



The Benefits of Better Health

### Student Health Verification Form

GEHA has developed this form to help members verify their eligible dependent’s creditable insurance coverage.

#### Student information

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

School: \_\_\_\_\_

Graduation year: \_\_\_\_\_

#### Insurance information

Insurance name: \_\_\_\_\_

Group number: \_\_\_\_\_

Effective date of plan: \_\_\_\_\_

Subscriber name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

#### The insurance plan meets the following requirements:

1. The plan has an unlimited benefit maximum.
2. The plan has the following calendar year deductibles:
  - Standard Option: \$350 Self Only; \$700 Self Plus One; \$700 Self and Family
  - High Option: \$350 Self Only; \$700 Self Plus One; \$700 Self and Family
  - Health Savings Advantage HDHP: \$1,500 Self Only; \$3,000 Self Plus One; \$3,000 Self and Family
3. The plan has a Preferred Provider Organization (PPO) that offers fee-for-service plans with certain hospitals and other health care providers both domestic and international.

<b>Aetna Signature Administrators</b> Group number GEHSFD	Alaska, Arizona, California, Connecticut, Florida, Georgia, Kentucky, Maine, Massachusetts, Michigan, Nevada, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Vermont, Washington
<b>UnitedHealthcare Options PPO</b> Group number 78-360001	Alabama, Arkansas, Colorado, District of Columbia, Delaware, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, Wyoming
<b>UnitedHealthcare Choice Plus</b> Group number 78-360001	Texas

4. The plan covers pre-existing health conditions and will not refuse to cover the treatment.



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5. The plan provides preventive services and screenings without any cost-sharing, and these services and screenings are not subject to coinsurance, deductibles or annual limits when received from a network provider.
6. The plan provides reasonably comprehensive coverage of health services, including but not limited to primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental/substance health services.
7. The plan covers prescription medications.
8. The plan coverage qualifies as minimum essential coverage (MEC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (required if student is under 18)

\_\_\_\_\_  
Date