University of Northern Iowa
International Student Health and Dental Insurance Plan

Academic Year 2018-2019

International students will be required to carry the University of Northern Iowa SHIP insurance unless proof of other government sponsored or corporate coverage is provided annually by the printed deadlines. There will be no refunds for charges after these dates.
Welcome to the University of Northern Iowa!

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Effective September 1, 2018 through August 31, 2019

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Welcome to the University of Northern Iowa!

The University of Northern Iowa is concerned about the potential threat the high cost of health care may pose to a student's financial well being. For this reason, University policy requires health insurance coverage for international students through the Student Health Insurance Plan (SHIP), a group policy administered by Wellmark Blue Cross and Blue Shield of Iowa through the University of Iowa Benefits Office.

You are required to have health insurance in order to attend the University and will automatically be billed for SHIP, student only coverage, for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents or if you want dental insurance coverage. Each semester the premiums will be billed to your University account.

The premium for a student-only health policy is currently $215.00 per month. Coverage will begin on the first day of the month that you are a registered student attending on-campus classes. Your coverage will end on the last day of the month in which you cease to be a student. After graduating from UNI, you may continue coverage up to 12 months.

Health insurance coverage is in effect at school and during vacation periods, 24 hours a day, worldwide. You may seek care from any medical or dental provider you choose. However, if you use a Wellmark Blue Cross & Blue Shield Classic Blue provider, your costs will generally be much lower.

Once you are enrolled in the plan you will be sent a membership card to present to care providers. The card includes phone numbers to call if you have questions or require pre-certification for certain procedures.

The rates and terms of coverage described in this booklet are effective beginning September 1, 2018 through August 31, 2019.

For additional information, you may contact the UNI Student Health Clinic Insurance Office at (319) 273-7736 or e-mail ship@uni.edu.

Only if you have government sponsored or corporate insurance will you be allowed to waive the university SHIP coverage. You must provide this documentation for review by the semester deadline.

**Deadlines:**

- **Fall:** September 9, 2018
- **Spring:** February 9, 2019
- **Summer:** June 9, 2019

No exceptions will be made and no refund of premiums will be given if proof of government-sponsored coverage is not received by the deadline.

Student Health Clinic
University of Northern Iowa
Cedar Falls, Iowa 50614-0221
Phone: 319-273-2009
Fax: 319-273-7030
e-mail: ship@uni.edu

[Student Health Website](#)
University of Northern Iowa

STUDENT INSURANCE RATES

HEALTH INSURANCE RATES

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>$215.00</td>
</tr>
<tr>
<td>STUDENT &amp; SPOUSE/DOMESTIC PARTNER</td>
<td>$1,188.00</td>
</tr>
<tr>
<td>STUDENT &amp; CHILDREN</td>
<td>$1,084.00</td>
</tr>
<tr>
<td>STUDENT, SPOUSE/DOMESTIC PARTNER &amp; CHILDREN</td>
<td>$1,512.00</td>
</tr>
</tbody>
</table>

Effective September 1, 2018 through August 31, 2019

DENTAL INSURANCE RATES

<table>
<thead>
<tr>
<th>TYPE OF CONTRACT</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT</td>
<td>$25.00</td>
</tr>
<tr>
<td>STUDENT &amp; SPOUSE/DOMESTIC PARTNER</td>
<td>$45.00</td>
</tr>
<tr>
<td>STUDENT &amp; CHILDREN</td>
<td>$67.00</td>
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<tr>
<td>STUDENT, SPOUSE/DOMESTIC PARTNER &amp; CHILDREN</td>
<td>$80.00</td>
</tr>
</tbody>
</table>

Effective September 1, 2018 through August 31, 2019

OPEN ENROLLMENT PERIODS FOR ADDING DEPENDENTS

FALL: August 1 to September 9, 2018
SPRING: January 1 to February 9, 2019
SUMMER: May 1 to June 9, 2019

ENROLLMENT INFORMATION

To enroll in the health and/or dental plan or add dependent coverage, simply complete the enrollment form in this booklet, and return the form to the University of Northern Iowa Student Health Clinic Insurance Office during the appropriate enrollment period.

- Coverage for each semester will begin the first day of August, January, and June.
- For those students that are only in CIEP, coverage will begin the first day of the month of your enrollment in the Culture and Intensive English Program.
- Rates are valid from September 1, 2018 until August 31, 2019.
- Eligible dependents may be added during open enrollment. A change in status can be the result of any of the following events:
  - Marriage or divorce, domestic partner affidavit
  - Death of a spouse or child
  - Birth or adoption of a child
  - Change in employment for yourself or spouse
SHIP is available to students who are enrolled in the University of Northern Iowa. SHIP is a Blue Cross & Blue Shield Classic Blue Plan, which provides coverage for hospitalization, surgery, maternity, preventive care, well-baby/well-child care, emergency care for accident or illness, medically-necessary physician care, prescription drugs, and mental health.

**HOW AN INDIVIDUAL USES THE SHIP PLAN**

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Select Providers who have agreed to join with Wellmark Blue Cross and Blue Shield of Iowa to offer each student affordable health care.

The SHIP plan is designed to work in conjunction with the Student Health Services. Students are encouraged to take advantage of the University of Northern Iowa Student Health Clinic when they need health care in order to maximize their benefits. If you are registered for five (5) or more credit hours per semester you are assessed the student health fee. A portion of that goes toward the Student Health Services. Payment of the fee allows you to visit any one of our medical providers without being charged for an office visit. Payment of the health fee subsidizes all charges at the Student Health Clinic. Medications, immunizations, preventative health physicals, mental health services, lab tests, medical supplies, and medical/surgical procedures are available at an additional charge.

Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health Services for additional information (319) 273-2009.

Laboratory services are available at Student Health Clinic. Any charges incurred for such services are the responsibility of the student. SHIP may be used to pay for these services.

Students may also purchase coverage for their spouse or domestic partner and/or dependent children. To receive the greatest benefits from SHIP, dependents are advised to use the physicians from the Blue Cross & Blue Shield Provider list, which can be accessed at Wellmark. A spouse of a currently registered student who pays the voluntary spouse health fee can utilize the UNI Student Health Clinic for services. The UNI Student Health Clinic does not have the resources available to see dependent children.

**OUT-OF-POCKET MAXIMUM (OPM) EXPENSES**

SHIP provides an OPM of $1,700 for Single and $3,400 for Family. There is also a separate OPM of $1,000 for Single and $2,000 for Family for prescription drugs. The OPM equals the per-service deductible plus the co-insurance and co-payment amounts. The OPM refers to the maximum amount you will pay for most covered services during an inpatient stay.

When the amount paid by the insured equals the OPM, the plan pays 100% of the maximum allowable fee for covered charges incurred for that admission. The maximum allowable fee is the amount established by Wellmark using various methodologies for covered services and supplies the insurance company considers to be acceptable for a particular service.
ADDING DEPENDENTS

If a student, while insured by this plan, acquires eligible dependents, they may only be added within thirty (30) days after becoming eligible (60 days for birth or adoption).

- Eligible dependents are spouse or same-sex or opposite sex domestic partner. Dependent children, adopted children, stepchildren, and foster children up to the end of the calendar year after turning 26. Students wishing to insure a domestic partner must complete the “Affidavit for Domestic Partnership” at the back of this booklet.
- Children over the age of 26 may continue to be covered if they are full-time students.

IDENTIFICATION CARDS & POLICY INFORMATION

Insured students will receive identification (ID) cards 15-21 business days after their SHIP application has been processed. A Coverage Manual that details complete information on benefits, definitions, terms, and exclusions is available from the University of Northern Iowa Student Health Clinic Insurance Office and on the UNI Student Health Clinic website. A list of providers may be accessed at Wellmark

BILLINGS

All premiums for International students will be charged each semester onto their University Account for the entire semester. CIEP students will be charged for each session that they attend through the semester.

PRIVACY NOTICE AND RELEASE FORM

Changes in federal law require individuals to sign a release form before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child, or other representative unless that form is on file in the University of Northern Iowa Student Health Clinic Insurance Office and the University of Iowa Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form at the end of this brochure.

CANCELLATIONS

Coverage will be continuous unless one of the following occurs:

- **Coverage will terminate at the end of the month in which a student ceases to be registered for classes.** This includes graduation and withdrawal during a semester.
- If an international student wishes to temporarily stop coverage during summer session because they are returning to their home country they must notify the Student Health Clinic of their departure and return.
- Coverage can only be terminated during a semester if a student withdraws from school or obtains government sponsored insurance. Coverage will terminate the last day of the month in which one of these events occurs.
Coverage Terminology

SHIP is designed for you to be responsible for some of the direct costs of your health care through per-service co-payments, deductibles, and co-insurance provisions as explained below.

Per-Service Co-payment: A per-service co-payment is an amount that you pay to your provider each time you receive care. Your cost will generally be less when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

Deductibles: A deductible is the amount you pay for covered services for each separate admission to a hospital or nursing facility. This amount is subject to the benefit maximums. Deductible amounts apply only to inpatient admissions.

Co-insurance: Co-insurance is the amount calculated using a fixed percentage that you pay for covered services. You pay a lesser co-payment amount when you use a Blue Cross & Blue Shield Classic Blue facility or practitioner.

Out-of-Pocket Maximum (OPM): The OPM is the highest dollar amount you would pay for covered services. Your OPM equals your per-service deductible plus the co-insurance amounts and any co-payments.

Medical Necessity Provision: The benefits available through SHIP apply only to medically-necessary care. Only your medical condition is considered in determining the medical necessity of a covered service. Non-medical factors, such as your financial or family situation, are not considered.

The fact that a physician may prescribe or recommend a service does not mean it will automatically meet the standards for medical necessity. **You should discuss the medical necessity of services with Wellmark (1-800-535-6099) before treatment or services are performed.**

The following is a description of the notification components with which you need to comply when you use facilities or providers.

Pre-certification: (Non-Emergency Admission) Before you are admitted to a hospital or nursing facility for a non-emergency procedure or before you use home health care or hospice program services, you must contact Wellmark Blue Cross and Blue Shield of Iowa and receive pre-certification to determine if your care is medically-necessary. Participating practitioners and hospitals must do this for you; non-participating providers are not required to do so, so you must do it.

Admission Review: (Emergency and Maternity Admissions) If you are admitted on an inpatient basis to the hospital for emergency or maternity services, your admission does not need to be pre-certified to receive the maximum benefits. However, Wellmark Blue Cross and Blue Shield of Iowa must be notified by you or your provider within 24 hours of your admission. The toll-free telephone number is printed toward the back of this brochure and on your identification card (ID).

If you or your providers do not notify Wellmark as required, you may have to pay as much as 25% of the cost of your care yourself in addition to the deductible and co-insurance amounts you are required to pay. You will be responsible for care that is determined not to be medically-necessary. These are excellent reasons to seek care from a Blue Cross & Blue Shield participating provider.

Benefit Summary

More detailed information is provided in the Coverage Manual available on line at the [UNI Student Health website](http://www.uni.edu/studenthealth) or by contacting the University of Northern Iowa Student Health Clinic Insurance Office at (319) 273-7736. The benefit summary in this brochure provides a brief description of the important features of your coverage manual. This brochure is not your coverage manual. Only the actual benefit provisions in your coverage manual will determine your benefits. Please read your coverage manual carefully.
OTHER FACTS YOU SHOULD KNOW

- We may terminate your coverage without advance notice for fraudulent use of your policy.
- You become ineligible for coverage under the policy when you become eligible for Medicare or when you no longer qualify as a student, dependent, or spouse/domestic partner. You may obtain continuous coverage from Wellmark Blue Cross and Blue Shield of Iowa with no additional medical underwriting if your application is made to Wellmark Blue Cross and Blue Shield of Iowa within thirty (30) days of the date you become ineligible.
- If you graduate or withdraw from classes at the University of Northern Iowa, your coverage will end the last day of the month in which you graduate or withdraw.
- Wellmark Blue Cross and Blue Shield of Iowa will coordinate benefits with other group health carriers when duplicate coverage exists. Total payment from this coverage and all other group health coverages under which you are enrolled shall not exceed 100 percent of the cost of the covered services.

This is a general description of your coverage. It is not a statement of contract. Your actual coverage is subject to the terms and conditions specified in the policy between the University of Iowa and Wellmark Blue Cross and Blue Shield of Iowa.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA

SHIP provides coverage worldwide. For covered services received in other states or outside of the USA, the provider category may be Select or Non-Select when determining payment amounts. Choosing a Select provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

REPATRIATION BENEFIT

A repatriation benefit applies to the student and covered family members under the policy. This must be applied toward those expenses incurred in returning the body to the person’s place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation benefits cover expenses to the nearest appropriate medical facility and/or to the student’s home country. Pre-certification of medical evacuation services is required.

PRESCRIPTION DRUGS (3-TIER PLAN)

Preferred name brand are drugs that are on Wellmark's preferred list available at Wellmark

If you purchase a name brand drug when an FDA-approved “A”-rated generic equivalent is available, you are responsible for your co-insurance plus any difference between the billed charge for the brand name drug and the billed charge for the generic. This can result in you paying substantially higher costs than if you had chosen the generic drug.

If your physician feels it is important for you to have the brand name drug, they can write the prescription for the brand name drug with the direction “Dispense as Written” on the prescription. In this situation you will not be responsible for the difference between the billed charge for the brand name drug and the billed charge for the generic drug.
# SUMMARY OF BENEFITS AND COVERAGE

**SHIP HEALTH INSURANCE**  
*Effective January 1, 2018*

## PLAN PROVISIONS

<table>
<thead>
<tr>
<th>Provision</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-insurance Percentage</td>
<td>10%; participating/non-participating providers</td>
</tr>
<tr>
<td>Out-of-Pocket Maximums</td>
<td>$1,700 for Single / $3,400 for Family</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$1,000 for Single / $2,000 for Family</td>
</tr>
<tr>
<td>Pre-approval of Inpatient Admissions</td>
<td>Required</td>
</tr>
<tr>
<td>Second Surgical Opinion</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Benefits Available from Non-member</td>
<td>Individual is responsible for charges above the maximum allowable fee</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>Yes, same sex or opposite sex</td>
</tr>
<tr>
<td>Dependent Child Age Limit</td>
<td>End of the calendar year in which the individual turns 26 or unlimited if full-time student</td>
</tr>
</tbody>
</table>

## PREVENTIVE CARE

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>Covered, $0 co-payment</td>
</tr>
<tr>
<td>Well-Child Care</td>
<td>Covered, $0 co-payment</td>
</tr>
<tr>
<td>Gynecological Pelvic Exams and Pap Smears</td>
<td>Covered (one per calendar year unless medically necessary)</td>
</tr>
<tr>
<td>Routine Physicals</td>
<td>Covered, $0 co-payment (one per calendar year unless medically necessary)</td>
</tr>
<tr>
<td>Not Covered</td>
<td>Routine Eye Exam; Hearing Exam</td>
</tr>
</tbody>
</table>

## HOSPITAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room and Board Semi-private Room</td>
<td>10% co-insurance after $300 deductible</td>
</tr>
<tr>
<td>Physicians Services</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>Inpatient / Outpatient Surgery &amp; Supplies</td>
<td>10% co-insurance</td>
</tr>
<tr>
<td>OUTPATIENT SERVICES</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Allergy Treatments; Ambulance; Physical Therapy; Imaging and Lab; Durable Medical Equipment; Dental Accident Care (completed in 12 months); Speech, Occupational and Respiratory Therapy</td>
<td>$15 co-payment</td>
</tr>
<tr>
<td>Office visits; Chiropractic &amp; Mental Health visits</td>
<td>$10 co-payment</td>
</tr>
<tr>
<td>Prescription Drugs/Oral Contraceptives</td>
<td>3 Tiered co-insurance plan;</td>
</tr>
<tr>
<td></td>
<td>1: Generic drugs; 25% co-insurance</td>
</tr>
<tr>
<td></td>
<td>2: Name brand formulary drugs; 30% co-insurance</td>
</tr>
<tr>
<td></td>
<td>3: Name brand non-formulary drugs; 50% co-insurance</td>
</tr>
<tr>
<td></td>
<td>$1,000 OPM for Single / $2,000 OPM for Family</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>$50 co-pay</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Maximum of 30 visits per calendar year</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Prior approval; cornea, kidney coverage only</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Maximum of 30 days per calendar year</td>
</tr>
<tr>
<td>Not Covered</td>
<td>Eyeglasses, Hearing Aid, Infertility Treatment, Travel Vaccines</td>
</tr>
</tbody>
</table>
DENTAL INSURANCE OPTIONS

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN

Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental of Iowa, the dental insurance plan administrator. A list of plan providers may be accessed via the web at Delta Dental of Iowa. You will receive an ID card from Delta Dental of Iowa, which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental's payment arrangements. This means you are responsible for any difference between your dentist's covered charges and the Delta allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

Insured will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, imaging, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 19), space maintainer (under age 14), and biopsy of oral tissue.

There is a $25 deductible per person, with a maximum deductible of $75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a $25 deductible per person, with a maximum of $75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of $1,000 per covered individual per year.

VISION DISCOUNT PROGRAM

Through Delta Dental vision partnership with EyeMed Vision Care, Delta Dental offers all members access to a vision discount program at no cost. The vision discount program provides the following features:

- Discounts on eye exams
- Discounted pricing for lenses and lens options
- Savings on eyeglass frames and conventional contact lenses
- Unlimited use
- Discounts on LASIK and PRK
- Competitive pricing on contact lenses through Contact Lens by Mail
- Access to a large, diverse network of providers

Using Your EyeMed Discount Program:
- Locate an EyeMed provider by calling 1-866-246-9041 or use the online directory.
- When scheduling your appointment, inform the office that you are a Delta Dental member with an EyeMed discount plan.
- Once you arrive, present your Delta Dental ID card or download a discount card to receive discount services. Your EyeMed provider will take care of the rest!

For full details on the discount program visit Delta Dental of Iowa website
AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa.

I certify that after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements or intentional misrepresentations of any material fact, Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Iowa is hereby authorized to bill the contract holder directly onto their university bill for the premium.

(visit next page)
## INTERNATIONAL STUDENT ENROLLMENT FORM

### PART 1: ENROLLMENT BEGINNING DATE

- 08/01/2018
- 01/01/2019
- 05/01/2019
- 10/01/2018
- 03/01/2019
- 06/01/2019

### PART 2: YOUR INFORMATION

Social Security #:  
AND  
University ID#:  

<table>
<thead>
<tr>
<th>Full Name (Last, First, Middle Initial):</th>
<th>Sex (M/F):</th>
<th>Date of Birth: (month/day/year):</th>
</tr>
</thead>
</table>

Billing Address:  

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP Code:</th>
</tr>
</thead>
</table>

Telephone Number:  

E-mail:  

### PART 3: HEALTH INSURANCE

Select your health plan:  

- SHIP

ENROLL me in Health Insurance  

### PART 4: DENTAL INSURANCE

Select your dental plan:  

- Student Dental Insurance

ENROLL me in Dental Insurance  

### PART 5: DEPENDENT INFORMATION:

- S-spouse
- D-Domestic Partner
- C-Child

<table>
<thead>
<tr>
<th>Name (Last)</th>
<th>(First)</th>
<th>(M.I)</th>
<th>Relationship (use codes above)</th>
<th>Sex (M/F)</th>
<th>Birthdate (MM/DD/YY)</th>
<th>Social Security #</th>
<th>Health</th>
<th>Dental</th>
</tr>
</thead>
</table>

### PART 6: AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by the University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa.

I certify that after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any fraudulent statements or intentional misrepresentations of any material fact, Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.

I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.

The University of Northern Iowa is hereby authorized to bill the contract holder directly onto their university bill for the premium.

If you have read and understand the Agreement and Certification language above, please sign below:

Students Signature:  

Date:  

Return Form To:
University of Northern Iowa
Student Health Clinic Insurance Office, Cedar Falls, IA  50614-0221
FAX:  (319) 273-7030
University of Northern Iowa  
Personal Health Information Release Form

{THIS FORM IS OPTIONAL}

Please complete this form in its entirety. This release is not valid if it does not contain the employee or student’s original signature and date signed or if it has expired as described below. This form will replace any that were previously submitted. Only those people listed on this form will have information released to them.

I, (employee/student full name) __________________________________________, employee/student ID # __________________________ hereby authorize; University of Northern Iowa, Student Health Clinic Insurance Office, Cedar Falls, IA 50614-0221 and the University of Iowa Benefits Office, 120 University Services Building, Iowa City, IA 52242, to disclose information from my benefit and health records to the individual(s) or Agency(s) named below:

Please print the name of the person/s you want to be able to receive information:

Full Name(s)/Company: ________________________________________________

Relation to you: _____________________________________________________

(Leave “To” blank, if you would like this form to be open ended)

Covering the periods (print date MM/DD/YY): From: ____________________ To: ____________________

Affirmation of Release:

I give the University of Iowa Benefits Office and the University of Northern Iowa permission to release my benefit and health information to the individual(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. Any revocation of this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits. The revocation will take effect on the day it is received in writing. I have the right to access the records of who has contacted the University for information about me. Copies of the records may be obtained with reasonable notice and payment of copying costs.

Signature: __________________________________________ Date: ________________
AFFIDAVIT OF DOMESTIC PARTNERSHIP
CONFIDENTIAL

We, (Print Name of Employee/Student) ____________________________________________, and (Print Name of Domestic Partner) __________________________________________ certify that

1. We are not married to anyone.
2. We are at least eighteen (18) years of age or older.
3. We are not related by blood closer than would bar marriage in the State of Iowa and are mentally competent to consent to contract.
4. We are each other’s sole domestic partner and intend to remain so indefinitely.
5. We agree to support each other during the term of our domestic partner relationship by being jointly responsible for each other’s necessities, including without limitation, food, clothing, housing and medical care.
6. Our relationship meets at least two of the following four conditions (please check those that apply, A-D):
   A. □ We have a common or joint ownership of a residence (home, condominium, or mobile home) or a lease for a residence identifying both partners as tenants.
   B. □ We have at least two of the following (please check which two apply)
      1. □ Joint ownership of a motor vehicle
      2. □ Joint checking account
      3. □ Joint credit account
      4. □ Durable power of attorney for health care or financial management
   C. □ The Domestic Partner has been designated as the primary beneficiary for at least one of the following (please check which one applies):
      1. □ Employee’s life insurance
      2. □ Employee’s will
      3. □ Employee’s retirement contract
   D. □ A “relationship contract” has been executed which obligates each of the parties to provide support for the other party and provides, in the event of the termination of the relationship, for a substantially equal division of any property acquired during the relationship.

7. We understand that domestic partners are subject to the same window period governing all other individuals who are covered by or applying for benefit plan coverage. Any children, new employment, adoptions, new marriages, and domestic partnerships are all subject to a thirty (30) day limit on the enrollment period beginning on the date of the event.

8. If our domestic partnership relationship terminates, we will notify the University of Iowa Benefits Office within thirty (30) days of the termination of our domestic partnership. A written
termination statement shall be provided to the University Benefits Office and shall affirm that
the partnership is terminated and that a copy of the termination statement has been mailed
to the other partner.

9. We understand that any person, employer, or company who suffers any loss because of
false statements contained in an “Affidavit of Domestic Partnership” may bring a civil action
against us to recover their losses, including reasonable attorney fees.

10. We provide the information in this affidavit to be used by the University Benefits Office for
the sole purpose of determining our eligibility for domestic partnership benefits. We
understand that this information will be held confidential and will be subject to disclosure
only upon our expressed written authorization or pursuant to a court order.

11. We affirm, under penalty of perjury, that the ascertainments in this affidavit are true to the
best of our knowledge.

Signature of Employee/Student: ________________________________
Employee/Students Social Security Number: _______________________
Employee’s Date of Birth: ________________  Today’s Date: _____________

Signature of Domestic Partner: _________________________________
Domestic Partner’s Social Security Number: _______________________
Domestic Partner’s Date of Birth: ________________  Today’s Date: _____________

SUBMIT DECLARATION TO:
University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA  50614-0221

Student Affidavit of Domestic Partnership
Revised 05/14
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University of Northern Iowa

QUESTIONS AND ANSWERS

Q: Must I be registered full-time to enroll in SHIP?
A: No, the only requirement is to be registered for one (1) semester-long on-campus class.

Q: How can I get the most out of my SHIP Plan?
A: Use Student Health Clinic for the majority of your care. Use the emergency room of a hospital only for emergencies and not for care that could wait until Student Health Clinic or your doctor’s office is open.

Q: Will all my expenses be covered by insurance?
A: No. “Insurance” does not mean “all your care is free.” Review the information about what is and is not covered. If you have questions about a specific service or procedure, call Wellmark Blue Cross and Blue Shield at 1-800-535-6099 or Delta Dental of Iowa at 1-800-544-0718.

Q: What do I do if I get a bill and I can’t pay?
A: Call the doctor, dentist, or hospital’s billing office. Generally, they will try to set up a payment plan that you can afford. If you meet certain low-income guidelines and have small children, you may be eligible for help from the county, state, or federal government. Check listings in the phone book for places to contact.

If your insurance has not paid their portion of the claim, contact them to see if there is a problem. Pay the co-payment or co-insurance for which you are responsible and contact the doctor, dentist, or hospital’s billing office to explain the situation.

DON’T IGNORE THE BILL. It won’t go away and may end up on your credit report, which could affect your ability to rent an apartment or buy a house or car.

Q: Can I continue this insurance when I am not a student?
A: There is a provision for continuing coverage through the University of Iowa after you graduate from school. International students who wish to continue coverage for Optional Practical Training (OPT) or Academic Training can also utilize this option. Contact the University of Northern Iowa for an application and terms of the coverage. Application must be made within thirty (30) days of leaving the University. You may also contact BC/BS for a conversion policy, the UNI Alumni Center, or other insurance companies.

The University of Northern Iowa prohibits discrimination in employment or in its educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA.
WHO TO CONTACT

This policy is administered by the University of Iowa for the benefit of students of the University of Northern Iowa.

Questions about claims or specificSHIP coverage:
Wellmark Blue Cross and Blue Shield of Iowa
P. O. Box 9232
Des Moines, IA  50306-9232
Wellmark
Claims Inquiries (toll-free)
1-800-535-6099
For Pre-certification call (toll-free)
1-800-558-4409
Prescription Claim Mailing Address:
CVS/caremark
Claims Department
P.O. Box 52136
Phoenix, AZ  85072-2136
Mail Order Prescription claims:
CVS/Caremark
P.O. Box 94467
Palatine, IL 60094-4467
Register at Caremark
1-866-611-5961

Questions about claims or specific dental coverage:
If you have questions about claims or specific questions about your dental coverage, you should call Delta Dental of Iowa.
Delta Dental of Iowa
P. O. Box 9000
Johnston, IA  50131-9000
1-800-544-0718

Questions about coverage, eligibility, brochures and enrollment forms, enrollment periods, policy cancellation, or premium charges:

University of Northern Iowa
Student Health Clinic Insurance Office
Cedar Falls, IA  50614-0221
UNI Student Health website
Office:  (319) 273-7736
Fax:     (319) 273-7030

University of Iowa Benefits Office
120 University Services Building
Iowa City, IA  52242-1911
University Benefits Office
Office:  (319) 335-2676
Toll free:  (877) 830-4001
Fax:     (319) 335-2776