Waive/Enroll in Health Insurance

1) Log on to your Student Wiser account

2) Click the menu icon on (top left) and then “Finance Center”
3) Click Waive/Enroll in the Health Insurance box

4) Check “I am WAIVING” and then next
5) Check “Yes” if you are enrolled in MassHealth *(Click here Non-MassHealth)*

If you participated in the MassHealth Premium Assistance (MHPA) Program for 2018-2019 and are an active MassHealth member you need to re-apply. Your MassHealth 12-digit ID # is not printed on your BCBS ID card. You will need to locate your 12-digit MassHealth ID# prior to completing this form.

If you did not participate in the MHPA Program for 2018-2019, review the list of ACO/MCO plans through MassHealth below. You can also identify your plan as MassHealth if your 12-digit MassHealth ID# is printed on your insurance card.

- Boston Medical Center (BMC) HealthNet Plan
  - BMC HealthNet Plan
  - BMC Community Alliance
  - BMC Mercy Alliance
  - BMC Signature Alliance
  - BMC South Coast Alliance
- Fallon Health
  - Berkshire Fallon Health Collaborative
  - Fallon 365 Care
  - Fallon Health Wellforce Care Plan
- Health New England Be Healthy Partnership
- Neighborhood Health Plan My Care Family
- Tufts Health Plan
  - Tufts Health Together
  - Tufts Atrius Health
  - Tufts Beth Israel Deaconess Care Organization
  - Tufts Boston Childrens ACO
  - Tufts Cambridge Health Alliance
- Community Care Cooperative (C3)
- Partners Health Choice
- Steward Health Choice
- MassHealth PCC Plan

If you did not participate in MHPA for 2018-2019 and do not have one of the plans listed above and only have a MassHealth ID card please select the MassHealth PCC Plan when you reach the form asking for your insurance information. If you are not sure if you have MassHealth, review your insurance ID card for the 12-digit MassHealth ID# printed on your card or call the Member Services telephone number on your card.

[Mass Health Sample ID Cards]

6) Click “Agree”

**Student Health Insurance Form**

**FERPA Notification:**
I acknowledge and agree that if I am eligible, the completion and submission of the information contained on the preceding Student Health Form and the execution of this Release will enroll me in the MassHealth Premium Assistance Program (Program). If I am eligible, I will receive healthcare coverage through the Student Health Insurance Program (SHIP) offered through my educational institution. MassHealth will pay for my SHIP premiums, my out of pocket costs, such as copays and other associated costs, and will pay for any eligible services not covered by the SHIP.

In order for MassHealth to determine my eligibility for and enroll me in the Program, I authorize my educational institution and/or University Health Plans to release all the information I have provided on the preceding Student Health Form to MassHealth and the Massachusetts Health Connector. This information may include, but is not be limited to, my name, date of birth, MassHealth identification number, and MassHealth eligibility Information and shall be used exclusively to determine my eligibility for the Program, facilitate my enrollment in the Program, and perform other Program payment related activities. This authorization shall remain valid through the duration of my enrollment in the Program. I acknowledge and agree that MassHealth will share information regarding my MassHealth eligibility with my educational institution and/or University Health Plans for the same purposes.

I understand that providing my consent is optional. However, I acknowledge that if I am enrolled in MassHealth and have access to a SHIP through my educational institution, MassHealth may require that I enroll in the SHIP. If I fail to provide my consent and therefore am not enrolled in the SHIP, I may lose my MassHealth benefits.

Please click the *Agree* button to continue, then click the *NEXT* button on the Enrollment/Waiver page to continue.
7) Click “OK”

8) Input your MassHealth information and click “Complete”
You have successfully submitted the form for MassHealth waiver.

The following pages are instructions for Non-MassHealth waiver.
5) Click “No” if you are not enrolled in a MassHealth plan

Are you a MassHealth (Massachusetts Medicaid) Member?

If you participated in the MassHealth Premium Assistance (MHPA) Program for 2018-2019 and are an active MassHealth member you need to re-apply. Your MassHealth 12-digit ID # is not printed on your BCBS ID card. You will need to locate your 12-digit MassHealth ID# prior to completing this form.

If you did not participate in the MHPA Program for 2018-2019, review the list of ACO/MCO plans through MassHealth below. You can also identify your plan as MassHealth if your 12-digit MassHealth ID# is printed on your insurance card.

- Boston Medical Center (BMC) HealthNet Plan
  - BMC HealthNet Plan
  - BMC Community Alliance
  - BMC Mercy Alliance
  - BMC Signature Alliance
  - BMC South Coast Alliance
- Fallon Health
  - Berkshire Fallon Health Collaborative
  - Fallon 365 Care
  - Fallon Health Welfare Care Plan
- Health New England Be Healthy Partnership
- Neighborhood Health Plan My Care Family
- Tufts Health Plan
  - Tufts Health Together
  - Tufts Atrius Health
  - Tufts Beth Israel Deaconess Care Organization
  - Tufts Boston Childrens ACO
  - Tufts Cambridge Health Alliance
- Community Care Cooperative (C3)
- Partners Health Choice
- Steward Health Choice
- MassHealth PCC Plan

If you did not participate in MHPA for 2018-2019 and do not have one of the plans listed above and only have a MassHealth ID card please select the MassHealth PCC Plan when you reach the form asking for your insurance information. If you are not sure if you have MassHealth, review your insurance ID card for the 12-digit MassHealth ID# printed on your card or call the Member Services telephone number on your card.

Mass Health Sample ID Cards

6) Click “Next”
7) Click “OK”

8) Enter your health Insurance information and click “Complete”
Your form has been received and will be reviewed.

You have successfully waived the University Health Insurance. However, your health insurance information is subject to an audit. If for some reason there is a question regarding your insurance information, the charge will be re-instated to your student bill and you will be asked to provide further information.