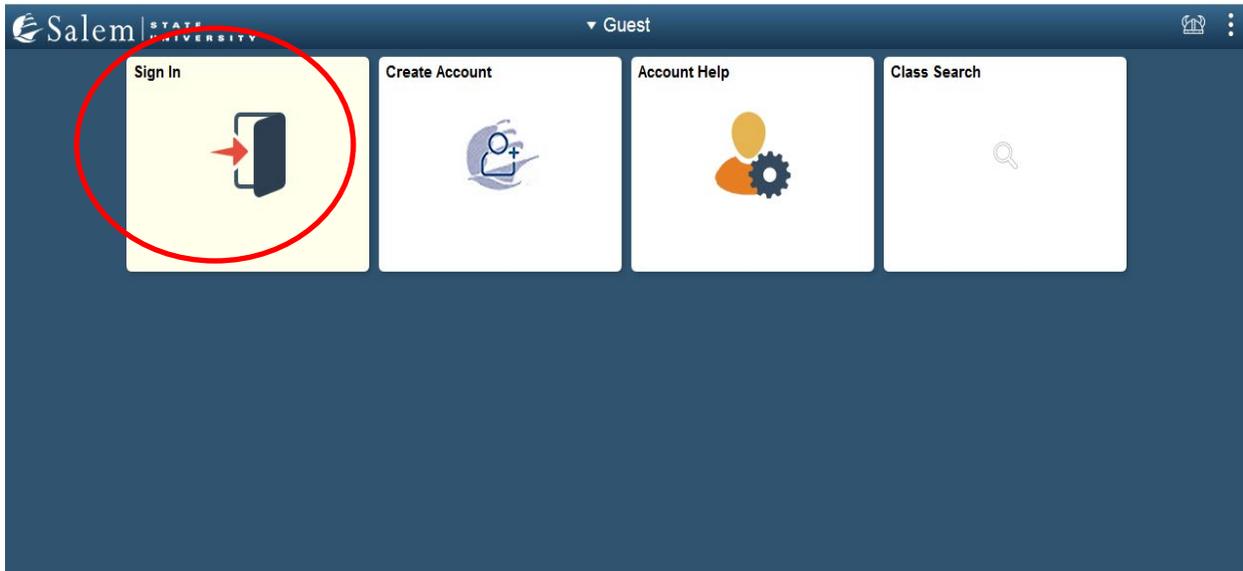


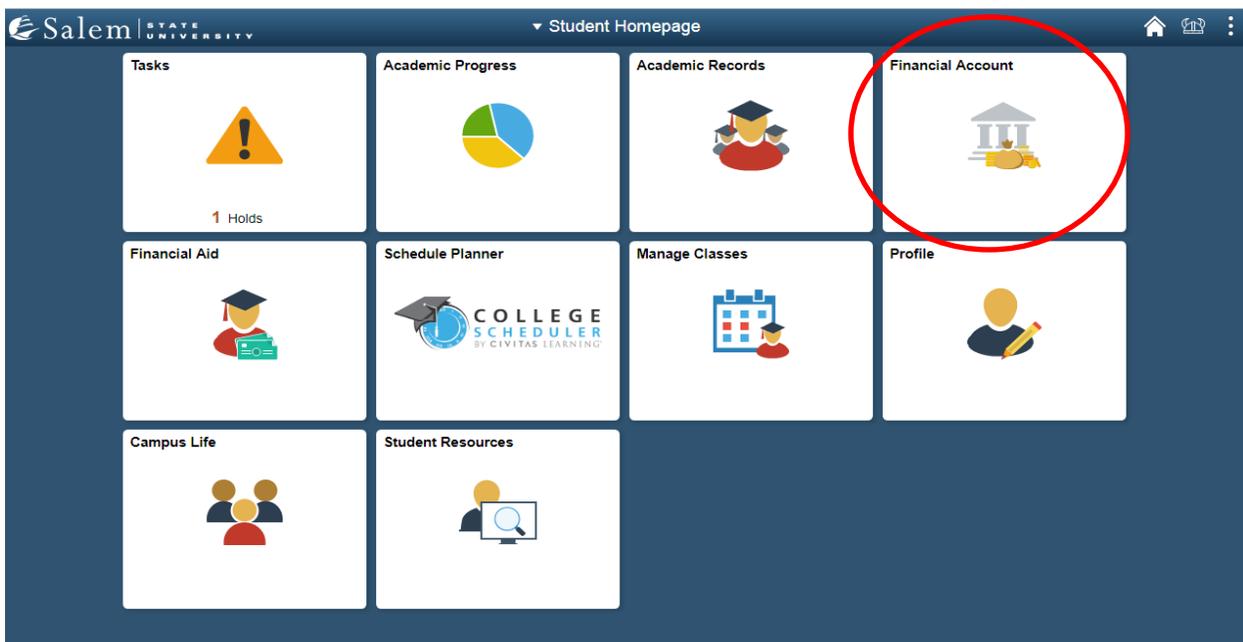
# Student Navigation Center

## How to: “Waive Out” or “Enroll In” Health Insurance

1. Log into Navigator.

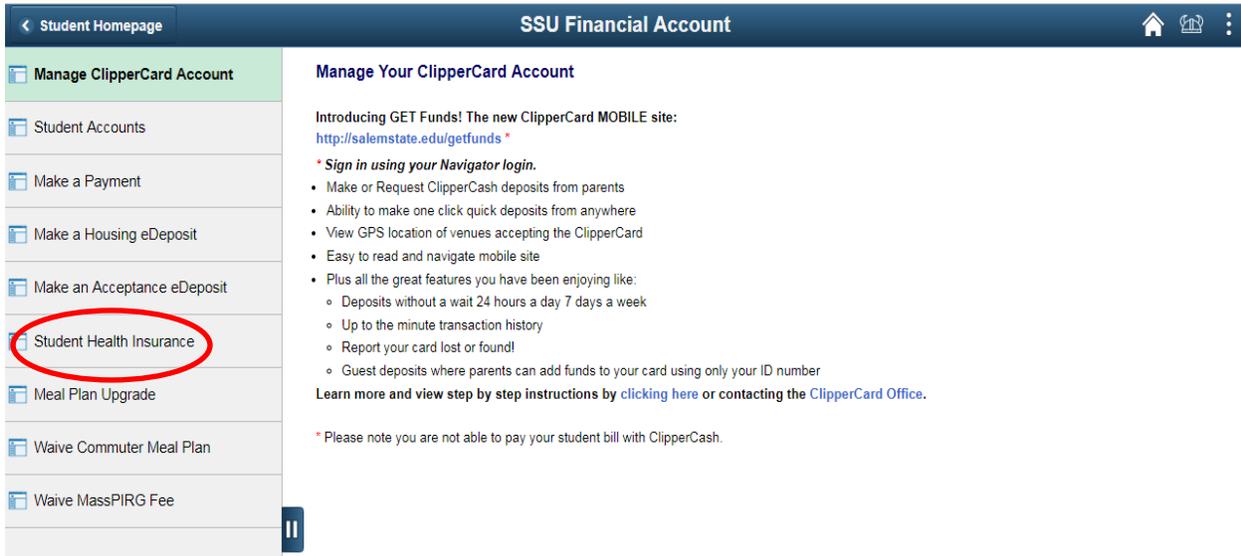


2. Once at the Student Homepage, click on “Financial Account”.



3. Next, click on “Student Health Insurance”.

**Note:** Please make sure that pop-up windows are not blocked.



The “University Health Plans” page will pop-up in a new tab. If you would like to “Waive Out” of the University Health Plan, please follow steps 4-8. If you would like to “Enroll In” the University Health Plan, please proceed to steps 9-13.

4. “Waive Out”: After reading the Student Health Insurance information, click on the link in the left-hand toolbar labeled “Waiver Form” or the link can also be found under the “Enrollment Process” heading.



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### Student Health Insurance

Massachusetts requires that all students enrolled in at least 75% of their program’s full-time course load participate in a Student Health Insurance Plan (SHIP) or have comparable health insurance coverage.

At Salem State University, this includes:

- Undergraduate students taking 9 or more credits
- Graduate students taking 6.75 or more credits
- Graduate students in programs where 75% of the course load is 6 or 4.75 credits

These students are automatically charged for the SHIP at registration. **To opt out, students must submit a waiver form documenting their comparable coverage. Students intending to enroll in the SHIP must submit an enrollment form to transfer their information to the insurance company.**

### Cost and Coverage Periods

	Annual Students	Newly Eligible Spring Students
<b>Coverage Dates</b>	August 1, 2025 - July 31, 2026	January 1, 2026 - July 31, 2026
<b>Premium</b>	\$4,721	\$2,756
<b>Waiver/Enrollment Deadline</b>	September 26, 2025	January 31, 2026



### Waiver Process

Students with comparable health insurance may submit a waiver form by the deadline to opt-out. To be considered comparable, your plan must:

- Be filed and approved in the U.S. and compliant with the Affordable Care Act (ACA)
- Provide comprehensive, non-emergency benefits in the geographical area surrounding the school

Plans that do not meet the requirements include short-term medical plans, healthcare sharing plans, insurance plans from foreign healthcare systems, travel plans, and plans available to international students only.

Not all U.S. health plans offer comprehensive, non-emergency benefits outside their home coverage area; out-of-state students must check their plan's coverage area.

MassHealth Limited, Health Safety Net, and Children's Medical Security Plan are not acceptable plans.

**Waiver forms may be reviewed, and if the plan does not meet the requirements, you will be notified that their waiver form is not accepted. For more information about waiver requirements and comparable plans, please click on the waiver form on the left.**

5. Complete the Pre-Waiver Questionnaire with the information about your current health insurance and click Continue at the bottom of the page.
6. Read the information provided about the Annual Waiver Form. If you are eligible to continue, enter your existing insurance information to complete the waiver form.



**SALEM STATE UNIVERSITY**  
**STUDENT HEALTH INSURANCE PLAN**

**Annual Waiver Form**  
**2025-2026 Academic Year**

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Qualifying Event Enrollment

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Update Mailing Address

**Optional Plans**

Massachusetts Delta Dental Plans

VSP Vision Care Plan

Renters Insurance

Tuition Insurance

**Additional Information**

Health Connector Participant Info

Insurance Info for Graduating Students and Dependents

**Please note:** Salem State University reserves the right based on the information provided on the form to decline the waiver and automatically enroll the student in the school's Student Health Program.

You should only waive the SHIP if you have active insurance that meets the waiver requirements and wish to opt-out of the SHIP.

If the name on the form below is not yours, please contact University Health Plans by email at info@univhealthplans.com or by phone at 833-251-1141.

**Not all insurance ID cards are set up the same.** Your ID card may refer to your unique identification number as an Identification Number, Subscriber ID or Member ID. This is the number you should list as the Subscriber ID Number below. Not all insurance ID cards include a policy number. If you only have one identification number on your ID card you can enter this in the policy number field.

Asterisk (\*) denotes required field

#### STUDENT INFORMATION

first name:

middle initial:

last name:

student ID:

email address:

date of birth:  (MM/DD/YYYY)

international student:

#### INSURANCE INFORMATION

insurance company name:  ?

policy number:  ?

type of insurance:

insurance company phone:  ?

subscriber name:

subscriber ID number:

subscriber date of birth:  (MM/DD/YYYY)

subscriber relation:

subscriber city:

subscriber state:

7. Then upload a picture of the front and back of your health insurance card in the section labeled “Proof of Insurance”. Then select Apply at the bottom of the page to continue. Students are required to submit a copy of their insurance card during the waiver process.

**PROOF OF INSURANCE**

Please provide a copy of the front and back of your insurance ID card.

**Note to students with MassHealth:** If you have an Accountable Care Organization (ACO) or Managed Care Organization (MCO) card (such as a Tufts, BMC Health Net, etc.) Upload a copy of this card in lieu of the standard MassHealth ID card. If you only have the standard MassHealth card please also provide documentation that your aid category is NOT MassHealth Limited, Health Safety Net or Children's Medical Security.

Files may not exceed 10 MB each.

file 1:  No file chosen  
file 2:  No file chosen

**By my electronic selection, I affirm that:**

1. The insurance information supplied above is correct, and I have health insurance coverage that meets all conditions previously confirmed;
2. I understand that I am legally responsible for any medical expenses incurred during my enrollment in Salem State University and that the University and its Student Health Insurance Plan will not be held responsible for any of my medical expenses once I waive coverage; and
3. I understand that neither the school nor the Student Health Program will be responsible for these medical expenses.

Please note that once you have completed the process, you will receive an immediate message that your transaction was successfully submitted. In addition, you will receive an email confirmation of the submission. **Should you not receive an immediate response, please contact University Health Plans at 888-261-1141** as this would mean you did not successfully waive the Salem State University Student Health Plan coverage and you will default into the plan if not completed successfully.

Please check your information before clicking on Apply.

8. After submitting your current information, ensure you waived out of the student health insurance plan successfully by reaching the confirmation page and checking your billing statement.
- \*Your submission of the waiver form *is not* an official confirmation waiver. Please check your billing activity to see that the health insurance charge has been deducted within 24-48 business days, confirming your successful waiver.

**Note:** International students with comparable health insurance coverage may waive SSU's Blue Cross Blue Shield Insurance plan. Upon submission of the waiver form, your waiver will be reviewed, and you will receive follow-up from [info@univhealthplans.com](mailto:info@univhealthplans.com) within 3-4 business days confirming if it is approved, denied or if additional information is needed.

9. **“Enroll In”**: After reading the Student Health Insurance information, click on the link in the left hand toolbar labeled **“Enrollment Form”** or the link can also be found under the **“Enrollment Process”** heading.



## Salem State University STUDENT HEALTH INSURANCE PLAN

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### Student Health Insurance

Massachusetts requires that all students enrolled in at least 75% of their program's full-time course load participate in a Student Health Insurance Plan (SHIP) or have comparable health insurance coverage.

At Salem State University, this includes:

- Undergraduate students taking 9 or more credits
- Graduate students taking 6.75 or more credits
- Graduate students in programs where 75% of the course load is 6 or 4.75 credits

These students are automatically charged for the SHIP at registration. **To opt out, students must submit a waiver form documenting their comparable coverage. Students intending to enroll in the SHIP must submit an enrollment form to transfer their information to the insurance company.**

### Cost and Coverage Periods

	Annual Students	Newly Eligible Spring Students
<b>Coverage Dates</b>	August 1, 2025 - July 31, 2026	January 1, 2026 - July 31, 2026
<b>Premium</b>	\$4,721	\$2,756
<b>Waiver/Enrollment Deadline</b>	<b>September 26, 2025</b>	<b>January 31, 2026</b>

### Enrollment Process

Although students are automatically charged for the SHIP, their information is not transferred to BCBS MA until after the deadline. To avoid difficulties accessing health insurance benefits, students should submit an enrollment form as soon as possible. Once submitted, enrollments may take up to 5 business days to process.

Students who do not take action or have an approved waiver form by the deadline will be automatically enrolled in the plan retroactive to the policy effective date.

10. After reading the pop up, click on “I have read and acknowledged the above statements” to continue.

**Please note**, with the rising costs of healthcare, and increase in utilization of the Plan, the following plan change has been made for the 2025-2026 academic year to help keep the insurance premium and the plan a viable option for all students.

- Deductible will be \$2,000 (does not apply to in-network preventative care, office visits, ER visits, ambulance, lab work, x-ray, or prescription drugs).

Plan benefit information is available on this website for your review. If you are enrolling in the SHIP, be sure to familiarize yourself with the Plan prior to receiving services. For specific benefit or claims questions contact Blue Cross Blue Shield of Massachusetts at 1-888-753-6615.

We encourage students anticipating high out-of-pocket costs to compare other insurance options to the SHIP. The [Massachusetts Health Connector](#) offers information about their online insurance marketplace where you can compare and purchase insurance plans. You may be eligible for a Subsidized Health Plan (a low or no cost insurance program for qualifying university students).

I have read and acknowledge the above statements

11. Read the “Annual Enrollment Form” information, enter your date of birth (02/06/2000) and your student ID number (i.e. S0123456). Then click Continue.

**SALEM STATE UNIVERSITY  
STUDENT HEALTH INSURANCE PLAN**

**Annual Enrollment Form  
2025-2026 Academic Year**

To ensure that all students enrolled in at least 75 percent of their program's full-time course load have adequate medical insurance while pursuing their academic goals, state law requires that students have coverage, either through the Salem State University Student Health Insurance Plan (SHIP) or another United States-based carrier offering comparable coverage.

By enrolling online you confirm your acceptance of the plan and your tuition bill will be charged accordingly. You will be assigned a member ID number and your name will be submitted to Blue Cross Blue Shield to be added to the doctor and pharmacy databases. An insurance card will be mailed to you within 10-11 business days.

To continue the enrollment process, you will need your Student ID number, which can be found on your tuition bill, preceded by the letter "S" (example: S0123456). This ID number is not your social security number or your Connect Card number.

**Please be sure to include an "S" at the beginning of your Student ID. It should be an "S" followed by 7 digits.**

Asterisk (\*) denotes required field

date of birth: \*  (MM/DD/YYYY) ←

student ID: \*

Continue ←

12. Fill in all required fields on the Annual Enrollment Form and select Continue at the bottom to enroll.



## SALEM STATE UNIVERSITY STUDENT HEALTH INSURANCE PLAN

### Annual Enrollment Form 2025-2026 Academic Year

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- Prescription Info >
- Insurance ID Card
- Update Mailing Address
- Optional Plans**
- Massachusetts Delta Dental Plans
- VSP Vision Care Plan
- Renters Insurance
- Tuition Insurance
- Additional Information**
- Health Connector Participant Info
- Insurance Info for Graduating Students and Dependents

Please complete the form below to enroll in the Salem State University Student Health Insurance Plan (SHIP).

Your SSU student account will be charged for your student health insurance coverage. (Completing the form confirms your intent to purchase the plan but will not create a duplicate charge)

\$4,716.00 Student Only - Annual Coverage 08/01/2025 - 07/31/2026

Asterisk (\*) denotes required field

#### STUDENT INFORMATION

first name: \*

middle initial:

last name: \*

student ID: \*

home address: \*

home address (cont.):

home city: \*

home state: \*

home zip: \*

email address: \*

home phone: \*

date of birth: \*  (MM/DD/YYYY)

gender: \*

international student: \*

Click the "Apply" button below if you have completed the fields and wish to enroll in the Salem State University plan. The Student Health Insurance Plan charge will appear on your SSU student account.



13. To complete enrollment, click on “Submit”.

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**PAYMENT INFORMATION**

\$4,721.00 will be included on tuition bill.

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Click the 'Apply' button below if you have completed the fields and wish to enroll in the Salem State University plan.  
The Student Health Insurance Plan charge will appear on your SSU student account.

**Submit**

\*Your submission of the enrollment form *is not* an official confirmation of enrollment. Please check your email for communication from University Health Plans that you have been successfully enrolled.