

## UNIVERSITY OF PITTSBURGH STUDENT HEALTH INSURANCE INTERNATIONAL STUDENTS

### Table of Contents

International Student Health Insurance Overview.....	2
Accessing the Student Health Insurance Portal.....	3
Complete the Mandatory Enrollment.....	4
Life Events and Late Enrollment Requests.....	11
Terminate Insurance Due to Leaving the U.S.....	18

## **INTERNATIONAL STUDENT HEALTH INSURANCE OVERVIEW**

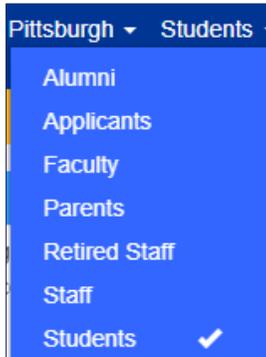
**International students are required to take action during the annual enrollment period.** It is required for international students to have other health insurance or enroll in the University sponsored health insurance.

To take action during the annual enrollment period, start by logging in to the Student Health Insurance Portal by following the steps in the next section.

**International students must submit their enrollment no later than October 15. After October 15, we reserve the right to place a registration hold on your account. A registration hold will prohibit registration for future classes or graduation.**

## ACCESS THE STUDENT HEALTH INSURANCE PORTAL VIA MY.PITT.EDU

1. Go to my.pitt.edu.
2. Select “Students” from the Roles drop-down (located underneath the search bar) if not already selected.



3. Search for “Student Health Insurance”.

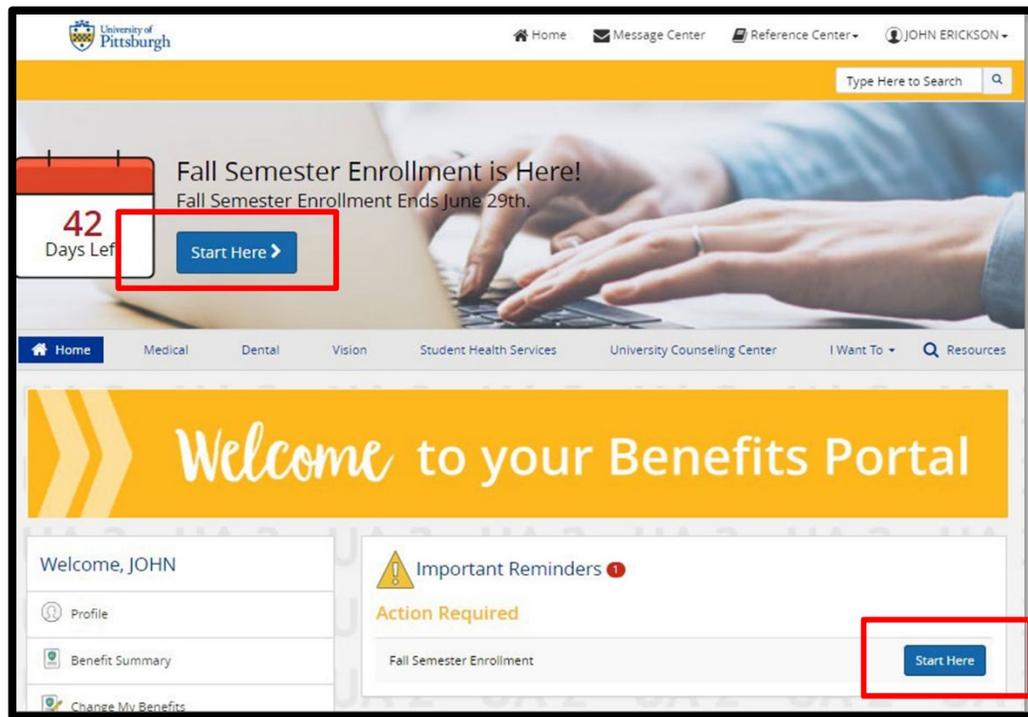


4. Find the option for the “Student Health Insurance (eBenefits)” and launch the portal, logging in via Pitt Passport (if not logged in).

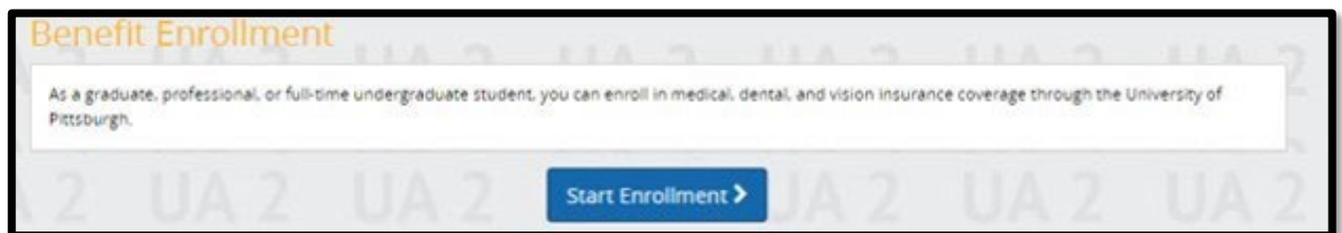


## COMPLETE THE MANDATORY ENROLLMENT

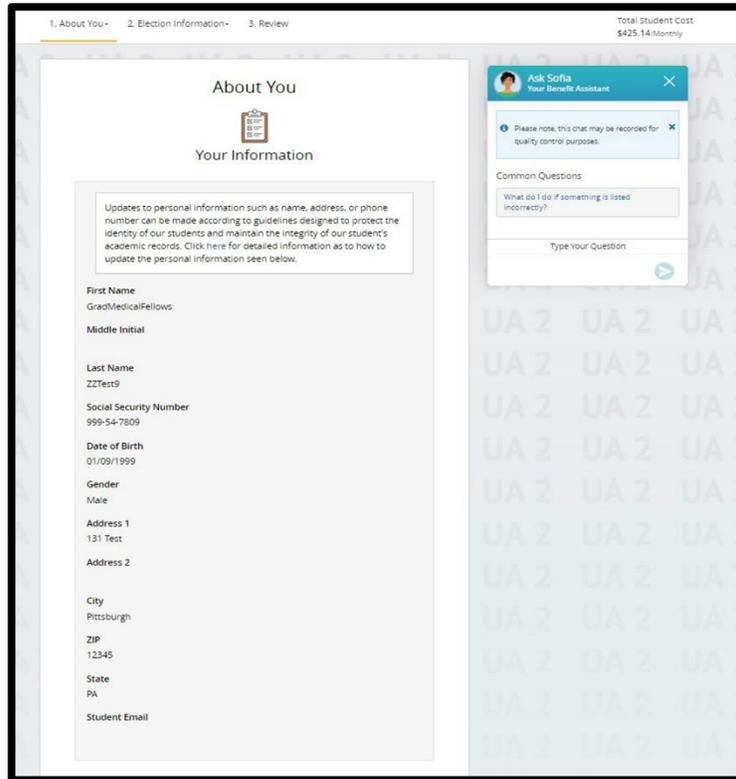
1. Once you are successfully logged into the Student Health Insurance portal, select **“Start Here”** under the Fall Semester Enrollment section.
  - a. If the screen displays the **“Review”** option, that means you submitted your enrollment. You can edit your elections here if the enrollment period is still open.
  - b. If the screen displays the **“Continue”** option, that means you started your event but did not submit it.



2. Select **“Start Enrollment”**



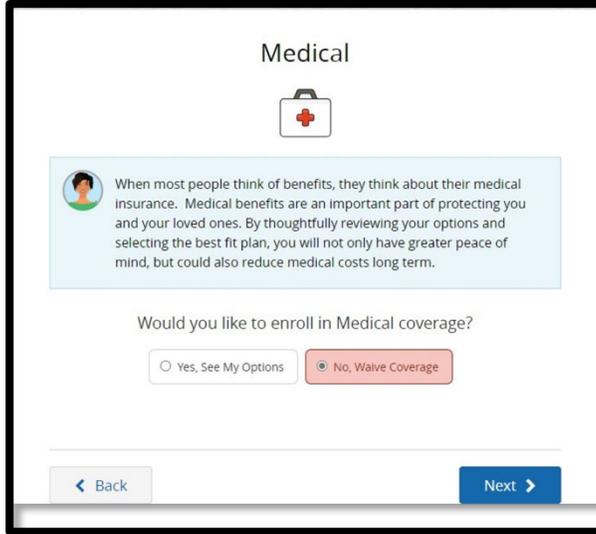
- Next, you will see your demographic information. If any of your information needs to be updated, you will need to do so in PeopleSoft/Highpoint CX or [contact the Registrar's Office](#) for assistance.



- You will be prompted to add any new dependents and review any existing dependents. If you do not need to enroll dependents, you may select **“No”** and then **“Next.”**

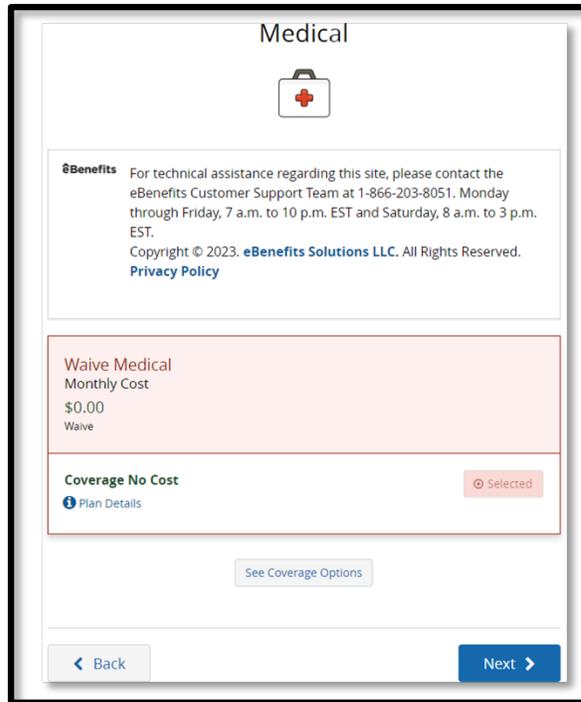


5. As an international student, you must choose one of the following options in response to the question: *“Would you like to enroll in Medical Coverage?”*
- If you would like to enroll, select: **“Yes, See My Options.”**
  - If you do not wish to enroll, you will need to attest to having other coverage and select **“No, Waive Coverage.”**



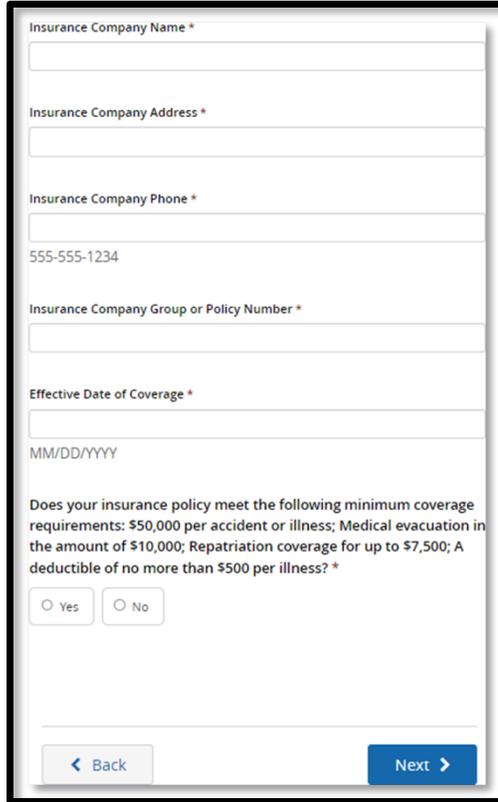
The screenshot shows a web page titled "Medical" with a first aid kit icon. Below the icon is a light blue box with a person icon and text: "When most people think of benefits, they think about their medical insurance. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term." Below this is the question "Would you like to enroll in Medical coverage?" with two radio button options: "Yes, See My Options" (unselected) and "No, Waive Coverage" (selected). At the bottom are "Back" and "Next" navigation buttons.

6. You will then see a page confirming that you are choosing to Waive Medical if declining coverage. Select **“Next”** to proceed.



The screenshot shows a web page titled "Medical" with a first aid kit icon. Below the icon is a white box with a "Benefits" icon and text: "For technical assistance regarding this site, please contact the eBenefits Customer Support Team at 1-866-203-8051. Monday through Friday, 7 a.m. to 10 p.m. EST and Saturday, 8 a.m. to 3 p.m. EST. Copyright © 2023. eBenefits Solutions LLC. All Rights Reserved. [Privacy Policy](#)". Below this is a pink box with the text "Waive Medical", "Monthly Cost", "\$0.00", and "Waive". Below the pink box is a white box with the text "Coverage No Cost" and a "Selected" radio button. Below the white box is a "See Coverage Options" button. At the bottom are "Back" and "Next" navigation buttons.

7. You are required to attest to having other medical insurance coverage in order to waive coverage. To attest to other coverage, please complete all the fields below. International students must enroll in medical coverage or submit the attestation form below. If this is not complete, the University reserves the right to place a registration hold on your account. A registration hold will prohibit registration for future classes or graduation.



Insurance Company Name \*

Insurance Company Address \*

Insurance Company Phone \*

555-555-1234

Insurance Company Group or Policy Number \*

Effective Date of Coverage \*

MM/DD/YYYY

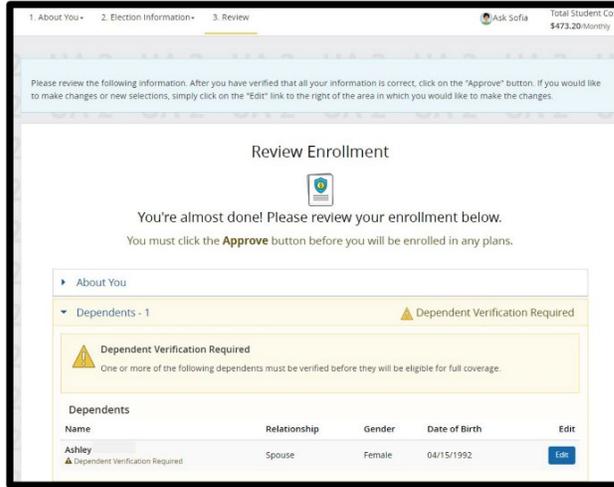
Does your insurance policy meet the following minimum coverage requirements: \$50,000 per accident or illness; Medical evacuation in the amount of \$10,000; Repatriation coverage for up to \$7,500; A deductible of no more than \$500 per illness? \*

Yes  No

[< Back](#) [Next >](#)

8. Once you have completed the attestation, you will be prompted to proceed through the rest of your enrollment. Dental and Vision are not required, but you may enroll if you wish to do so.

9. You will be prompted to review your elections before you submit.



1. About You • 2. Election Information • 3. Review

Ask Sofia Total Student Cost \$473.20/Monthly

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.

### Review Enrollment

You're almost done! Please review your enrollment below.  
You must click the **Approve** button before you will be enrolled in any plans.

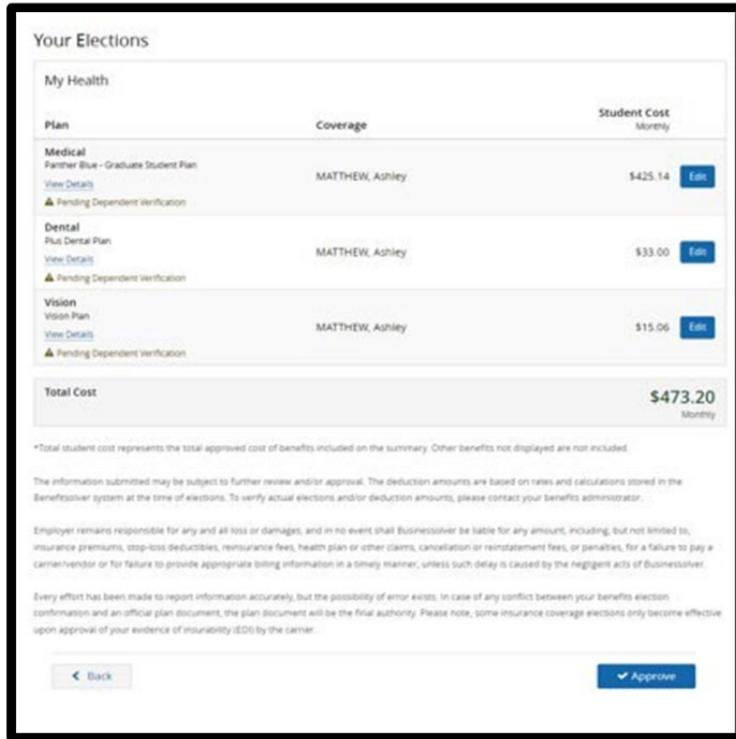
About You

Dependents - 1 ⚠️ Dependent Verification Required

**Dependent Verification Required**  
One or more of the following dependents must be verified before they will be eligible for full coverage.

Name	Relationship	Gender	Date of Birth	Edit
Ashley <span>⚠️ Dependent Verification Required</span>	Spouse	Female	04/15/1992	<a href="#">Edit</a>

10. Select "Approve" when finished.



### Your Elections

Plan	Coverage	Student Cost Monthly
Medical Panther Blue - Graduate Student Plan <a href="#">View Details</a> <span>⚠️ Pending Dependent Verification</span>	MATTHEW, Ashley	\$425.14 <a href="#">Edit</a>
Dental Plus Dental Plan <a href="#">View Details</a> <span>⚠️ Pending Dependent Verification</span>	MATTHEW, Ashley	\$33.00 <a href="#">Edit</a>
Vision Vision Plan <a href="#">View Details</a> <span>⚠️ Pending Dependent Verification</span>	MATTHEW, Ashley	\$15.06 <a href="#">Edit</a>
<b>Total Cost</b>		<b>\$473.20</b> Monthly

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Benefitsolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Benefitsolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

[← Back](#) [✔ Approve](#)

11. After selecting **“Approve”**, you will be prompted to agree to the terms and conditions. Select **“I Agree”** to complete the process and submit your enrollment or attestation.

### Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31.  
By selecting "I Disagree" your changes will not be submitted.

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Businessolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Total Student Cost: \$473.20 Monthly

12. If successful, you will be presented with a **Transaction Complete** page that includes a confirmation number.

University of Pittsburgh Home Message Center Help Reference Center MATTHEW RSCH

Type Here to Search

## Thank You!

### Transaction Complete - Pending Approval

Benefit Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number
175-47-05-0079

Move to Mobile!

Now that you have completed your enrollment, consider downloading the MyChoice Mobile App and manage your benefits from your phone year round. To get started, download the app from your respective app store and use the access code below to get started.

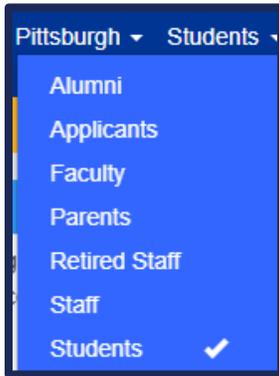
 MyChoice Mobile App  
Access your benefits details, store ID cards, and more! All at your fingertips.

## LIFE EVENTS AND/OR LATE ENROLLMENT REQUESTS

If you need to change your election after the annual enrollment period, this can be done through a Late Enrollment Request.

1. Go to [my.pitt.edu](http://my.pitt.edu)

2. Select “Students” from the Roles drop-down (located underneath the search bar) if not already selected.



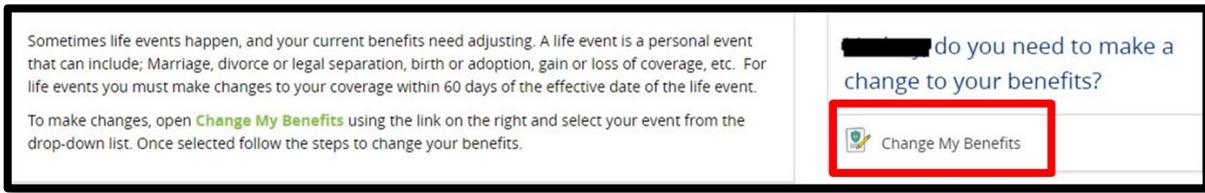
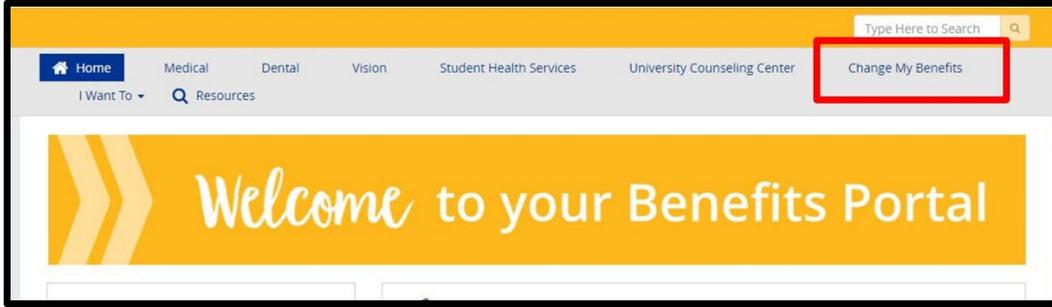
3. Search for “Student Health Insurance”



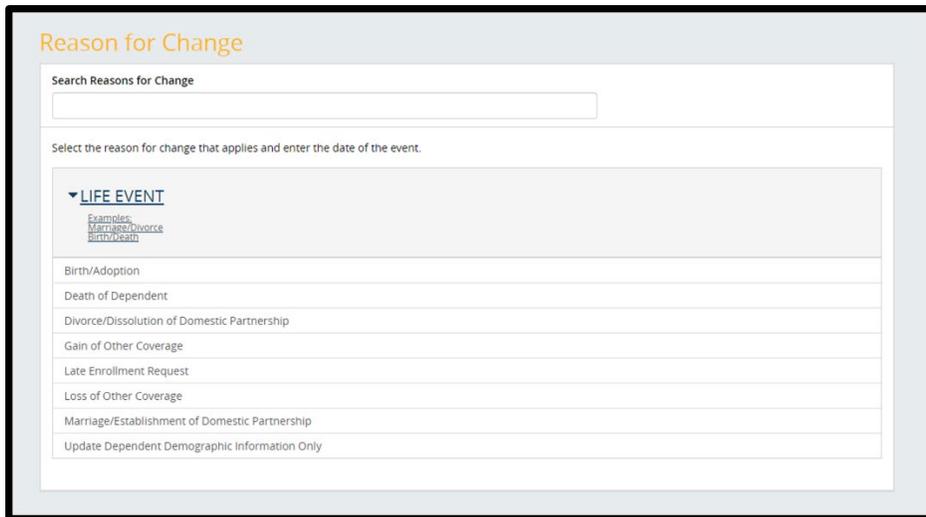
4. Find the option for the “Student Health Insurance (*eBenefits*)” and launch the portal, logging in via Pitt Passport (if not logged in)



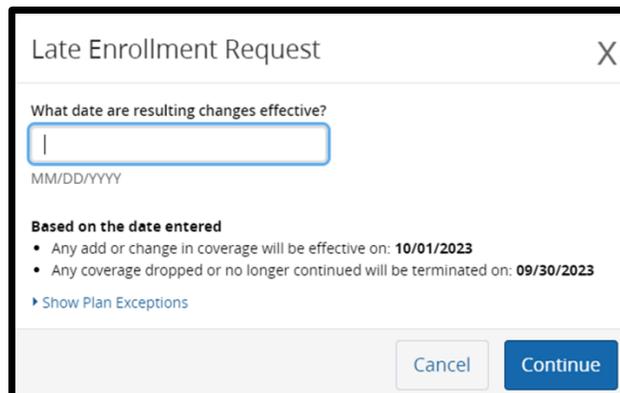
5. Select “Change My Benefits” on the Navigation Bar at the top of your homepage, then choose "Change My Benefits" on the right side of the page.



6. Choose the appropriate event under the Life Event option.



7. Enter the date the event occurred and click “Start Change.”



8. Continue through the online enrollment.
9. Once you have completed your changes, select "Approve" on the Review Enrollment Page. After the screen loads, select "I Agree" on the Confirmation Page

### Your Elections

**My Health**

Plan	Coverage	Student Cost Monthly
<b>Medical</b> Panther Blue - Graduate Student Plan <small><a href="#">View Details</a></small> ▲ Pending Dependent Verification	MATTHEW, Ashley	\$425.14 <a href="#">Edit</a>
<b>Dental</b> Plus Dental Plan <small><a href="#">View Details</a></small> ▲ Pending Dependent Verification	MATTHEW, Ashley	\$33.00 <a href="#">Edit</a>
<b>Vision</b> Vision Plan <small><a href="#">View Details</a></small> ▲ Pending Dependent Verification	MATTHEW, Ashley	\$15.06 <a href="#">Edit</a>
<b>Total Cost</b>		<b>\$473.20</b> Monthly

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

### Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31.  
By selecting "I Disagree" your changes will not be submitted.

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

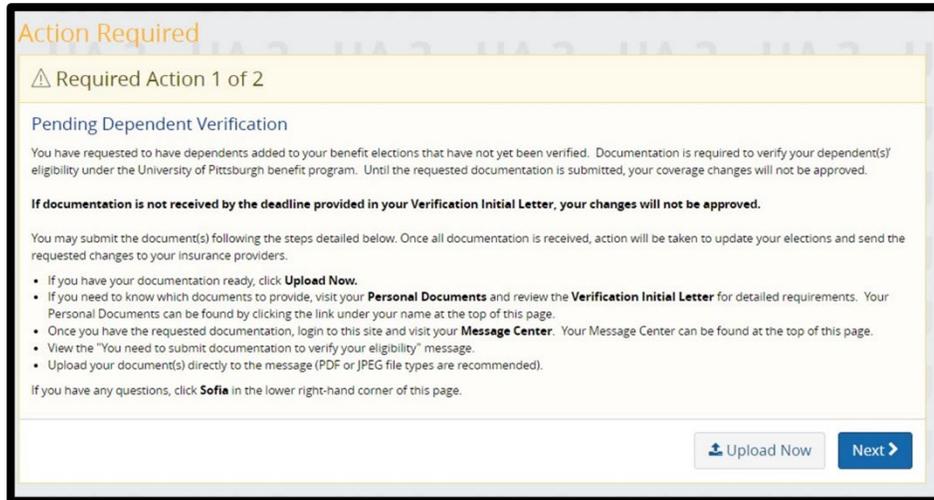
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

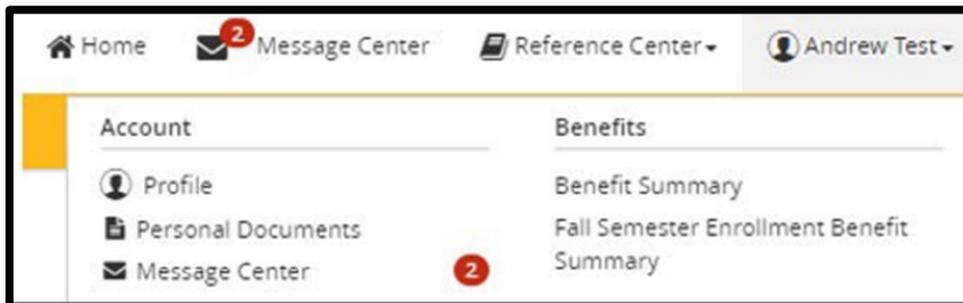
Total Student Cost: \$473.20  
 Monthly

10. Upload the required supporting documentation in one of two ways:

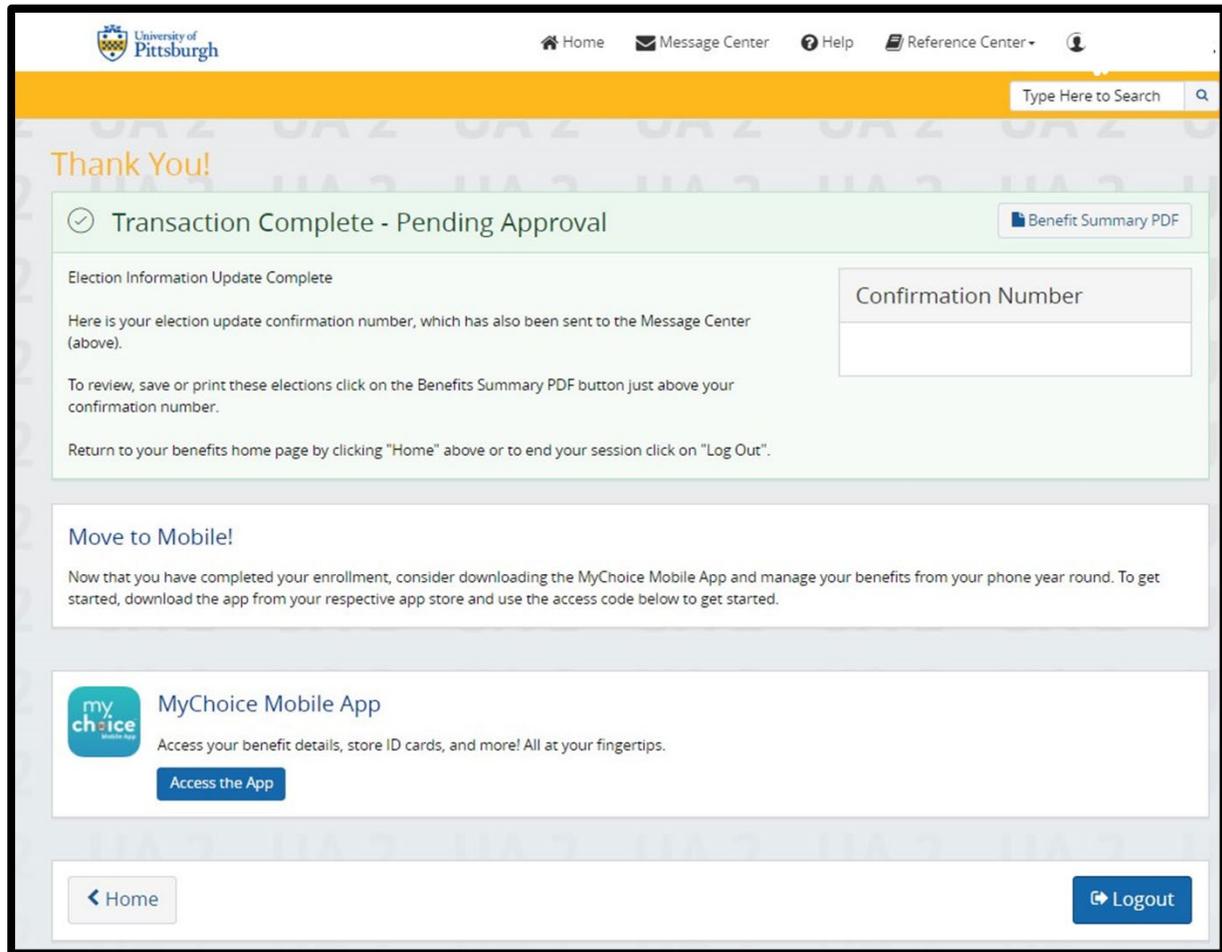
1. If you have your documentation ready at the time of enrollment, select “Upload Now” on the “Action Required” page immediately after you submit your elections.



2. If you do not have your documentation ready at the time of enrollment, visit your Message Center at the top of your homepage at a later date. When you have the documents ready, view the message titled, “You need to submit documentation to verify your eligibility”, and upload your document(s) directly to the message.



3. Once you receive a “Complete – Pending Event Verification” notification, your submission will be reviewed by the University of Pittsburgh Benefits Department for approval or denial.



The screenshot displays the University of Pittsburgh Benefits portal. At the top, there is a navigation bar with links for Home, Message Center, Help, and Reference Center. A search bar is located on the right side of the navigation bar. The main content area features a large green banner with the text "Thank You!" and "Transaction Complete - Pending Approval". Below this banner, there is a section titled "Election Information Update Complete" which provides instructions on how to review and save elections, and a "Confirmation Number" input field. A "Benefit Summary PDF" button is also visible. Below the main content area, there is a "Move to Mobile!" section with a link to download the MyChoice Mobile App. At the bottom of the page, there are "Home" and "Logout" buttons.

University of Pittsburgh

Home Message Center Help Reference Center

Type Here to Search

## Thank You!

### Transaction Complete - Pending Approval

Benefit Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

Move to Mobile!

Now that you have completed your enrollment, consider downloading the MyChoice Mobile App and manage your benefits from your phone year round. To get started, download the app from your respective app store and use the access code below to get started.

 MyChoice Mobile App

Access your benefit details, store ID cards, and more! All at your fingertips.

Access the App

Home Logout

## Event Guide

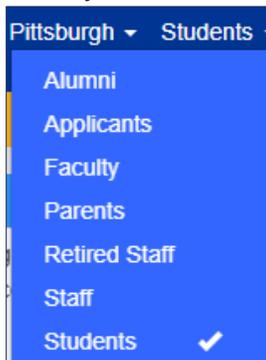
Event	Event Details	Documentation Required
<b>Birth/Adoption</b>	The addition of a child to your family is a qualifying life event to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the birth or adoption being finalized.	Birth certificate or Legal court ordered document confirming the adoption of child
<b>Death of Dependent</b>	When you experience the loss of a dependent, you may make changes to your benefits. Please submit a life event in the eBenefits portal within 60 days of the passing of your dependent.	Copy of the Death Certificate
<b>Marriage/Establishment of Domestic Partner</b>	A change in your marital status, such as marriage or domestic partnership, provides you with the opportunity to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the marriage date or the date of a domestic partnership being finalized.	Copy of the Marriage Certificate or Affidavit of Domestic Partnership
<b>Divorce or Dissolution of Domestic Partnership</b>	A change in your marital status, such as divorce, provides you with the opportunity to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the date of a divorce being finalized.	Copy of the Divorce Decree or Dissolution of Domestic Partnership Form

<b>Late Enrollment Request</b>	As an international student, you may be eligible to enroll in coverage through a Late Enrollment Request. For example, if you arrived in the U.S. after the annual enrollment period. Choose this event to complete a Late Enrollment Request for review.	Documentation not required. Please explain the reason for your Late Enrollment Request in the Event Notes section. For example: "Returned to campus and require medical coverage," or "International student requiring insurance"
<b>Loss of Other Coverage</b>	A loss of coverage through an employer-sponsored plan or state-sponsored program is considered a qualified status change to add you, your spouse, and/or child(ren) to your benefits.	COBRA letter from the former employer, or letter from employer's human resources department or insurance company that indicates what coverage(s) are terminating (i.e., medical/dental/vision), covered person(s) and effective termination date of coverage(s), or Letter or statement that you/your dependents are no longer eligible for state-sponsored coverage (i.e., CHIP eligibility, loss of Medicaid eligibility)
<b>Gain of Other Coverage</b>	Gaining coverage through an employer-sponsored plan or state-sponsored program is considered a qualified status change to remove you, your spouse, and/or child(ren) to your benefits.	Confirmation statement of benefits or letter from employer's human resources department or insurance company that outlines coverages (i.e., medical/dental/vision), enrollee(s), and effective start date of coverage, or Letter or statement that you/your dependents are newly eligible for state-sponsored coverage.
<b>Relocating Outside the U.S.</b>	Students who graduate and leave the U.S. permanently are able to make changes	Plane ticket and passport stamp showing the date you arrived in your home country

## TERMINATE INSURANCE DUE TO LEAVING THE U.S.

International students can terminate their coverage if they have graduated and are leaving the U.S. permanently.

1. Go to my.pitt.edu
  - *If you no longer have access to the my.pitt.edu portal, please contact eBenefits Member Services at 888-499-6885*
2. Select “Students” from the Roles drop-down (located underneath the search bar) if not already selected



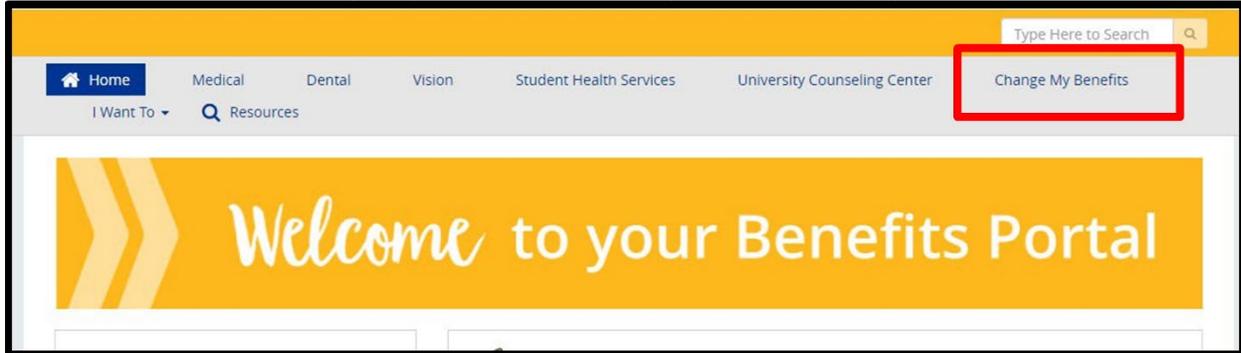
3. Search for “Student Health Insurance”



4. Find the option for the “Student Health Insurance (eBenefits)” and launch the portal, logging in via Pitt Passport (if not logged in)



- Click on “Change My Benefits” on the Navigation Bar at the top of your homepage, then choose “Change My Benefits” on the right side of the page.



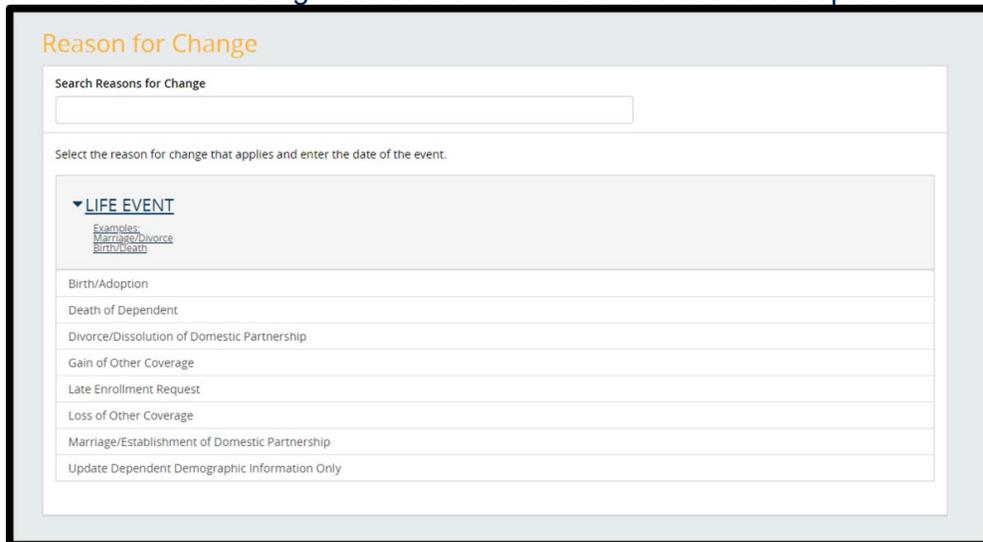
Sometimes life events happen, and your current benefits need adjusting. A life event is a personal event that can include; Marriage, divorce or legal separation, birth or adoption, gain or loss of coverage, etc. For life events you must make changes to your coverage within 60 days of the effective date of the life event.

To make changes, open [Change My Benefits](#) using the link on the right and select your event from the drop-down list. Once selected follow the steps to change your benefits.

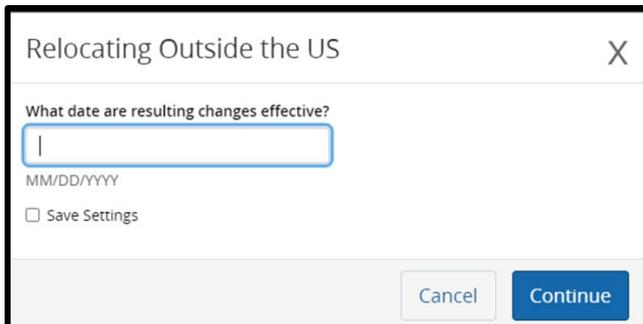
do you need to make a change to your benefits?

 [Change My Benefits](#)

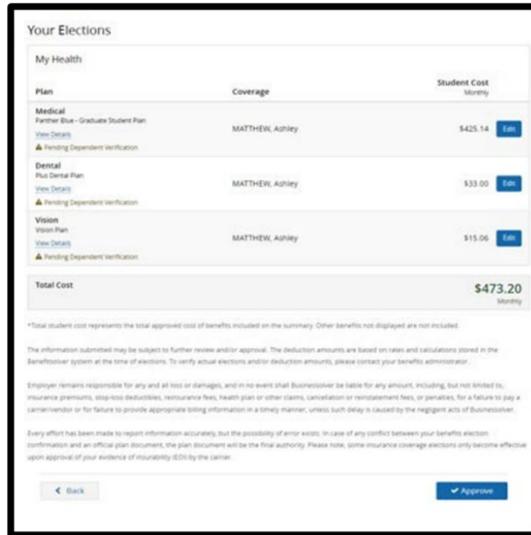
- Choose “Relocating Outside the U.S.” under the Life Event option.



- Enter the date the event occurred and select “Start Change.”



8. Continue through the online enrollment to waive whichever coverage(s) you wish to terminate.
9. Once you have completed your changes, select "Approve" on the Review Enrollment Page then select "I Agree" on the Confirmation Page.

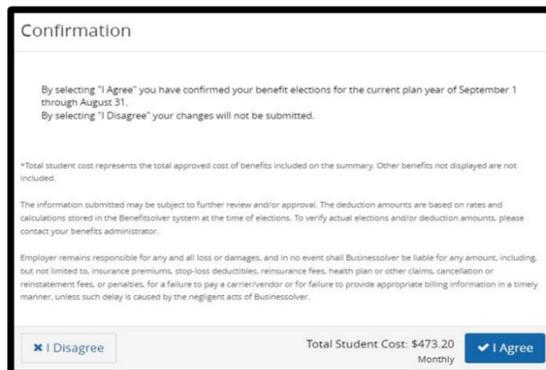


**Your Elections**

My Health

Plan	Coverage	Student Cost Monthly
Medical Partner Blue - Graduate Student Plan <small>View Details</small> ▲ Pending Dependent Verification	MATTHEW Ashley	\$425.14 <input type="checkbox"/> Yes
Dental Plus Dental Plan <small>View Details</small> ▲ Pending Dependent Verification	MATTHEW Ashley	\$33.00 <input type="checkbox"/> Yes
Vision Vision Plan <small>View Details</small> ▲ Pending Dependent Verification	MATTHEW Ashley	\$15.06 <input type="checkbox"/> Yes
<b>Total Cost</b>		<b>\$473.20</b> Monthly

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.  
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefisolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.  
Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.  
Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.



**Confirmation**

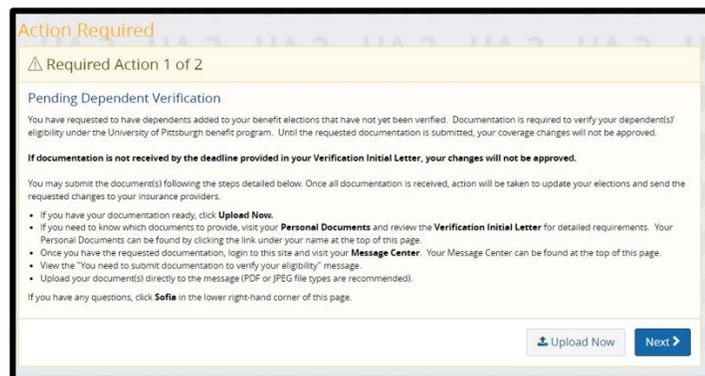
By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31.  
By selecting "I Disagree" your changes will not be submitted.

\*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.  
The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefisolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.  
Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Total Student Cost: \$473.20 Monthly

10. Upload the required supporting documentation in one of two ways:

1. If you have your documentation ready at the time of enrollment, select "Upload Now" on the "Action Required" page immediately after you submit your elections.



**Action Required**

▲ Required Action 1 of 2

**Pending Dependent Verification**

You have requested to have dependents added to your benefit elections that have not yet been verified. Documentation is required to verify your dependents' eligibility under the University of Pittsburgh benefit program. Until the requested documentation is submitted, your coverage changes will not be approved.

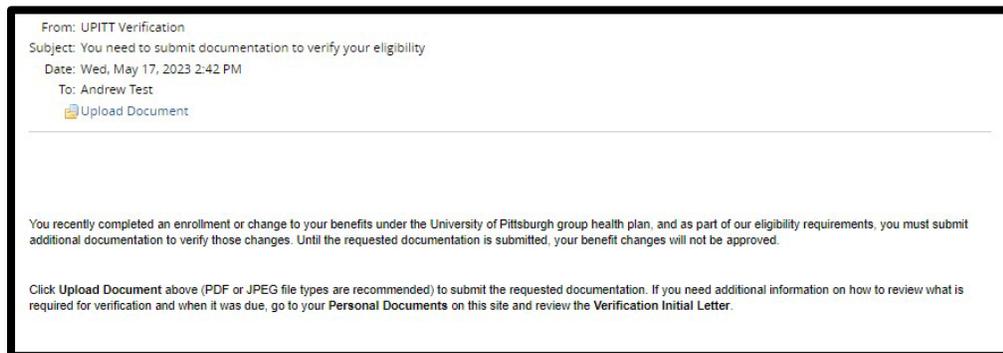
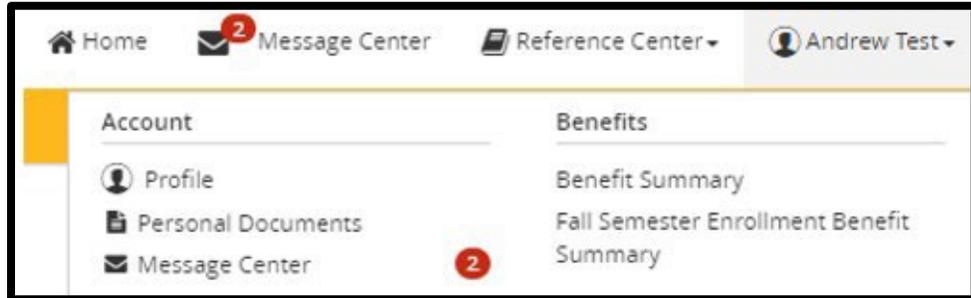
**If documentation is not received by the deadline provided in your Verification Initial Letter, your changes will not be approved.**

You may submit the document(s) following the steps detailed below. Once all documentation is received, action will be taken to update your elections and send the requested changes to your insurance providers.

- If you have your documentation ready, click **Upload Now**.
- If you need to know which documents to provide, visit your **Personal Documents** and review the **Verification Initial Letter** for detailed requirements. Your Personal Documents can be found by clicking the link under your name at the top of this page.
- Once you have the requested documentation, login to this site and visit your **Message Center**. Your Message Center can be found at the top of this page.
- View the "you need to submit documentation to verify your eligibility" message.
- Upload your document(s) directly to the message (PDF or JPEG file types are recommended).

If you have any questions, click **Sofia** in the lower right-hand corner of this page.

2. If you do not have your documentation ready at the time of enrollment, visit your Message Center at the top of your homepage at a later date. When you have the documentation ready, view the message titled, “You need to submit documentation to verify your eligibility”, and upload your document(s) directly to the message.



3. Once you receive a “Complete – Pending Event Verification” notification, your submission will be reviewed by the University of Pittsburgh Benefits Department for approval or denial.