

STUDENT MEDICAL INSURANCE OFFICE

University at Buffalo • 223 Student Union, Buffalo, NY 14260 Tel: (716) 645-3036 • Fax: (716) 645-3465 • Web: www.healthinsurance.buffalo.edu

MEMORANDUM

To: OPT Participants through SUNY at Buffalo

FROM: Michael Charles Cimasi

Assistant Director

Student Medical Insurance Office – SUNY at Buffalo

RE: OPT HEALTH INSURANCE & STUDENT HEALTH CENTER OPTION

ENROLLMENT TIMEFRAMES & PROCEDURE

Please be advised that all SUNY sponsored OPT participants are able to continue their health insurance with the SUNY International Health Insurance Program currently contracted with HTH Worldwide Insurance Services. Participation is wholly optional for OPT participants. OPT enrollment must be continuous from the participant's academic enrollment as a SUNY at Buffalo student. Initial enrollment and all subsequent enrollment-extensions must be initiated within thirty-one (31) days of the termination of the prior enrolled period. Any enrollments past thirty-one (31) days must be accompanied by a written petition for retro-active enrollment sent directly to the UB Student Medical Insurance Office for review and determination of eligibility.

Participants are charged the same monthly premium rate as enrolled students, and may purchase any number of coverage-months within the current academic-policy year with their EAD Card. If the participant has yet to receive his/her EAD card, he/she may purchase one month at a time for a total of three (3) such bridge months. After three (3) months of monthly coverage purchase past the termination of academic enrollment, an EAD card is required to continue enrollment.

If enrollment is desired and all qualifications are met, participants must provide the following to the UB Student Medical Insurance Office:

- 1.) Completed and Signed International Enrollment form. This can be found in PDF format at www.healthinsurance.buffalo.edu.
- 2.) Photocopy of EAD card (If OPT status is pending or card is not yet received, refer to instructions above for insurance purchase during "bridge period" to a maximum of three months.)
- 3.) Payment in full for requested period in the form of cash, check or money order payable to "SUNY at Buffalo".

Eligible dependents of OPT participants may enroll via the standard dependent-enrollment process by completing the dependent enrollment form and rendering payment in form of check or money order directly to the insurance carrier as stipulated on the enrollment form. This enrollment form is also available at www.healthinsurance.buffalo.edu. All standard dependent enrollment restrictions and timeframes apply.

COVERAGE BENEFITS & STUDENT HEALTH CENTER OPTION

OPT participants are provided the same coverage and benefits afforded to enrolled students. Coverage brochures are available at www.healthinsurance.buffalo.edu. OPT participants incur a \$50.00 deductible per condition, accident or injury.

OPT participants enrolled with the SUNY International Health Insurance Program may utilize the Sub-Board I Pharmacy and Clinical Lab in Michael Hall on UB's South Campus, but cannot utilize the UB Student Health Center unless they pay the Student Health Center user fee. This voluntary fee is the same amount assessed to all actively enrolled students on their tuition, and must be paid directly to the UB Student Health Center twice annually (Fall and Spring to provide year round coverage). By paying this fee, the participant is entitled to all the services available to students through that facility. Purchase of this membership cannot waive the \$50.00 OPT deductible, and enrolled dependents are not eligible for Student Health Center membership. Please contact the Student Health Center for more information or to enroll:

UB Student Health Center Michael Hall – South Campus Ph: (716) 829-3316

Please contact my office with any further questions or concerns regarding enrollments, coverage or claims issues.