To Process a WAIVER or to ENROLL in the Student Health Insurance plan go to

https://go.gallagherstudent.com/

Click on 'STUDENT LOGIN'



On the Welcome Find a school page

Enter Boston Architectural College.

	G Student Health & Gallagher Special Risk	
	Welcome, find a school Boston Arc I found Boston Architectural College Have an account? Enter your email address to login Email Address	
https://go.gallagherstudent.com/Universities/Boston Architectural College/Home	CONTINUE	

On the Welcome Students page

On the left side of the page under Profile

Please SIGN UP or create a log in account and Log In

anagner Special RISK	Welcome Students	
Profile	Coverage Options	Resources
You must be logged in to view your profile information. Email Address SIGN UP	2021-2022 Boston Architectural College Student Blue Plan 2021-2022 Boston Architectural College Blue Dental Plan	 <u>Help Center</u> <u>BAC Student Health</u> <u>Student Discounts</u> <u>Access Prior Year Information</u>
(i) Alert: All users will need to create a new	account by clicking "Sign Up" button below. This is n	eeded even if you had create We're online! Chat w

On the Welcome Back! Page

Fill in your Password

Gallagher Student Health & Gallagher Special Risk
Welcome back! We've found your account, please enter your password to log in. Password Password
LOGIN Forgot your password?

On the next page scroll down to the middle where it says:

'Plan Summary' you will see the options to purchase or waive the

Insurance plan for the Academic Year in which you require coverage...example,

"2022-2023 Boston Architectural College Student Plan Annual"

Coverage Period: 08/15/2022 - 08/14/2023

ENROLL or WAIVE

This page includes the Benefits information and FAQS and if you scroll down further......



Here you will find the search buttons to:

Find a Doctor

Pharmacy Program

Get an ID Card

Claims

And if you want to purchase Dental Care, Gallagher Inc. offers a plan you can pay for directly through them here:



TO ENROLL

If you choose to Enroll in the Student Health Insurance Plan, After choosing the ENROLL button, fill out the items on this page and SUBMIT

Plan Enrollment Submit or Cance	4 ⁻
 Disclaimer Coverage will be effective the first date of the coverage period when Gallagher Student Health receives the correct premium payment within the enrollment deadline. You must submit your enrollment form by the enrollment date. Timely payments are your responsibility. By submitting this form, I acknowledge the following: 	
 I have carefully read the plan information and elect to enroll in the coverage. I meet the eligibility requirements for this coverage as described in the plan information. I will receive a refund of my premium payment if it is later determined that I am not eligible. Other than for eligibility reasons, my premium payment is non-refundable. 	
By checking this box, I agree to the terms and declarations of this form. *	
 Enroll in Available Insurance Plans Select the Coverage in which you wish to Enroll under Available Plans. Check your plan documents or student account for premium information. 	
Available Plans: IMPORTANT: Please make sure to click each available plan below and select the desired Enrollees.	
Enroll	
Total cost of all coverage, including dependents (if applicable) 0.00	

TO WAIVE

To waive out of our Student Health Insurance Plan, you must submit proof of a valid health insurance plan that you current have.

After choosing the WAIVE button

This will take you to the 'WAIVER COVERAGE' page

Here you will need to answer their question.

Enter your information and current insurance plan



Q SEARCH MENU

Back to Top

Step 1: Important Considerations In waiving the student health insurance plan, I confirm that I am currently enrolled in health insurance that meets my school's waiver requirements which include the following criteria: Fully compliant with all aspects of the Affordable Care Act; Underwritten and administered in the United States; Access to local doctors, specialists, hospitals and other healthcare providers near campus; Provides coverage for urgent and non-urgent care including; Preventative and routine benefits; In-patient and out-patient surgery and hospitalization; Lab work, diagnostic x-rays, physical therapy, chiropractic care, emergency room treatment, ambulance services and prescriptions; Iv. In-patient and out-patient mental health, substance abuse and counseling services;

- If I am enrolled in an HMO or Medicaid plan and my school is outside of the plan's service area, my waiver will be denied.
- I understand I cannot waive coverage with certain MassHealth/Medicaid plans, specifically: MassHealth Limited, Health Safety Net or Children's Medical Security Plan
- I understand that I am waiving for this policy year only and I will need to waive coverage every year that I meet my school's insurance eligibility requirements.
- My health insurance covers me throughout the entire policy year.
- I acknowledge that by waiving the student health insurance plan that I will be responsible for any

Once you complete the form, you choose 'COMPLETE & SUBMIT'

You will then receive a confirmation code to the email address you entered.

This will then show up on the Gallagher report.

The Operations department updates your files to remove the waiver on your student account and then notifies the Bursars office.

The Bursars office then removes the Health Insurance charges and 'STOP' from your billing account.

Gallagher Student	Health & Risk			Q search	III MENU
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	CONTINUE				
	PLEASE NOTE: Documents are 'Complete & Submit' button be	NOT required for waiver so low.	ubmission. Please proceed to the		Back to Top
	Upload Documents The acceptable	file types are pdf, jpg, gif, png, jpe	g		
	Choose Files No file chosen				
	l understand a waiver form must b health insurance plan will cover me	e submitted each academic e for this period of time.	year I am enrolled in school and my curre	ent	
	COMPLETE & SUBMIT	SAVE AS DRAFT	BACK TO DASHBOARD		