



2023-24 UO Student Health Plan Minor Student Enrollment Form

This form is for enrolling in the UO Student Health Benefits Plan. It is important that you fully review and understand the plan coverage and rules before submitting this form, as it is strictly enforced. You can find more information, including full plan documents on our website at www.health.uoregon.edu/insurance.

Before enrolling in the plan, it is important that you understand some key points, noted below. This is not all of the plan information; just some key points. Refer to the Student Guide for the most complete information. Please note that the plan can change from year to year.

How much does the plan cost and when are premiums due?

The plan costs \$1096 per term...Premiums are billed to your student account once per term. You are responsible for paying the balance before the Compliance Deadline each term. If you miss the deadline, you will be charged a \$100 late payment fee and you will have an academic hold placed on your account (which means you will not be able to add/drop classes, get your transcripts, etc.).

- Fall Term Compliance Deadline: October 4, 2023 @ 5 pm

What does annual enrollment mean? How does that work?

When you enroll in the plan, you are making a decision for the rest of the plan year...This means that you will stay on the plan for the rest of the plan year (through September 14, 2024) unless you either lose eligibility or have a 'qualifying event'.

If I am covered by the UO plan, will I have to pay for healthcare I receive from University Health Services (UHS)?

Possibly...Some services at UHS (like massage therapy) are not covered by the plan. If you receive a massage, you will need to pay for that yourself. If you need lab testing that cannot be performed by the UHS lab, we will send that lab specimen to Quest Diagnostics (or another lab) for analysis. In this case, you will receive a bill for your portion of the lab test directly from Quest Diagnostics, which will include any remaining deductible and co-insurance you owe. If you have a prescription filled at UHS, you will likely need to pay a co-pay and/or co-insurance.

To learn more about specific coverage, refer to the Plan Summary.

What happens if I lose eligibility for the plan?

If you are no longer eligible for the plan, you will be terminated from the plan, sometimes retroactively...It is very important that you understand your eligibility every term and have a plan for other coverage for after your eligibility ends (for example, if you graduate in December, you will not be eligible for the plan beyond the fall term). Each term, the team checks eligibility for all enrolled students through the Compliance Deadline, if you are found to be ineligible, your coverage would be retro-terminated back to the beginning of that coverage period and any claims you had incurred would be denied. Please plan ahead and reach out to the team if you have questions.

What if I want to drop the UO coverage?

You will not be allowed to drop the plan mid-year unless... You experience a qualifying event (gain other coverage that meets our criteria) and let us know in a timely manner. If you satisfy the rules of dropping coverage, you will be able to drop your coverage between terms (in alignment with the coverage periods). We do not retroactively drop students, nor do we allow students to drop mid-term, and we do not offer pro-rated refunds if you gain double coverage. Please review the plan documents carefully if you think this might impact you.

How will the UO Student Health Benefits Plan team communicate with me?

Per UO policy, we will primarily use your University of Oregon email account. This means... We will send you important information via your UO email account (including links to our secure message system). Please review your UO email and secure messages regularly so you do not miss an important update or deadline.

Will I be automatically re-enrolled in the plan each year?

No. The UO does not re-enroll domestic students on the plan... Each year, if you want to enroll in the plan, you must submit an enrollment form prior to the close of the FALL TERM open enrollment. If you miss the enrollment deadline, you will not be enrolled in the plan.

Do I have other options for health insurance?

Yes. It is important that you understand your coverage options so you are confident you are making the best choice for yourself. Submission of this enrollment form is considered final - please be sure you want the plan before submitting this form...

- If you are a Graduate Employee, visit the GTFF office at 609 E. 13th Avenue or call (541-344-0832).
- You can also visit with the University Health Services' Insurance Liaison who may be able to provide you with additional information for plans on the exchange or the Oregon Health Plan (OHP).

Which of the eligibility criteria listed below does your child meet?

- My child is a new UO student, starting at UO during the fall 2023 term/semester.
- My child a returning UO student and will be taking at least one UO class during the fall 2023 term/semester.

Important: Each term, your child’s eligibility will be verified through the Compliance Deadline. If your child loses eligibility, they will be terminated retroactively from the plan and will not have coverage for any ineligible coverage period.

Social Security Numbers (SSNs) or Tax Identification Numbers (TINs) are used to create your 1095-B Form for federal tax reporting purposes under the Affordable Care Act. You are not required to provide us with your child’s SSN, but we are required to request it three times to be in compliance with federal rules. If you do not provide your child’s SSN, the Internal Revenue Service (IRS) may not be able to verify your child’s information and you may receive an inquiry from the IRS.

If you would like to do so, please provide your child’s SSN: _____

Provide Your Child’s Local (Eugene Area) Address:

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

If your child has other health insurance currently in effect, provide that information here:

Insurance Company Name: _____

Policy Number: _____

Insurance Company Phone Number: _____

Acknowledgement and Consent:

I hereby consent to the University of Oregon, including any of its school officials, releasing my child's educational records, including health information, as stated below:

The University will only release records specifically related to and for the following purposes:

- (1) Billing third parties for health care services or pharmaceutical drugs provided to my child;
- (2) Paying for health care services or pharmaceutical drugs provided to my child; and/or
- (3) Managing my child's participation and coverage in a University health benefit plan.

Your child's records may be released to the following persons in the following circumstances:

- (1) Health care providers treating my child and their staff;
- (2) HIPAA covered entities and their staff participating in the electronic medical exchange network;
- (3) Insurance companies that are obligated to pay for health care services and pharmaceutical drugs provided to my child; and/or
- (4) Third parties that provide, bill for, or process payment for health care services and pharmaceutical drugs provided to my child or that assist the University with managing coverage in a University health benefit plan.

I understand that unless I revoke this consent in writing and deliver it to UHS, it shall remain in effect and my child's educational records will be disclosed as set forth above.

Student Name: _____ **UO ID Number:** _____

Student DOB: _____ **Parent/Guardian Name:** _____

Parent/Guardian Signature: _____ **Date:** _____

Once your child's application has been approved and processed, your child's student account will be billed and your child will receive an email confirmation of their status. Please remember to pay the premiums on time each term/semester to avoid a \$100 late fee and a hold on your child's academic account.