

Frequently Asked Questions (FAQs)

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1. Why is health insurance policy mandatory?

WSU School of Medicine experience before making health insurance mandatory was that many students purchased inadequate insurance plans for most illness and injury situations. By negotiating a comprehensive, and reasonably priced, benefits package from Blue Cross/Blue Shield of Michigan, we are ensuring that students have the coverage they need. By making the plan mandatory for a 12-month period we ensure that every registered student has adequate coverage for the entire year.

2. Why am I NOT allowed to purchase my own individual policy?

WSU School of Medicine experience found that many students tended to buy the cheapest insurance, which left them with inadequate insurance coverage for illness or injury. In addition, some students merely purchased a policy so they could register, but later let it lapse. This left them open to the massive financial burden that illness or injury can bring. The School of Medicine undertook a comprehensive review of a variety of policies and chose one that best meets the needs of medical students at a reasonable cost. Medical students participated in the selection of the current policy and its benefits.

3. What coverage through a parent qualifies for the waiver?

You must be included on a parent's GROUP health plan as a DEPENDENT through your parent's employer (a group plan and being a dependent are the critical issues). You are NOT eligible for a waiver if your parent merely purchased health insurance coverage for you. Also note, as a general insurance rule, you will likely not be covered as a dependent on your parent's group plan if you are older than 26 years of age.

4. I was approved for a waiver, so why am I now being contacted to provide additional documentation?

The School of Medicine determines whether your waiver application meets the criteria for the waiver. We have developed a streamlined process for applying for a waiver. Rather than require that every waiver application be accompanied by supporting documentation, we only require a one-page application during registration. The information on the waiver is not proof of approval. Students may be contacted and asked to provide additional information to support the waiver request. If requested, you will need to provide additional information within the required timeframe. Per School of Medicine policy, if you fail to respond, are unable to provide appropriate evidence of coverage, or the documentation you submit does not support a waiver, you will be required to enroll in the school's plan or face possible disenrollment.

5. Could I be denied coverage?

No, because Blue Cross of Michigan group health options are not medically underwritten, you will not be denied health insurance coverage because of medical history or current health status.

6. Why do I have to pay a second deductible?

The deductible applies to a calendar year, and does not match the school's coverage "year" (August through July). If you are hospitalized in October, and again in February, you would need to pay the deductible in both calendar years.

7. How does the 1-member deductible differ from a family deductible?

When only one member of your family is having services, then the 1-member deductible must be met before Blues will begin paying for covered services. When two or more family members are receiving covered services, then all of the members contribute toward the family deductible. Each family member is not expected to fulfill an individual requirement.

8. What is Annual Copay dollar maximum?

The Annual Copay dollar maximum limits the amount you pay each calendar year. Once you meet the copay maximum in a calendar year, covered services will be paid at 100 percent of the approved amount for the remainder of the year. Your copay requirement begins each calendar year on January 1st.

9. Will the copay I pay for prescription drugs apply towards the Annual copay maximum?

Yes

10. What is the total out of pocket amount I will pay in a calendar year?

Annual out of pocket maximum

11. How do I find a physician that participates "in- the-network"?

Go to bcbsm.com

Click on Find a Doctor

Choose Plan options – Employer Group Plans

Pick PPO Plans or Blue Care Network HMO

12. What if I need services while traveling outside of Michigan?

PPO

The Blue Card program provides coverage for our members from coast to coast. All you pay are the applicable deductible and co-pays when you receive care from a provider who participates with his or her local Blue Cross Blue Shield Plan.

HMO

Emergency Services only.

13. When will I receive my Blue Cross ID card?

Your card will be mailed to the address you provide within 10 days of receiving your application. If you need to use the coverage prior to receiving your ID card, simply provide your social security number.

14. Can I add dental or vision coverage?

Yes, but the medical school is not involved. Please contact Broker for more information.

15. Once I enroll, may I change my mind about the plan I selected?

No, the level of coverage you select (PPO, HMO) is effective for the entire 12-month policy period (August through July). Changes are not allowed during the enrollment year. Your opportunity to select the level of coverage you desire occurs at the time of enrollment in the plan, or once a year--at the time of registration--if you are currently enrolled. However, you can change the number of individuals covered as your life circumstances change (e.g., if you get married during the year you could add your spouse and switch from 1-member to 2-member coverage).

16. I am currently enrolled in the school's Group Health Benefits plan, but now I meet the conditions of a waiver. How do I cancel my coverage and submit the waiver?

Please contact Records and Registration Department.

17. Can I enroll mid-year, e.g.as the result of my waiver coverage ending?

Yes. In general, you should plan to submit the enrollment form one month before your coverage ends, to ensure that there are no gaps in coverage.

Please contact Records and Registration.

18. What if I get married or have a baby? Can I add them to the plan?

Yes. You can add a new spouse or baby mid-year, as long as you enroll them within 30 days of the marriage/birth. Please contact Records and Registration.

19. Can I add a domestic partner?

Yes. Please contact Record and Registration.

20. Am I purchasing insurance for a 12-month term? Will my insurance automatically terminate in a year if I do not renew it next year?

Once you enroll in the plan your health insurance coverage continues automatically month-to-month, year-to-year UNLESS you cancel the insurance. This means that you do not have to do anything for coverage to continue but you do have to do something for it to stop. Students who do not cancel in the appropriate way are responsible for any charges billed to the School. (Note: The exception is seniors, who will automatically be cancelled at the end of May.)

21. Who do I call if I have additional questions about my insurance coverage or I have concerns about claims?

Please contact Michael Vincent, Broker at 517-282-3535

22. Why do health insurance premium costs change?

The main reasons for the health insurance premium increase.

1. Increases in healthcare costs and
2. Increases in utilization – more students on the plan are using more healthcare services.

23. Does the Plan satisfy ACA Requirements?

Both plans are ACA approved and include mandated essential benefits provisions.

24. Any Other Charges?

ACA rules and regulations have added Taxes and Fees to the insurance premium. These other charges include reinsurance fee, comparative effectiveness fee, (PCORI) and federal insurance premium tax.

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