## COMPARE YOUR HEALTH INSURANCE TO THE 2019-2020
### TUFTS UNIVERSITY STUDENT HEALTH INSURANCE PLAN

**COMPARABLE COVERAGE CHECK LIST**

<table>
<thead>
<tr>
<th></th>
<th>TUFTS UNIVERSITY UHCSR</th>
<th>YOUR PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Plan: Individual/Family</strong></td>
<td>Individual*</td>
<td></td>
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<tr>
<td><strong>Annual Premium</strong></td>
<td>$3,260</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>In-network: $100</td>
<td>Out-of-network: $250</td>
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<tr>
<td>(Some items and services i.e. Preventive Services are covered even if you haven’t yet met the deductible amount)</td>
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<td></td>
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<tr>
<td><strong>Co-payments for on-campus Office Visits including Urgent Care</strong></td>
<td>In-network: $20 copay per visit</td>
<td></td>
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<tr>
<td></td>
<td>Out-of-network: 20% coins and $40 copay per visit</td>
<td>Deductible does not apply.</td>
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<tr>
<td><strong>Co-payments for off-campus Office Visits</strong></td>
<td>In-network: $25 copay per visit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-network: 20% coins and $45 copay per visit</td>
<td>Deductible does not apply.</td>
</tr>
<tr>
<td><strong>Co-payments for off-campus Urgent Care Centers</strong></td>
<td></td>
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<tr>
<td><strong>Co-insurance applied to services after deductible is met (in-network)</strong></td>
<td>In-network: 20%</td>
<td></td>
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<tr>
<td></td>
<td>Out-of-network: 40%</td>
<td></td>
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<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>In-network: $4000 individual/$10,000- family</td>
<td>Out-of-network: $10,000 individual/ $20,000 family</td>
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</tbody>
</table>

### PLAN BENEFITS

**Routine and emergency care provided in the Boston area (or local area where the student will be residing and studying for the academic year)**

- Yes
- Yes/No

**Treatment for pre-existing conditions (with no waiting periods or exclusions)**

- Yes
- Yes/No

**Essential health benefits as defined by the Affordable Care Act (ACA)**

- Outpatient care (ambulatory patient services)
  - Yes
  - Yes/No
- Emergency room services
  - Yes
  - Yes/No
- Hospitalizations (treatment for inpatient care)
  - Yes
  - Yes/No
- Maternity and newborn care
  - Yes
  - Yes/No
- Mental health and addiction treatment
  - Yes
  - Yes/No
- Prescription drugs
  - Yes
  - Yes/No
- Rehabilitative services
  - Yes
  - Yes/No
- Laboratory services
  - Yes
  - Yes/No
- Preventive services, wellness services and chronic disease treatment
  - Yes
  - Yes/No
- Pediatric services
  - Yes
  - Yes/No

**Other covered benefits:**

- Preventive services at Tufts University
  - Yes- included in the Health Fee
- Elective termination of pregnancy
  - Yes
- Impacted teeth extraction
  - Yes
- Gender affirming benefits coverage (including surgery)
  - Yes
- Dental benefits **
  - No
- Vision benefits **
  - No
- worldwide travel assistance service
  - Yes
- On campus, in-person support to students
  - Yes
  - No

This checklist is provided for reference purposes only. Domestic students enrolled in a comparable alternate insurance plan may request a waiver from the Tufts University Student Health Insurance plan during the annual open enrollment period. International Students attending Tufts University must enroll in UHCSR Plan unless they meet the minimum requirements of plans as required by law. For details about the Tufts University Student Health Insurance Plan, including the waiver criteria, please visit the Tufts University Health website, go.tufts.edu/studenthealthinsurance.

For a detailed list of benefits please review the Benefit Comparison Grid.

*Students may enroll dependents onto the Tufts University Plan to provide family coverage.

**Coverage included for pediatric members only. Adults insured in the plan can benefit from the health discount program free of charge, www.sr.unitedhealthallies.com