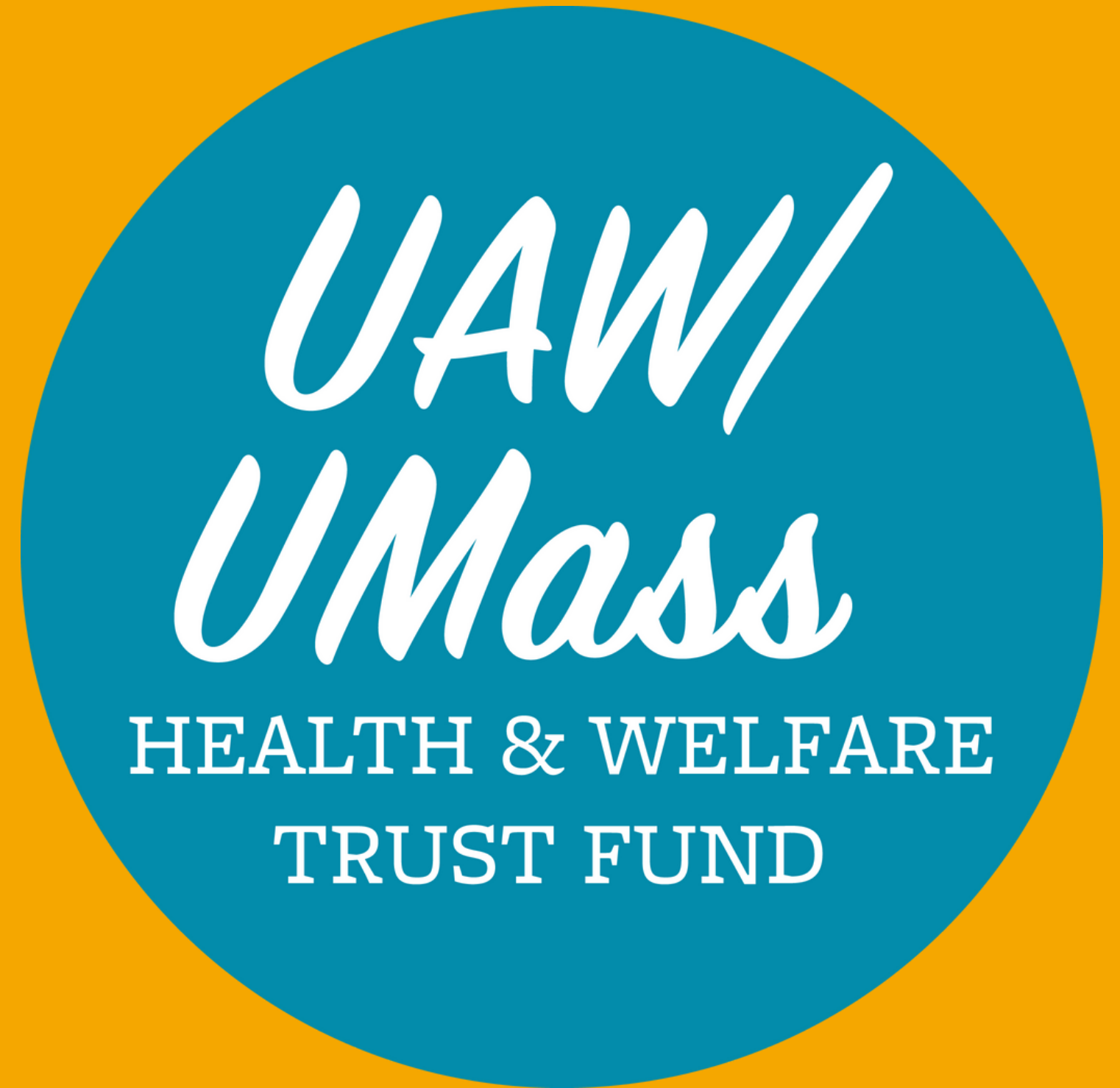


Benefits Fair 2021-22

Trust Fund Benefits & the Student Health Plan:

Know the Differences



Your Student Health Plan & Your Trust Fund Benefits are *Completely Different Benefits*

Student Health

- 8/1-7/31 plan year
- medical insurance
- automatic enrollment (5+credits)
- Cigna ID card
- UHS/Wellfleet for ?s

Trust Fund

- 9/1-8/31 plan year
- dental & vision insurance
- application required
- Ameritas/EyeMed ID cards
- Trust Fund for ?s

Your Student Health Plan Info

Health Plan (Wellfleet/Cigna)

Group Number: ST0941SH

Member ID: your Student ID

Claim Administrator: Wellfleet Group

www.wellfleetstudent.com

Customer Service: (877) 657-5030

Network: Cigna PPO

Find a provider:

<https://hcpdirectory.cigna.com/>

Your Dental & Vision Plan Info

DENTAL Plan (Ameritas).

Group #: 010-53791

Member ID: your SSN

Customer Service: (800) 487-5553

Network: Classic PPO & Plus

Find a provider:

www.ameritas.com/employee-benefits/find-a-provider/



VISION Plan (EyeMed).

Group #: 9794348

Member ID: your SSN

Customer Service:

Network: Select

Find a provider: www.eyemed.com



Getting Your Student Health Plan

You're automatically enrolled when registered for 5 or more credits

If fewer credits, continuous enrollment or family coverage, you need to complete this form: https://www.umass.edu/uhs/sites/default/files/HealthPlanEnrollment_180-094_Feb%202021%20%283%29.pdf

University Health Services • University of Massachusetts Amherst • HEALTH PLAN ENROLLMENT FORM
150 Infirmary Way • Amherst, MA 01003 • (413) 577-5192 • patientservices@uhs.umass.edu

INDIVIDUAL: Student name: _____
(Please print) (Last) (First) (M.I.)

Student ID#: _____ **D.O.B:** ____/____/____ **Gender:** _____
MM DD YY

Mailing address: _____
(Street) (City) (State) (Zip code)

Home telephone: _____ **Work telephone:** _____

Cell phone: _____ **Email address:** _____

Student status: _____ **# of credits this semester** _____
(i.e. undergrad, grad, CE)

Getting Your Dental & Vision Plans

You need to proactively apply
at hwtrust.geouaw.org by 9/15

BENEFITS PORTAL

You're looking for benefits—let's get started!

Current Graduate Employees

If you are a graduate employee, use this section to log in, apply for benefits, and submit wellness center, childcare, or PPE receipts.

[Review options for graduate students](#)

Current Postdoc Employees

If you are a postdoc employee, use this section to log in, apply for benefits, and submit childcare or PPE receipts.

[Review options for postdocs](#)

Student Health Plan Costs

95% of cost is deferred if you are GEO-eligible

	Fall 2021	Spring 2022	Notes
I'm insuring myself only (SINGLE)	\$100.25	\$100.25	<p>If you're taking 5 or more credits, you should be re-enrolled automatically each semester.</p> <p>If you're taking fewer than 5 credits or are on continuous enrollment, you need to renew your coverage with UHS each semester (see the link to form below).</p>
I'm insuring myself AND my family (FAMILY)	\$317.65	\$317.65	<p>Family plans need to be renewed with UHS each semester--this is not automatic (see the link to form below).</p> <p>You will pay the single fee & the family fee: \$417.90/semester</p>

Dental & Vision Plan Costs

If you're working 10hr/wk for 1 semester

AMERITUS DENTAL & EYEMED VISION INSURANCE

- FREE for you as the employee
- \$100 for family dental/family vision is FREE