April 2017

Attention Students:

PLEASE SHARE THIS INFORMATION WITH YOUR PARENTS TO AVOID ANY UNNECESSARY CHARGES TO YOUR STUDENT ACCOUNT,

Annually, all incoming and returning students are required to provide the Student Health and Wellness Center with proof of health insurance coverage. This applies even if your insurance remains the same from last year. It is the student’s or parent’s responsibility to contact their health insurance provider to find out how the coverage works while a student is attending school. Please be certain that your private health insurance plan will adequately cover a student away from home. Services away from home, such as blood tests, MRI’s, x-rays, and care from a specialist are often not covered under a private insurance plan.

The Swarthmore College Student Health Portal is available for managing your health insurance enrollment or proof of private insurance. You can access your Student Health Portal through your mySwarthmore account. Click on Worth Health Center, and then click on Student Health Portal. Health insurance enrollment or proof of private insurance is due by June 15, 2017. Parents can access a form to update health insurance information by logging into their E-Bill account and selecting the Health Insurance tab. The completed form must be returned to the Student Health & Wellness Center by June 15, 2017.

COLLEGE INSURANCE PLAN DESCRIPTION:

Independence Administrators (IA). 2017-2018 Annual Premium: $1,387.00

- No overall annual limit per contract year
- Out-of-pocket-expense limit of $3,000 for preferred providers per contract year
- 90% coverage with preferred providers; see limitations & exceptions for non-preferred providers
- Mental Health, behavioral health, or substance abuse needs: refer to the schedule of benefits
- Accidental death and dismemberment, Medical Evacuation & Repatriation benefits through Arch insurance group
- Prescription Benefit: including hormone therapy for transgendered students, see schedule of benefits for limitations & exceptions
- Refer to Swarthmore College Student Health and Wellness website to view the College Health Insurance Brochure
- http://www.swarthmore.edu/student-health
- The college health plan must meet requirements mandated by the Affordable Care Act (ACA)/ACA repeal, however we do not anticipate the 2017-2018 benefit plan being impacted
- Enrollment for the full academic year in fall or ½ year spring semester only - no prorated enrollment or refunds

The 2017-2018 student health insurance policy is effective August 17, 2017 through August 16, 2018. The $1,387 premium is billed in one installment on the fall semester E-Bill (issued in early July 2017). Any student with a question regarding eligibility for financial assistance with the insurance premium to meet Swarthmore’s health insurance requirement can email health@swarthmore.edu by June 15, 2017.

DEADLINE: June 15, 2017. If your information is not received by the deadline, you will be enrolled in the college health plan and charged the full premium of $1,387 on your fall semester tuition E-Bill (issued in early July 2017).

REQUIREMENTS: All enrolled students must be insured.

In order to waive coverage, your current plan must meet the following requirements:

- Be effective through the academic year (notify student health immediately if you should have a change or loss of coverage)
- Provide for emergency and urgent care locally
- Cover hospital admissions locally
- Provide coverage while studying abroad

The information must be received by the Student Health and Wellness Center no later than the deadline of June 15, 2017 (even if your insurance remains the same as last year).

Contact Mary Jane Palma at 610-328-8062 or email the Student Health and Wellness Center at <health@swarthmore.edu> if you have questions.

Sincerely,

[Signature]

Alice Holland
Director, Student Health and Wellness Center
ANNUAL MANDATORY INSURANCE ENROLLMENT FORM 2017-2018

You may email this completed form to health@swarthmore.edu or mail to: Swarthmore College, Attn: Student Health and Wellness Center, 500 College Avenue, Swarthmore, PA 19081

Print Student Name: _____________________________ Class Year _____________________________

Date of Birth _____________________________ Student id# _____________________________

____ OPTION (1): My insurance listed below meets the College requirements listed on the back of this form and I wish to WAIVE the Swarthmore College Health Plan.

Signature (Student or Parent): ____________________________________________________________

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (front and back) TO THIS FORM

**Also include a copy of any separate prescription card**

Insurance Company Name: _____________________________

Insurance Company Address: ____________________________________________________________

ID# _____________________________ GROUP# _____________________________

Insurance Company Phone Number: _____________________________

Name of policy holder: ________________________________________________________________

Address of policy holder: _____________________________________________________________

Phone number of policy holder: _________________________________________________________

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PLEASE COMPLETE THIS SECTION TO ENROLL IN THE COLLEGE HEALTH INSURANCE PLAN

____ OPTION (2): I would like to enroll in the College Health Insurance Plan at the rate of $1,387 for the year beginning August 17, 2017 and ending August 16, 2018.

____ Due to economic hardship, I would like to be considered for a discounted rate. I do not have other health insurance that meets the college minimum requirements.

Signature: _____________________________