether your waiver request has been approved will be sent from Academic HealthPlans within approximately one week. Those students who are granted a waiver will have the health insurance fee removed from their student accounts. Please note that it is the student's responsibility to follow up on their waiver status, and to ensure that all information is received by AHP by the waiver deadline.

**7** Electronically sign and click **Submit Waiver**. Waiver will be processed within five to seven business days.

Dear ##StudentFirstNam##,

Your health insurance waiver request has been received and submitted for processing. Please note that this is not notification that your waiver has been granted. You will receive a separate email regarding the status of your waiver once your request has been processed. Those who are granted a waiver will see the waiver credit on their student account.

Please keep a copy of this email for your records. Should there be a problem with your waiver, you will need this confirmation email and your waiver code listed below.

Waiver Status Details:

Student Name: ##StudentFirstName## ##StudentLastNam##

Waiver Code: ##StudentWaiverCode##

Submit Date: ##StudentWaiverDateOfSubmission##

Waiver Status: ##StudentWaiverStatus##

To check the status of your waiver please follow the instructions below:

- Go to <https://www2.academichealthplans.com/ehp/284.html>
- Login to the waiver system by using the following:
  - Logic: Student ID # (8 Digit OHID)
  - Password: Birth Date (mmddyyyy format) unless you previously changed your password

After log in, you will be at the student dashboard. On the left hand side, information pertaining to your waiver status will be displayed.

To receive important waiver text messages from Academic HealthPlans, follow these steps: Login to your school's waiver website, select the "Account Info" tab, scroll down to enter your mobile number, and then select the "Sign Up for Text" button.

**NOTE: This email was sent from an address that cannot accept incoming emails. For additional information, please contact Academic HealthPlans at 855-517-9400.**

Thank you,

Academic HealthPlans

**CONFIDENTIALITY NOTICE:** This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or privileged information otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited and may be unlawful. If you are not the intended recipient please destroy all copies of the original message.

**8** You will receive **email confirmation** of your waiver submission. It is the student's responsibility to follow up on their waiver status.

Questions? Please go to [csm.myahpcare.com](https://csm.myahpcare.com) and click on the "Do You Need Help" link