

Spring/Summer Medical Insurance Waiver PPACA Refund Form

How to request Fall 2010 only coverage: Option for students enrolling in their parent's employer-based group health insurance plan due to the Patient Protection and Affordable Care Act (PPACA) by January 1, 2011

One of the provisions of the Patient Protection and Affordable Care Act (PPACA) passed in 2010 was the extension of dependent coverage through age 25. As a result of this change, some students who were not previously eligible for coverage under their parent's employer-based family health plan became eligible to join the plan after the law took effect September 23, 2010.

Aetna Student Health is temporarily modifying its premium refund policy. Some students enrolled in the Boston University Aetna Student Health Plan may qualify for a premium refund if they choose to be covered under their parent's employer-based plan as a result of the new dependent coverage through age twenty-five provision.

General Guidelines of the policy:

- For the 2010/2011 policy year, refunds will be available ONLY in January and ONLY for the entire Spring/Summer policy period.
- The student may be eligible for a refund of the Spring/Summer policy period if he or she enrolls in the parent's family plan between September 23, 2010, and January 1, 2011, due to the Adult-Child provision of PPACA provided that coverage meets the Massachusetts Student Health Program (SHP) requirements for comparable coverage and the student will be covered under that plan for the full balance of the 2010/2011 Plan Year from January 1, 2011, forward.

To receive a refund for the Spring/Summer term, the student must supply the following no later than January 31, 2011:

- Documentation of their enrollment in the family plan as a result of the PPACA dependent to age 26 provision (i.e., dependent coverage until age 26 provision). The documentation must include the name of the employer, the insurance carrier, the named parent subscriber, the named student as dependent on the plan, and the effective start date of coverage for the student. Proof may include more than one document.
- The Spring/Summer Medical Insurance Waiver PPACA Refund Form signed by the student

Note: The student must not have submitted any claims or incurred any services under the Aetna Student Health Plan with effective dates of January 1, 2011, or later. Dependents of the student may not remain covered if the student is not covered.

Refund Amount:

Students enrolled in Student Basic for the 2010/2011 Plan Year (08/23/2010 – 08/22/2011) at \$1,676: premium reduced to \$700 (08/23/2010 - 12/31/2010) (\$976 credit)

Students enrolled in Student Plus for the 2010/2011 Plan Year (08/23/2010 – 08/22/2011) at \$2,299: premium reduced to \$928 (08/23/2010 - 12/31/2010) (\$1,371 credit)

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Students must demonstrate proof of coverage as a dependent in a family plan due to the Patient Protection and Affordable Care Act (PPACA) by January 1, 2011. Attach proof along with this Spring/Summer Medical Insurance Waiver PPACA Refund form.

Application Deadline: January 31, 2011

Send To: Boston University, Student Accounting Services, 881 Commonwealth Avenue, lower level, Boston, MA 02215, Fax: 617-353-3313, Email: insmed@bu.edu:

Student Name (last, first, middle): _____

BU ID#: _____ Date of Birth: ____/____/____ College: _____

Phone: _____ E-mail: _____

Terms and Conditions

- ☒ I am requesting to terminate my coverage under the Boston University Student Medical Insurance Plan effective December 31, 2010.
- ☒ I have attached documentation from my parent's employer or health insurance carrier of the date of my (re)enrollment in my parent's employer-based health plan. (The enrollment occurred between September 23, 2010, and January 1, 2011.)
- ☒ My coverage as a dependent under my parent's health plan will be maintained through August 22, 2011, (or, if before August 22, 2011, until I complete my studies through Boston University, e.g, May 2011 graduation date)
- ☒ My parent's health plan provides me with reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services. All these services are reasonably accessible to me where I am attending school and not restricted to emergency care or urgent care only where I am studying.
- ☒ No claims have been filed nor services incurred with dates of service of January 1, 2011, or later under the Boston University Aetna Student Health Plan.
- ☒ *Students with their own dependents in the Student Medical Insurance Plan for the 2010/2011 Plan Year:* For my covered dependents, no claims have been filed, nor services incurred with dates of service of January 1, 2011, or later under the Boston University Aetna Student Health Plan. I understand coverage for my dependents will also terminate effective December 31, 2010, if my request is approved.
- ☒ I understand this request will not affect my enrollment or non-enrollment in the Boston University Student Medical Insurance Plan for the 2011/2012 Plan Year/
- ☒ I understand this request is subject to approval of Boston University and Aetna Student Health.
- ☒ I have enrolled as a dependent in the following employer-based health plan:

Insurance Company Name: _____

Insurance Plan Name: _____

Insurance Company (claims) Address: _____

Telephone Number (customer service): _____

Policy Number /Member id*: _____ Group Number: _____

**(The policy or other number used to identify the student's participation in the health plan listed above)*

Name of the Primary Card Holder (subscriber): _____

Card Holder's (subscriber) Address: _____

I certify the above information is true and accurate.

Student signature: _____ Date: _____