



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:
 - Elevate (in-network): \$500 Self Only; \$1,000 Self Plus One; \$1,000 Self and Family
 - Elevate Plus (in-network): \$0 Self Only; \$0 Self Plus One; \$0 Self and Family
 - High Deductible Health Plan (HDHP) (in-network): \$1,500 Self Only; \$3,000 Self Plus One; \$3,000 Self and Family
 - High Option: \$350 Self Only; \$700 Self Plus One; \$700 Self and Family
 - Standard Option: \$350 Self Only; \$700 Self Plus One; \$700 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.

Standard Option, High Option, HDHP	
Aetna Signature Administrators Group number GEHSFD	Alaska, Arizona, California, Connecticut, Georgia, Kentucky, Maine, Massachusetts, Michigan, Nevada, New Hampshire, New Jersey, New York, Oregon, Pennsylvania, Rhode Island, Vermont, Washington
UnitedHealthcare Options PPO 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
UnitedHealthcare Choice Plus Group number 78-360001	Florida, Texas



Elevate, Elevate Plus	
UnitedHealthcare Choice Plus Group number 78-360001	All 50 states

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