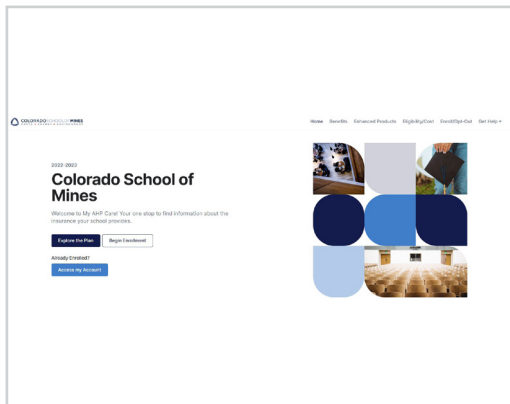


# Colorado School of Mines Enrollment/Waiver Process User Guide



**1** Go to [csm.myahpcare.com](https://csm.myahpcare.com) and click on the **Enroll/Opt-Out** tab.

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.

#### Domestic Students and Athletes

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

1. Medical coverage must be active.
2. 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 conditions.
  2. Includes prescription drug benefits (prescription discount cards will not be accepted as coverage).
3. 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.
4. Individual annual out-of-pocket maximum of \$8,550.00 or less.
5. Plan provides in-network coverage in the Denver metro area.

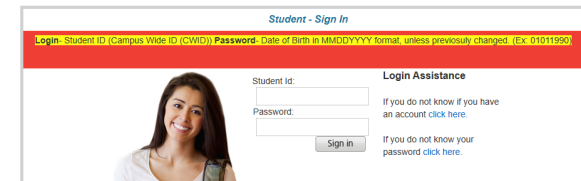
If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your insurance ID card. If further information is needed, you may be asked to present a copy of your full insurance policy. This document is a multi-page document that provides a detailed description of the plans deductible amounts, copays/coinsurance amounts and percentages, hospital benefits, surgery benefits, mental health benefits, etc. 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 Students

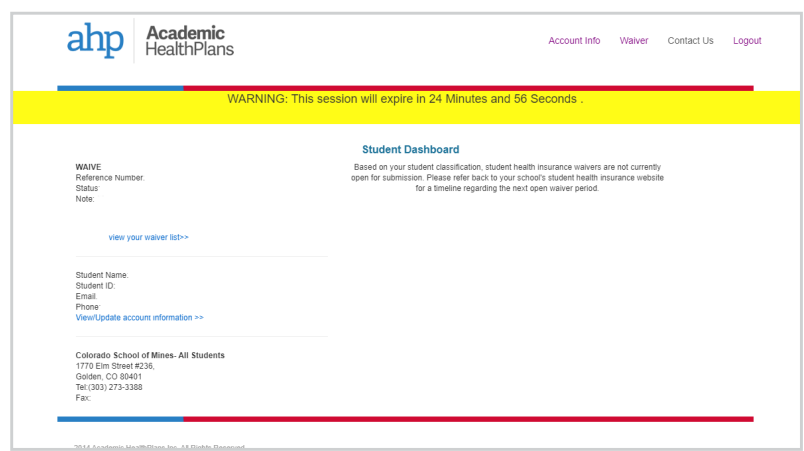
To qualify for a waiver, your health insurance plan must meet the requirements as listed below.

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 employer.
3. Medical coverage must be ACA Compliant.
  - o 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/essential-health-benefits/>
  - o Contains no exclusions (or waiting periods) for pre-existing conditions.
  - o 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/>
  - o Includes prescription drug benefits (prescription discount cards will not be accepted as coverage).
  - o 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.

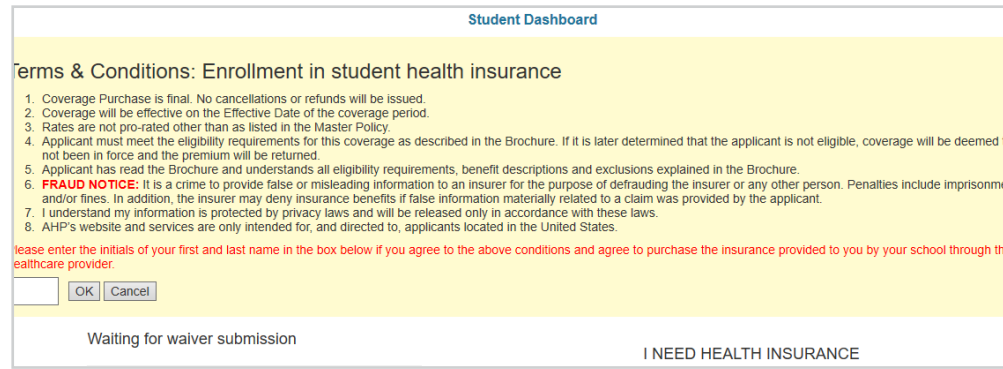
**NOTE: Travel plans are not acceptable.**  
If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your insurance ID card, your full policy document, and a scanned copy of your medical 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.



**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



**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**.

**Colorado School of Mines**  
**Waiver Request Information Form**  
**Domestic Undergraduate Students Only**

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 alternate eligibility requirements. The Student Health Insurance Plan, underwritten by National Guardian Life, is administered by Academic HealthPlans. The insurance premium is student accounts. Students may request a waiver of SHIP and must provide evidence of alternate insurance coverage. If you have any questions or need assistance please contact Academic HealthPlans Customer Support at 855-517-8460.

**Deadline for Submission:** Waiver requests must be submitted by the deadline for the current semester. For more information on attaching your document copy this link to your browser: [https://www2.academichealthplans.com/school/284.html](#)

**Document Upload**

Attach File 1

Attach File 2

Attach File 3

Attach File 4

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

**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)\*

Address (Policy Holder)\*

Last Name (Policy Holder)\*

City (Policy Holder)\*

State (Policy Holder)\*

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

**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\*\*\***

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

Dear ##StudentFirstName##,

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## ##StudentLastName##

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/school/284.html>
- Login to the waiver system by using the following:
  - o **Logic:** Student ID # (8 Digit CWID)
  - o **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 "Opt in for Text" button.**

**NOTE: This email was sent from an address that cannot accept incoming emails.** For additional information, please contact Academic HealthPlans at 855-517-8460.

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://www2.academichealthplans.com/school/284.html) and click on the "Get Help" dropdown