# Colorado School of Mines Enrollment/Waiver Process User Guide



Home Quick Links Benefits Enroll/Cost Opt-Out Claims 20-21 Plan Year Contact

#### Colorado School of Mines

2021-2022

Welcome to My AHP Care! Your one stop to find information about the insurance your school provides



### Go to csm.myahpcare.com and click on the 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 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 condition 2. Includes prescription drug benefits (prescription discount cards will not be accepted as coverage).

 Includes mental health care benefits of at least <u>20</u> outpatient visits for mental Includes mental neattr care benefits of at least 20 outpatient visits for m neattr care services and at least 30 days of Inpatient mental health care i including emergency psychiatria admissions.
 Individual annual out-of-pocket maximum of \$4550.00 or less.
 Plan provides in-network coverage in the Deriver metro area.

f your plan meets the above criteria and you wish to waive enrollment from the Stu In your plain needs the above check and you wave encountent in the student. Health Instrume 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 asked to present a copy of your full insurance policy. This document is a multi-page document that provides a detailed escription of the plans deductible amounts, copays/coinsurance amounts and percentag ospital benefits, surgery benefits, mental health benefits, etc.). Select the appropriate link elow to submit your waiver request. Once you login, select the 'WAIVE' button under the " 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)). Student is covered by a U.S. based employed 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/glossary/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 pre 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 "I Already Have Insurance" section.

Review the criteria and click on your classification



Log in to the waiver systerm using the following:

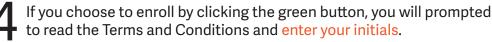
Login: Student ID Number (8 Digit CWID)

Password: Birth Date (mmddyyyy format), unless you previously changed your password

	Student Dashboard
Waiting for waiver submission	I NEED HEALTH INSURANCE
Student Name: Student ID: Email: Phone: View/Update account information >>	I would like to enroll in the Student Health Insurance Plan.
Colorado School of Mines - Domestic 1770 Elm Street #207, Golden, 80401 Tel:( <u>817) 809-4731</u> Fax:	I ALREADY HAVE INSURANCE I have my own insurance and wish to submit a waiver request. WAIVE - DOMU Fall

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.

	WARNING: This session will expire in 24 Minutes and 51 Seconds .
	Student Dashboard
	onditions: Enrollment in student health insurance
<ol> <li>Coverage will</li> <li>Rates are no</li> <li>Applicant mu not been in fc</li> <li>Applicant has</li> <li>FRAUD NOT and/or fines.</li> <li>I understand</li> </ol>	urchase is final. No cancellations or refunds will be issued. Il be effective on the Effective Date of the coverage period. It pro-rated other than as listed in the Master Policy. Is meet the eligibility requirements for this coverage as described in the Brochure. If it is later determined that the applicant is not eligible, coverage will be deemed to hav force and the premium will be returned. Is a crime to provide failse or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment In addition, the insurer may deep insurance benefits if false information materially related to a claim was provided by the applicant. Im y information is protected by privacy laws and will be released only in accordance with these laws.
Please enter the initial the i	Italis of your first and last name in the box below if you agree to the above conditions and agree to purchase the insurance provided to you by your school through their c. Cancel



to waive or enroll.

Double check pre-populated info	mation on this form and fill out the rest.	Student Information	1					
		First Name*			Middle Name			
	school of Mines	Last Name"	AHPTES	st	Student ID*		AHPTEST	
	raduate Students Only	Gender*	Female	· · · ·	Birth Date (r	unddyyyy)"	01/01/1990	
•		School Email*			Personal Err			
Purpose of Waiver Form		Parent/Alternate Er	nail		Phone Num!	er"		
All domestic students must purchase the Student Health Insurance Plan (SHIP) unless they are eligib	to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a	Policy Holder Inform	nation					
waker of the SHIP if you meet the eligibility requirements. The Student Health Insurance Plan, unden automatically charged to student accounts. Students may request a waiver of SHIP and must provide Service at helo ahocare.com. DEADLINE FOR SUBMISSION:	itten by Anthem Blue Cross Blue Shield, is administered by Academic HeatthPlans. The insurance premium is vidence of alternate insurance coverage. For assistance please contact Academic HeatthPlans Customer	Insurance Company		~	Member ID*			
Documentation of alternative health insurance coverage				P Click here to add to the list				
Attach the following proof of insurance coverage. 1. A front and back copy of your medical insurance document is a multi-page document that provides a detailed description of the plans deductible amou etc.) Please allow 5-7 busines days to receive your waiver submission results. FOR TIPS ON ATTAC	rd. (If further information is needed, you may be asked to present a copy of your full insurance policy (This s, copays/coinsurance amounts and percentages, hospital benefits, surgery benefits, mental health benefits, INIG YULI B/CO (IMENT convirtible into to your browser: https://doo.glu/GP/EHw/	First Name (Policy)				Policy Holder)*		
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name. Give each attachment a unique name) Attach Fili	3 Choose File No file chosen							
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## Questions? Please go to csm.myahpcare.com and click on the "Do You Need Help" link