If you’ve already submitted a waiver for spring 2016, please disregard this email.

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Dear University of Minnesota International Student,

Welcome! You have enrolled in the University-sponsored Student Health Benefit Plan (SHBP) for spring semester 2016. Your spring semester coverage is effective January 19, 2016 through August 19, 2016.

If you did not intend to enroll, see below for instructions on reversing enrollment before the February 2nd deadline.

Highlights of the plan include:

- Network and claims administration services provided by Blue Cross Blue Shield of Minnesota
- Access to a network of thousands of providers and hospitals worldwide
- No deductible
- 80% coverage for eligible expenses; 100% coverage of essential benefits as outlined in the Affordable Care Act
- Emergency travel assistance through UnitedHealthcare Global

Learn more about your coverage at www.shb.umn.edu.

Health plan cards will be mailed to new members only. Current members may request a new card by contacting Blue Cross Blue Shield at 1-866-870-0348. If you need care prior to receiving your card, please use the following plan and group numbers:

**Crookston:** Plan ID XZA99-(your student ID number), Group Number EP489-W10  
**Duluth:** Plan ID XZA99-(your student ID number), Group Number EP489-W6  
**Morris:** Plan ID XZA99-(your student ID number), Group Number EP489-WA  
**Rochester:** Plan ID XZA99-(your student ID number), Group Number EP489-WC  
**Twin Cities:** Plan ID XZA99-(your student ID number), Group Number EP489-W2

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If you meet the following criteria, you are not required to purchase the University-sponsored SHBP:

- Enrolled in a United States-based employer-sponsored group health plan; or
- Enrolled in the University-sponsored Graduate Assistant Health Plan (GAHP); or
- Residing in your home country.
In order to waive the University-sponsored SHBP, submit the following to the Office of Student Health Benefits in person, by mail, email or fax by **February 2, 2016:**

- Proof of coverage such as a copy of the front and back of your insurance identification card; or
- A certificate of credible coverage obtained from your insurance company; or
- Proof of residence in your home country – a stamped passport or copy of airline ticket;

**AND**

- A completed **waiver form.**

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If you have any questions feel free to contact us at 612-624-0627 or umshbo@umn.edu. We look forward to serving you.

Have a great semester!

Office of Student Health Benefits  
University of Minnesota  
410 Church Street S.E., N323  
Minneapolis, MN 55455  
Phone: 612-624-0627 or 1-800-232-9017  
Fax: 612-626-5183 or 1-800-624-9881  
umshbo@umn.edu  
www.shb.umn.edu

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Minneapolis, MN, 55455  
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