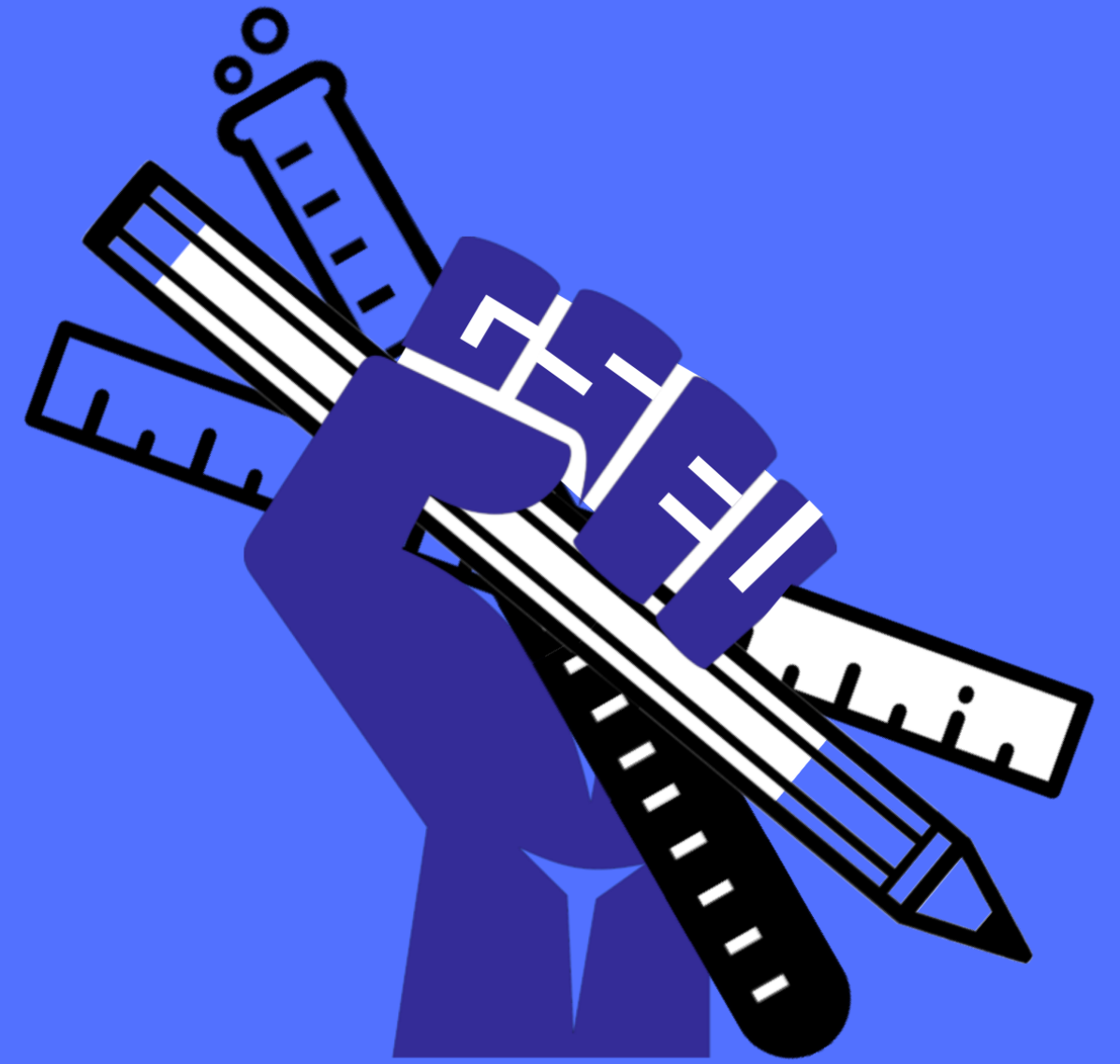


**YOUR GUIDE TO...**

# GRADUATE EMPLOYEE HEALTH INSURANCE

**UB REQUIRES ALL FULL-TIME STUDENTS TO ENROLL IN THE UNIVERSITY'S HEALTH INSURANCE UNLESS YOU HAVE A COMPARABLE PLAN. ENROLLMENT IN UB'S HEALTH INSURANCE IS THUS AUTOMATIC UNLESS YOU SUBMIT A WAIVER FORM PROVING YOU HAVE A COMPARABLE PLAN INSTEAD.**



**AS A GRADUATE WORKER, YOU DO HAVE ACCESS TO A COMPARABLE PLAN: THE STUDENT EMPLOYEE HEALTH PLAN (SEHP) ADMINISTERED BY THE STATE OF NEW YORK.**

**SEHP IS FAR MORE AFFORDABLE THAN THE UB STUDENT PLAN, AND HAS COMPARABLE BENEFITS.**

**FOR EXAMPLE...**

**SEHP:**

**STUDENT PLAN:\***

<b>YEARLY PREMIUM COST:</b>	<b>\$432 (\$27 PER PAYCHECK)</b>	<b>\$2,611 (DOMESTIC) \$1,966 (INTERNATIONAL)</b>
<b>URGENT CARE:</b>	<b>\$10-15</b>	<b>\$100</b>
<b>IN-PATIENT HOSPITAL STAY:</b>	<b>\$200</b>	<b>\$250 + 20%</b>
<b>OUTPATIENT SURGERY:</b>	<b>\$25</b>	<b>\$75 + 20%</b>
<b>PRESCRIPTIONS:</b>	<b>\$5 GENERIC/\$25 BRAND (30-DAY SUPPLY)</b>	<b>\$20 GENERIC/\$50 BRAND (PER PRESCRIPTION)</b>

**\*FOR DOMESTIC STUDENTS. THE INTERNAT'L STUDENT PLAN IS CHEAPER BUT LESS COMPREHENSIVE.**

# GRADUATE EMPLOYEE HEALTH INSURANCE

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**PLAN TO ENROLL IN SEHP DURING THE OPEN ENROLLMENT PERIOD, WHICH ENDS ON SEPT. 21, 2021. IF YOU ENROLL AFTER THIS PERIOD, YOUR COVERAGE WILL NOT BEGIN UNTIL 30 DAYS AFTER YOUR ENROLLMENT FORM IS RECEIVED.**

**To ENROLL IN SEHP, FILL OUT FORM (PS-404G),  
[AVAILABLE HERE.](#)**

**THEN, SUBMIT IT TO THE UB HR BENEFITS OFFICE:**

**OFFICE: HUMAN RESOURCES  
UNIVERSITY AT BUFFALO  
TOWNSEND HALL  
205 HAYES ROAD  
BUFFALO, NY 14214**

**EMAIL: [UB-HR-BENEFITS@BUFFALO.EDU](mailto:UB-HR-BENEFITS@BUFFALO.EDU)**

**PHONE: 716-645-7777**



**TAKE NOTE THAT ADDITIONAL DOCUMENTATION IS REQUIRED TO ENROLL DEPENDENTS AND PARTNERS.**

**FOR MORE INFO, [CHECK HERE.](#)**

# GRADUATE EMPLOYEE HEALTH INSURANCE

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IN ORDER TO AVOID PAYING THE FEE FOR UB'S STUDENT HEALTH INSURANCE, YOU WILL ALSO NEED TO SUBMIT A WAIVER PROVING YOUR ENROLLMENT IN SEHP.

**WHILE YOU DO NOT HAVE TO RE-ENROLL IN SEHP EACH YEAR, YOU DO NEED TO RESUBMIT A WAIVER.**

**DOMESTIC  
STUDENTS,  
SUBMIT YOUR  
WAIVER [HERE](#).**

**INTERNATIONAL  
STUDENTS,  
SUBMIT YOUR  
WAIVER [HERE](#).**

**WHEN ASKED FOR THE INSURANCE COMPANY NAME, SELECT:  
*BLUE CROSS BLUE SHIELD OF NEW YORK (EMPIRE)***

IT TAKES UP TO 5-7 BUSINESS DAYS TO APPROVE THE WAIVER, AND ANOTHER 10-14 FOR THE STUDENT INSURANCE FEE TO BE LIFTED FROM YOUR ACCOUNT. THIS MEANS THAT YOU MAY BE CHARGED A LATE FEE ON THIS "UNPAID" FEE IN THE MEANTIME. ONCE THE FEE IS LIFTED, HOWEVER, THIS LATE FEE SHOULD ALSO BE WAIVED. IF IT IS NOT, CONTACT US AT: [UBGSEU@GMAIL.COM](mailto:UBGSEU@GMAIL.COM)

# GRADUATE EMPLOYEE HEALTH INSURANCE

## HEALTH INSURANCE TERMS TO KNOW:

**PREMIUM:** THE AMOUNT YOU PAY MONTHLY FOR YOUR INSURANCE. YOU PAY ABOUT \$27 OUT OF EVERY PAYCHECK AS YOUR PREMIUM FOR SEHP.

**DEDUCTIBLE:** THE AMOUNT YOU PAY FOR COVERED SERVICES BEFORE INSURANCE PAYS. SEHP HAS NO DEDUCTIBLE FOR NETWORK COVERAGE, AND AN ANNUAL DEDUCTIBLE OF \$100 FOR OUT-OF-NETWORK.

**COPAYMENT:** A FIXED AMOUNT YOU PAY FOR A SERVICE AFTER THE DEDUCTIBLE HAS BEEN PAID. INSURANCE PAYS THE REMAINDER.

**IN-/OUT-OF-NETWORK:** ANY PROVIDER THAT IS PARTNERED WITH THE INSURANCE COMPANY TO PROVIDE SERVICES AT A DISCOUNT IS "IN-NETWORK." SERVICES IN-NETWORK ARE THUS CHEAPER, BUT SEHP DOES COVER OUT-OF-NETWORK SERVICES AS WELL.

**IN/OUTPATIENT:** INPATIENT REFERS TO MEDICAL TREATMENT WHICH REQUIRES A STAY AT A HOSPITAL/INPATIENT FACILITY. OUTPATIENT REFERS TO MEDICAL TREATMENT WITHOUT THIS STAY.

**YES, HEALTH CARE IN THE UNITED STATES IS NEEDLESSLY COMPLICATED! IT PRIMARILY SERVES CORPORATE INTERESTS, RATHER THAN PEOPLE. TO BE CLEAR, WE WANT THIS TO CHANGE, BUT WE AIM TO PROVIDE YOU WITH THE CLEAREST INFORMATION IN THE MEANTIME.**

# GRADUATE EMPLOYEE HEALTH INSURANCE

## WHAT DOES SEHP COVER?

- **HOSPITAL:**
  - INPATIENT AND OUTPATIENT SERVICES, AND PREADMISSION CERTIFICATION
- **MEDICAL/SURGICAL:**
  - OFFICE VISITS, CONVENIENCE CARE CLINICS, SURGERY, DIAGNOSTIC TESTING, CHIROPRACTIC CARE, PHYSICAL THERAPY, HOME CARE, MRIs AND OTHER TESTS
- **MENTAL HEALTH/SUBSTANCE ABUSE:**
  - INPATIENT AND OUTPATIENT SERVICES, AND PREADMISSION CERTIFICATION
- **PRESCRIPTIONS:**
  - IN- AND OUT-OF-NETWORK COVERAGE
- **DENTAL:**
  - EXAMINATIONS, CLEANING, BITEWING X-RAYS AND OTHER DISCOUNTS
- **VISION:**
  - EXAMINATIONS, EYEGLASSES/CONTACT LENSES

**FOR MORE INFORMATION ON COVERAGE, VISIT  
THE WEBSITE HERE.**