

Student Health Insurance Plan (SHIP) Appeal Considerations

The Appeal Committee May Consider:

- Mistakes of fact or misinterpretations of coverage documents, student status, or healthcare plan structure (e.g., improper classification of a plan as an individual vs. employer plan).
- Exigent circumstances that may create hardship for the student such as:
 - Lack of access to a particular needed provider
 - Medication not being covered under the plan
 - Lack of access to local providers when at permanent residence
 - Urgent or significant personal circumstances that created a hardship for the student and caused them to miss the waiver deadline, such as a medical event, late enrollment, etc.

(NOTE: Simply stating something may not be covered is not grounds for granting an appeal. Aetna or AHP will need to confirm that the provider or medication will not be covered or that local services are unavailable. In many cases, the university can work with the insurer to provide a solution.)

The Appeal Committee Does Not Consider:

- Financial wherewithal
- Amount of funding towards an HSA account
- Comparative cost of the plan compared to other options
- Number of people covered under an individual plan
- How often or how long your academic program requires you to be on campus
- How long the plan has been in place, including legacy plans where new enrollments are unavailable.
- Objections to SHIP coverage on moral or religious grounds (e.g., access to gender confirmation coverage, termination of pregnancy etc.)
- Veteran status within the US Armed Forces.

FAQ

Why does Vanderbilt University require students to maintain health insurance with particular coverage terms and limits?

The university requires all eligible students to maintain health insurance. Vanderbilt University implemented the student health insurance plan to ensure all eligible students, regardless of socioeconomic background, national origin, etc. have access to high quality and affordable health insurance that meets or exceeds ACA requirements. The goal of the plan is to ensure all eligible students have access to robust coverage and are not at risk for financial harm due to an unforeseen medical emergency.

Eligible students who have other coverage are encouraged to submit a waiver. The purpose of the waiver is to confirm other insurance is in place and the other insurance meets university coverage guidelines. The waiver process works well for most students. For Fall 2021, the university had:

- 11,703 students eligible for coverage
- 8,358 submitted waivers (71.4%)
- 7,889 approved waivers (94.3%)

Why can't you consider my or my family's financial wherewithal?

The university may be called upon to direct emergency care and/or response but is not the entity that ultimately provides medical services to the student. If the medical facility deems coverage to be inadequate or unavailable, it may refuse to provide services beyond stabilization and immediate emergency care without a guarantee of payment. The university is not able to assess what a medical facility would consider to be sufficient assets at the time of illness or injury to guarantee treatment. The university is not able to guarantee payment for services under these circumstances.

Why can't you consider how much money I have in my HSA?

HSA funding is variable and spending from HSA accounts is not restricted solely to pay for deductibles and coinsurance. There is no guarantee the funds would continue to be available to satisfy a deductible or coinsurance, or would be sufficient to meet medical needs over multiple policy periods.

I am in a hybrid program that requires I only come to campus for a small number of days per semester. Why am I required to have local coverage in Nashville?

Students in fully remote, distance-learning programs are exempt from the requirement to show evidence of coverage in the Nashville area; however, these students are required to show evidence of coverage within their local (home) area. All other eligible students whose programs require class attendance (however limited) on campus are required to have access to local care. Circumstances requiring medical care can arise at any time regardless of geographic location. We are not able to accept plans that limit access to healthcare providers, including doctors, specialists, or hospitals. To be considered comparable, an alternate plan must include unlimited access to coverage while on campus.

Why can't you consider plan costs?



The cost of health insurance is included in the total estimated cost of attendance. Students experiencing financial hardship are encouraged to consult with the Financial Aid Office to determine what options they have for additional financial aid.

Why can't you consider the number of people enrolled in my individual plan in assessing the plan deductible or total individual out-of-pocket costs?

Deductibles are the financial responsibility of the insured and must be satisfied before the insurer's obligation to pay is triggered. The university assesses only the individual deductible, coinsurance, and out of pocket maximums in determining waiver eligibility.

Plans with a combined family and individual deductible may be acceptable if the coinsurance provisions are comparable, **and the combined deductible and out of pocket maximum are less than or equal to \$5,000.**

Why can't you consider how long my plan has been in place, or the fact that it's a legacy plan?

Health insurance plans are purchased on an annual basis. Just as the insurer has the option to change coverage terms, increase premiums, restrict enrollments, or terminate a plan, individual consumers are free to choose other alternative coverage annually based on their current needs.

Legacy plans are defined as plans where the insurer is unable or unwilling to enroll new members or re-enroll members after a lapse or cancellation of coverage. We are unable to consider appeals based solely on the plan status as a legacy plan. However, the plan structure may be considered as part of the assessment of the totality of the student's circumstances.

I object on moral grounds to participating in SHIP due to one or more of the benefits or services covered.

Students are welcome to waive SHIP with evidence of ACA compliant, comparable coverage. Vanderbilt University offers a plan that is ACA compliant and includes coverage for essential health benefits as mandated by law.

I am a Veteran or am Active Duty within the US Armed Forces and have military coverage through TriCare. Why was I enrolled in SHIP?

All students who are eligible for SHIP are initially enrolled in the plan. It is the responsibility of the student to provide evidence of coverage through the US Armed Forces, including active military status.

Veterans and dependents with access to full military healthcare benefits are eligible to waive and are required to submit a waiver application by the deadline. A failure to submit a timely waiver is not grounds for an appeal. It is very important for Veteran students and dependents to submit evidence of coverage to avoid duplication of benefits. In the event of a duplication of benefits, SHIP will be primary insurance and military coverage will be secondary.

Active Duty military personnel in the US Armed Forces who missed the waiver deadline should reach out to SHIP@vanderbilt.edu for assistance.