



# College Student Waiver

**MAIL TO:** MVP Health Care, Employer Account Services, P.O. Box 2207, Schenectady, NY 12301-2207

I, \_\_\_\_\_, am currently attending college on a full-time basis (the equivalent of twelve (12) or more credit hours per semester) and am applying for coverage as a dependent college student. I understand that my eligibility will end once I have reached the maximum age as stated in my MVP Contract, Summary Plan Description or Certificate of Coverage, or I am no longer attending college on a full-time basis, whichever occurs first.

Coverage would be under a Contract, Plan or Certificate of Coverage held by my parent/step-parent/legal custodian or guardian:

Subscriber's Name: \_\_\_\_\_

Name of Subscriber's Employer: \_\_\_\_\_

Student/Dependent's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student/Dependent's MVP I.D. Number: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

College Address: \_\_\_\_\_  
\_\_\_\_\_

College Registrar's Phone Number: \_\_\_\_\_

Dates of Current Enrollment: From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Expected Date of Graduation: (Month/Year): \_\_\_\_\_

Current Number of Credit Hours: \_\_\_\_\_  
\_\_\_\_\_

If you are no longer a full-time student, please indicate the month and year you were last enrolled as a full-time student: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: This form must be completed and submitted to MVP annually.**

**Any questions?** Call toll-free **1-888-MVP-MBRS** or visit our Web site at **mvphealthcare.com**.

# Student/Dependent Rider Coverage Q&A

This benefit is available to all college students covered by an MVP Group HMO or POS Contract/Student Rider or Dependent Rider.

**Note:** If you have questions regarding this benefit, or to request waiver and claim forms, please e-mail [members@mvphealthcare.com](mailto:members@mvphealthcare.com) or call **1-888-MVP-MBRS**.

## How do I enroll my child/dependent?

If your employer offers this benefit as part of your company's Contract/Riders, you must first enroll your eligible children or dependents by filling out the Student Waiver Form or submit a waiver form online at [mvphealthcare.com](http://mvphealthcare.com).

## What if my child/dependent needs to visit a doctor while away at college?

### Outside MVP's service area:

Your child/dependent simply makes an appointment with any doctor and, if emergent, calls MVP at **1-888-MVP-MBRS** to notify us of the appointment. The doctor will probably require payment for the visit at the time of treatment. Then your child/dependent needs to fill out and submit an MVP claim form (which is available in PDF format at [mvphealthcare.com](http://mvphealthcare.com)) to receive reimbursement for any expenses (minus the copay).

### Within MVP's service area:

There are two choices. Your child/dependent can call their Primary Care Physician and get a referral to an MVP participating physician near the college. If the doctor is unable to suggest a nearby doctor, they can search for an area doctor at [mvphealthcare.com](http://mvphealthcare.com) or contact MVP Member Services for assistance. In this case, the standard office copay will cover the visit and the care will NOT impact the \$2,500 annual maximum for out-of-area college student coverage. Or, they can make an appointment with any doctor outside the MVP service area and be reimbursed by MVP for up to \$2,500 per year.

## How does my child/dependent fill prescriptions?

### Outside MVP's service area:

They will probably have to pay for their prescriptions out-of-pocket. They then fill out and submit a prescription claim form (which is available in PDF format at [mvphealthcare.com](http://mvphealthcare.com)), and they'll be reimbursed for any expenses (minus the copay).

### Within MVP's service area:

They simply bring prescriptions to any area participating MVP pharmacy (try an online Pharmacy Search at [mvphealthcare.com](http://mvphealthcare.com)), present their MVP ID card, and pay the usual copay.

## What's covered?

While away at college, your child/dependent is covered for the same services covered by his or her MVP policy EXCEPT elective inpatient hospital care and preventive care, like physicals and immunizations - which must be done by their Primary Care Physician at home.

The out-of-area coverage includes covered outpatient "sick care" services, such as doctor visits, physical therapy, allergy shots and lab work to the same limits of the MVP contract provisions. If their MVP policy includes prescription coverage, they're covered for that, too (but they'll have to pay for the prescription and submit a claim for reimbursement). As always, they're covered for emergency care, anywhere in the world, with no dollar limits.

## What are the limits for this out of area benefit?

There is a \$2,500 calendar year maximum on out-of-area coverage.