What kind of health insurance are Massachusetts students required to have?
Massachusetts law requires students enrolled in higher education programs to be covered by health insurance. The health insurance plan must provide “reasonably comprehensive coverage.”

Are all students required to have health insurance coverage?
Students registered for at least 75% of a full-time curriculum are required to have coverage. Students enrolled in a health plan that provides “comparable” coverage, including any MassHealth Plan, may waive enrollment in a school’s Student Health Insurance Program (SHIP) plan.

What is the Student Health Insurance Program?
Student Health Insurance Programs are the health plans that are offered by all Massachusetts colleges and universities. These plans meet the Massachusetts requirement for insurance coverage. Students who are not required to be covered, but are interested in purchasing a plan through SHIP should contact the Bursar’s office to determine if they are eligible.

What is considered “comparable” coverage?
To be considered “comparable” coverage, a health plan must provide reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services and mental health services. Services must be reasonably accessible to the student in the area where the student attends school.

What is not considered comparable coverage?
By law, Commonwealth Care and the Health Safety Net are not considered comparable coverage. Once an individual is registered for 75% of a full-time curriculum or more, they are no longer eligible for Commonwealth Care. If you have any questions about Commonwealth Care eligibility, please call the Customer Service line at 1-877-MA-ENROLL.

Where else can students get health insurance?
Instead of enrolling in a SHIP plan, students may also obtain health insurance through their parents’ or spouse’s health insurance, employer sponsored health insurance, or through the Massachusetts Health Connector by enrolling in a Commonwealth Choice plan. Commonwealth Choice offers a special Young Adult Plan (YAP) for individuals age 18-26. For more information about Commonwealth Choice, please visit www.MAhealthconnector.org or call 1-877-MA-ENROLL. A student may also be eligible for MassHealth, regardless of age. For more information about MassHealth, visit www.mass.gov/eohhs or call 1-888-665-9993.

How long does a student have to enroll in a SHIP plan if they have been disenrolled from alternate health insurance coverage?
A student has up to 30 days after termination of coverage under another health insurance plan, such as MassHealth or Commonwealth Care, to enroll in their school’s health plan without penalty.

Student Health Plans and National Health Care Reform:
As a result of health care reform, annual benefit limits have been eliminated.

For example, if you used to have a maximum on how much your insurance company would pay for your prescription drugs in a given year, the current maximum benefit for prescriptions has been removed as a requirement of the Affordable Care Act.

Student Health Insurance Plans are also now required to offer comprehensive Preventive Care Benefits, which are covered at 100% without cost-sharing at in-network providers. This means that insurers cannot charge you a copayment, co-insurance or deductible on preventive health services. Examples of covered preventive services include:

- Physicals
- Screening and Counseling for Sexually Transmitted Infections
- HIV Counseling and Screening
- Immunizations
- Tobacco use counseling and interventions
- Depression screening
- Obesity screening
- Diabetes screening
- Contraceptives
**Cost-sharing:**
Any contribution you make towards the cost of your health care, excluding premiums, as defined in your health insurance policy. The most common types of Cost-Sharing include co-insurance, copayments or deductibles.

**Co-insurance:**
Some plans, usually those with a lower premium, have a cost-sharing requirement called Co-Insurance. A 20% Co-Insurance means you pay 20% of the medical expenses, and the insurance company pays the remaining 80%.

**Copayment:**
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health service. Copayments are generally applicable to office visits, emergency room visits and prescription drugs. In-Network Copayments are usually less than Out-of-Network Copayments.

**Deductible:**
The amount you owe for health care services before your health insurance plan begins to pay. For example, if your Deductible is $1000, your plan won’t pay anything for covered health care services subject to the Deductible until you’ve met your $1000 Deductible. The Deductible may not apply to all services. Depending on your plan, you may have a higher Deductible if out-of-network services are used.

**In-Network:**
The facilities, providers and suppliers your health insurer has contracted with to provide health care services. Provider networks can exist in a local/regional area as well as nationally. You will generally pay less for using an In-Network provider.

**Out-of-Network:**
Providers who do not belong to a specified network and do not offer pre-negotiated rates to an insurance company’s members. Out-of-Network costs are generally higher for the health insurance plan and the member.

**Out-of-Pocket Maximum:**
The total amount you will have to pay for certain covered health care services through applicable deductibles, co-insurance or copayments before the health insurance plan pays 100% of the costs for those services. The Out-of-Pocket Maximum may not apply to all services and does not include premiums.

**Preauthorization:**
A decision by your health insurer that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Your health insurance plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance will cover the cost.

**Premium:**
The amount that you pay for health insurance coverage. This may be annually, monthly, quarterly, by semester or term.

**Provider:**
A doctor, hospital, pharmacy, laboratory or other facility/licensed supplier that provides health care services.

**Tiered Prescriptions:**
Many health plans organize their covered prescription medications and their costs by three levels or tiers. Each tier has a different member cost sharing or copay, based on various considerations, including cost. Higher tiers have higher member cost sharing.

Tier 1 usually includes most generic drugs.
Tier 2 usually includes many brand-name drugs.
Tier 3 usually includes non-preferred brand-name drugs.
Your Benefits

<table>
<thead>
<tr>
<th>2012-2013 Academic Year Plan Specifics</th>
<th>Your Cost In-Network</th>
<th>Your Cost Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-year Deductible*</td>
<td>$100 per member</td>
<td>$100 per member</td>
</tr>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2000 per member for in-network and out-of-network combined</td>
<td></td>
</tr>
<tr>
<td>Preventive Care Benefits</td>
<td>Nothing</td>
<td>20% co-insurance after deductible</td>
</tr>
<tr>
<td>Doctor’s Office Visits (non-preventive care)</td>
<td>$20 per visit</td>
<td>20% co-insurance after deductible</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>$100 per visit (waived if admitted)</td>
<td>$100 per visit (waived if admitted)</td>
</tr>
<tr>
<td>When you choose to use all other out-of-network covered services and providers</td>
<td>N/A</td>
<td>30% coinsurance after deductible</td>
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<tr>
<td>Prescription Drug Benefits</td>
<td>$12 for Tier 1</td>
<td>$12 for Tier 1</td>
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<tr>
<td></td>
<td>$25 for Tier 2</td>
<td>$25 for Tier 2</td>
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<td></td>
<td>$40 for Tier 3</td>
<td>$40 for Tier 3</td>
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</tbody>
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*You pay no plan-year deductible if services are rendered at University Health Services