# Colorado School of Mines Enrollment/Waiver Process User Guide



Go to csm.myahpcare.com and click

on the Enroll/Opt-Out tab.

All are automatically enrolled in College School of Mines' (CSM) Student Health Insurance In industribution of 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 ovidence of coverage that meets University requirements (soo 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.

#### Domestic Students and Athletes

To gualify 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). 1. Contains no exclusions (or waiting periods) for pre-existing condition 2. Includes prescription drug benefits (prescription discount cards will not be

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 Plan provides in naturel's coveringe in the Deriver metrica 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 card (If further Information is needed, you may be caked to present a copy of your full insurance policy. This document is a multi-page document that provides a detailed para parameter and a second se below to submit your waiver request. Once you login, select the 'WAIVE' button under the 'I Already Have Insurance" section

## International Students

To qualify for a walver, your health insurance plan must meet the requirements as listed below 1. Student is sponsored by a government or embassy (They provide for your schooling and your insurance (U.S. Insurance)). 2. Student is covered by a U.S. based employe

3. 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/glos sary/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 prever services can be found here: https://www.healthcare.gov/coverage/preventive-carebenefits/
- 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 "LAiready Have Insurance" section

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



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



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.

Stud	lent Dashboard
erms & Conditions: Enrollment in student health ins	urance
not been in force and the premium will be returned. 5. Applicant has read the Brochure and understands all eligibility requirements, benefi 6. FRAUD NOTICE: It is a crime to provide false or misleading information to an insur and/or fines. In addition, the insurer may deny insurance benefits if false informatio 7. I understand my information is protected by privacy laws and will be released only 8. AHP's website and services are only intended for, and directed to, applicants locate	er for the purpose of defrauding the insurer or any other person. Penalties include imprison materially related to a claim was provided by the applicant. n accordance with these laws.
Waiting for waiver submission	I NEED HEALTH INSURANCE

to read the Terms and Conditions and enter your initials.

Colorado School of Mines							
Waiver Request Information Form	Attach File	2	Browse	e /	Attach File 4		Browse
Domestic Undergraduate Students Only							
	Student In	ormation					
	First Name				Middle Name		
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## Questions? Please go to csm.myahpcare.com and click on the "Get Help" dropdown