

USMMA Private Insurance Questionnaire

As a USMMA midshipman, your medical care is currently provided through several different vehicles, including a Supplemental Health Care Insurance policy (underwritten by the United States Fire Insurance Company, policy #UEL2672S), which you pay for via midshipman fees. The purpose of this short questionnaire is to find out whether you are covered by any additional private health insurance plan, regardless of whether that health insurance coverage is paid for by you, or by a parent, guardian, spouse, or other source. This feedback will help the Academy best determine the type of health insurance needed by most midshipmen as it transitions to a new program to provide more comprehensive coverage.

1. Are you now covered by a health insurance plan other than the Academy's Supplemental Policy?

- Yes, I am (SKIP TO QUESTION 3)
- No, I am not

2. If you ARE NOT covered by another health insurance plan, are you eligible to be included on your parents' family plan (pick one)?

- Yes, I am eligible to be included on my parent's family plan
- No, I am NOT eligible to be included on my parent's family plan
- Don't know whether I am eligible or not

(END OF QUESTIONS FOR THOSE ANSWERING "NO" TO QUESTION 1)

3. Which best describes that insurance plan (pick one)

- My parents pay for my coverage under their "family plan"
- I am covered under my parents' "family plan" but I pay for it
- I pay for my own plan
- I am covered by a plan provided by a third party (a previous employer, a state, the Military/ TRICARE, etc.
- I don't know
- Other (please specify)

4. If you have health insurance, please indicate its coverage (pick one):

- All 50 states AND internationally
- ONLY the United States (all 50 states)
- ONLY my home state (specify) and NY State
- ONLY my home state (specify)
- Not Sure

5. If you have Health Insurance, please indicate what type of coverage you have (check all that apply)

- Hospitalization & Major Medical

- Dental
- Prescription Medicines
- Physician Office Care
- Not sure
- Other (please specify)

(END OF QUESTIONS FOR THOSE ANSWERING "YES" TO QUESTION 1)