

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

Web: go.tufts.edu/studenthealthinsurance **Email:** studenthealthinsurance@tufts.edu **Phone:** 617-627-3350

COMPARABLE COVERAGE CHECK LIST	TUFTS UNIVERSITY UHCSR	YOUR PLAN
Type of Plan: Individual/Family	Individual*	
Annual Premium	\$3,260	
Annual Deductible (Some items and services i.e. Preventive Services are covered even if you haven't yet met the deductible amount)	In-network: \$100 Out-of-network: \$250	
Co-payments for on-campus Office Visits including Urgent Care	*Incl. in Health Fee	
Co-payments for off-campus Office Visits	In-network: \$20 copay per visit Out-of-network: 20% coins and \$40 copay per visit. Deductible does not apply.	
Co-payments for off-campus Urgent Care Centers	In-network: \$25 copay per visit Out-of-network: 20% coins and \$45 copay per visit. Deductible does not apply.	
Co-insurance applied to services after deductible is met (in-network)	In-network: 20% Out-of-network: 40%	
Annual out-of-pocket maximum	In-network: \$4000- individual/\$10,000- family Out-of-network: \$10,000 individual/ \$20,000 family	
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
<p>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.</p> <p>For a detailed list of benefits please review the Benefit Comparison Grid.</p> <p>*Students may enroll dependents onto the Tufts University Plan to provide family coverage.</p> <p>** 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</p>		