

UNIVERSITY OF MASSACHUSETTS-AMHERST
DEPARTMENT OF ATHLETICS
HEALTH INSURANCE POLICY STATEMENT
2007-2008

The University of Massachusetts requires, in accordance with Massachusetts State Law, that all students have primary comprehensive medical insurance coverage in addition to the Basic Health Fee before they can enroll as a full time student. The University of Massachusetts medical insurance coverage may be satisfied by one of the following options:

SUBSCRIPTION: STUDENT HEALTH INSURANCE PLAN (SHIP)

Cost: \$1040.50/semester

Category 3 and 4

This plan provides 100% coverage for referrals made by University Health Services physicians to participating hospitals, physicians and specialists. Referrals made to non-participating providers are covered at 80%. **The SHIP insurance does not cover intercollegiate athletically related injuries.** You must have an excess plan in place if you purchase SHIP and this can be done through the Sports Medicine Department. The excess plan is through K & K Insurance Services. Please see premium rates for your sport on the athletic training website on <http://umassathletics.cstv.com>.

The Department of Athletics supplemental policy will no longer be able to pay for any residual costs for athletically related injuries that are not covered by the SHIP insurance. This is due to the policy change that the supplemental insurance will only cover costs after a primary insurance plan that covers athletically related injuries has been exhausted. The Department of Athletics' supplemental secondary insurance plan is in place and will become effective after an athletes' primary insurance company has processed and paid for all coverable services.

A brochure describing the benefits under the Student Health Insurance Plan will be available from the University Health Services (UHS) in October. Please call UHS at (413) 577-5192 to request a brochure.

WAIVER: FAMILY/OWN HEALTH INSURANCE COVERAGE

Category 1 or 2

Student-athletes may choose not to enroll in the University of Massachusetts Student Health Insurance Plan. The insurance waiver must also be completed with the Bursar's Office which you can complete on-line. This waiver can be completed on-line at www.umass.edu/bursar or at spire.umass.edu.

Please note that the Athletic Departments Health Insurance Plan is secondary to the primary coverage under SHIP/Excess Plan or a family health insurance plan. All student-athletes are required to file the health insurance affidavit form off of the athletic training website and **a copy of your insurance card** with the Coordinator of Sports Medicine. This form must be filled out and returned prior to practice or competition in the intercollegiate athletic program. The claims administrator will forward a questionnaire in most cases asking for additional information regarding your primary health insurance coverage. This must be returned as soon as possible in order for the claim to be processed in a timely manner. Please send all claims not covered by your primary insurance to:

Kathy Boyd
Assistant Athletic Trainer
University of Massachusetts
Boyden Building, Room 9
Amherst, MA 01003.

- ❖ All University of Massachusetts intercollegiate student-athletes are enrolled in the NCAA lifetime catastrophic injury insurance program. A summary of the benefits provided by this program is available upon request.

UMASS HEALTH INSURANCE FORMS
2007-2008

Below you will find information explaining the two options for insurance and the difference in the coverage. Please do the following:

1. Print the insurance packet from <http://umassathletics.cstv.com>.
2. Provide the Athletic Department information regarding a student's primary insurance. You must have checked either **SUBSCRIPTION or WAIVER.**
3. Attach a copy of the student's primary insurance card.
4. If primary insurance is a HMO or PPO please consider changing your primary care physician to a team physician at the University Health Services. Either Dr. Pierre Rouzier or Dr. Gregory Little. This will enhance our ability to get proper care by having referrals done expeditiously.
5. All foreign students must subscribe to SHIP. University policy.
6. Fall sports, please return the forms prior to the first day of practice for your team. You can send the forms in advance to:
Kathy Boyd
UMass Sports Medicine
Boyden Room 9
131 Commonwealth Ave.
Amherst, MA 01003
7. Spring Sports must return their forms to the athletic training room upon their return to campus for the 2007-08 school year.

*****Returning this form to the athletic department does not replace going on-line with bursar's office to waive the SHIP insurance. These are two different processes.*****

SUBSCRIPTION: UMass Student Health Insurance Plan (SHIP). This bill must be paid prior to the athlete's participation in practice.

WAIVER: Family Health Insurance. The information must be filled out completely. Incomplete information (address, policy number, etc.) will prohibit the athlete from practice and competition. Please attach a copy of your primary insurance card.

Questions regarding Insurance Coverage should be addressed to Kathy Boyd,

Phone	413-545-4093
Fax	413-545-3150
Email	kaboyd@admin.umass.edu

**THIS INFORMATION MUST BE RECEIVED PRIOR TO THE BEGINNING OF THE STUDENT-ATHLETE'S FIRST PRACTICE SESSION.
THANK YOU FOR YOUR PROMPT REPLY.**