Student Health Insurance through United Healthcare Student Resources (UHCSR)

Tufts University
Medford/Somerville and SMFA Campus
AS&E, Fletcher and SMFA Schools
Automatic Enrollment and Waiving of the Student Health Insurance

• In accordance with Regulation 956 CMR 8.00 Section 8.05 under the State Law Chapter 15A, Section 18 and Tufts University policy, students are required to have and are automatically enrolled in the student health insurance plan every year.

• You have your own insurance and are thinking about waiving?
  • The yearly waiver period is from June 1st to July 31st
  • In order to waive, the student health insurance plan, the student must show proof of comparable coverage
  • If you have comparable coverage, you need to complete a waiver form every year on your SIS account on the Bills & Balances tab.
  • You can use this document as a guide to the question you will be answering on SIS.

• Did you forget to waive?
  • Per UHCSR policy, refunds of premiums are allowed only upon entry into the armed forces.
Overview

Tufts Student Health Insurance Policy

• Policy 2020-202764-1
• Policy year: August 20, 2020 – August 19, 2021
• UHCSR website: www.uhcsr.com/tufts
• Routine dental and vision benefits are NOT covered unless related to illness or injury
• Video: How to create your UHCSR account?
• Video: How to Submit a Personal Representative Appointment (PRA)?

Understanding US Health Insurance

• Video: Health Insurance in the US
• Health Insurance 101
• Emergency Rooms are the most expensive place to receive care and should be used to seek care to avoid further harm.
  • If you have an emergency, you should call 9-1-1.
  • If you are not feeling well, you can call Health Service at 617-627-3350 and talk to a clinician or the on-call provider or you can visit an Urgent Care Center near you.
Services at Tufts

The Health Service is your primary care site for medical care.

- Reach us at 617-627-3350
- Hours of operation
- How to get care when Health Service is closed?

The Counseling Center is your primary site for mental health services.

- Reach us at 617-627-3360
- Hours of operation
- How to get care when the Counseling Center is closed?

Please note: The services described above are for students in the state of Massachusetts. For students that are not on or near campus, due to medical licensing limitations, we ask that you inquire about telehealth options offered through your insurance company.
Your Student Health Insurance Card

Video:
How to get your ID card?
## Services when you are NOT at Tufts

### Traveling across the United States?
- UHCSR has providers in all 50 states. The Preferred Provider Network for this plan is HPHC Insurance Company Network. Preferred Providers can be found using the following link: UHC Options PPO - Harvard Pilgrim Joint Venture.
- Students have access to all Harvard Pilgrim Providers in MA, NH, and ME that includes over 135 hospitals and 28,000 doctors and clinicians.
- Outside of MA, NH and ME, students have access to the largest national network in the United States—UnitedHealthcare and Behavioral Health Network.

### Traveling outside the United States?
- The Student Health Insurance Plan provides worldwide coverage, whether studying abroad or traveling abroad. The plan provides the same benefits as if you were on campus. In addition, through participation in the student insurance plan, each student and his or her enrolled dependents are eligible for travel assistance services. The services are provided through UnitedHealthcare Global/Global Emergency Services to access services please call: 800-527-0218 (toll-free within United States) 410-453-6330 (collect outside the United States). Services are also accessible via e-mail.

### Taking a leave?
- Students who have purchased the student health insurance plan and have met eligibility first will be able to continue on the plan while on leave for up to one year from the start of their leave. Please note that while on leave, a student will not be able to receive on-campus services, including Health Services and Counseling and Mental Health Services.

### Graduating?
- Students enrolled in the student health insurance will have coverage until 19-August. The Health Connector web page has information regarding health insurance options for graduating students: https://www.mahealthconnector.org/get-covered-grads.
Patient’s Financial Responsibility for Care

**In-Network**
- $100 **Deductible** per policy year, only applicable with coinsurance
- $20 **copay** for medical office visits
- $10 **copay** for mental health visits
- 20% **coinsurance** for procedures, labs, etc.
- $4k **max out of pocket** per policy year

**Out-of-Network**
- $250 **Deductible** per policy year, only applicable with coinsurance
- $40 **copay** for medical office visits
- $15 **copay** plus 20% **coinsurance** for mental health visits
- 40% **coinsurance** for procedures, labs, etc.
- $10k **max out of pocket** policy year
- **Balance Billing**

Health Service needs to submit **referrals** to the insurance for in-network and out-of-network services received outside of the Medford/Somerville campus.
Patient’s **Financial Responsibility** for Prescription Drugs

- **Find an In-Network Pharmacy**
- **Covered Prescriptions, Updates** and **Enhanced List**

### Preferred Retail Cost Sharing (In-Network Pharmacies)

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<tr>
<td>Tier 3- Your Highest- Cost Option</td>
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Dental Benefits

Routine dental benefits are NOT covered under the student health insurance unless related to illness or injury. If you need dental insurance, you can:

- The deadline to enroll, re-enroll or cancel is December 1, 2020. Students with a qualifying event will have the option to enroll mid-year with the appropriate documentation.
- If a student does not enroll in this voluntary dental plan and there is a dental emergency, students can pay out-of-pocket at the Tufts student dental clinic or with a dentist of their choice.
- For more information, you can review the email sent to students here or access the website for the Tufts School of Medicine.

Questions? Contact Gianna Vroom at 617-636-4073 or via email or Maddy Caron at (617) 636-2700 or Madeleine.Caron@tufts.edu
Vision Benefits

Routine vision benefits are NOT covered under the student health insurance unless related to illness or injury.

Any Tufts University student can take advantage of this discount program from EyeMed. For more details, please refer to the EyeMed flyer.
Financial Assistance

- Please contact your financial aid advisor if you need help covering the cost of the student health insurance.
- The Insurance Coordinator can help review your bills and make sure the claims processed correctly so you do not overpay.
- Need help with copays and treatment cost? Please contact:
  - FIRST Center
  - International Center
Contacts

- Insurance Coordinator: Ruth Aguila
- http://go.tufts.edu/studenthealthinsurance
- studenthealthinsurance@tufts.edu
- 617-627-5176

Students in the Boston and Grafton Campus should contact SAHA
• **Balance billing:** When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A preferred provider may not balance bill you for covered services. [Uniform Glossary definition]

• **Claim:** A request that your health plan pay for a health service

• **Video:** What are deductibles, coinsurance and copays?

• **Video:** What is an EOB?

• **In-network:** Doctors, hospitals and other providers that have agreed to provide health care services to the health plan at set rates; in-network and network are the same.

• **In-patient:** A person who stays in a hospital for one or more nights for medical care or treatment

• **Mental health services:** Treatment for illnesses related to moods, feelings, emotions and behavior that focuses on recovery

• **Out-of-network:** A health care provider (such as a hospital or doctor) that is not contracted to be part of a managed care organization's network (such as an HMO or PPO). Depending on the managed care organization's rules, an individual may not be covered at all or may be required to pay a higher portion of the total costs when he/she seeks care from an out-of-network provider.

• **Out-patient:** Someone who receives health services or treatments, but does not stay overnight at a hospital; when the patient does not stay in the hospital

• **Patient responsibility:** The amount of money the patient must pay for health care services. Also known as out-of-pocket cost.

• **Policy number:** A number an insurance company uses to identify the type of insurance or benefits that a member or group buys
Glossary of Insurance Terms (p.2)

- **Policy year**: The period of time that the policy is to remain in force.
- **Preferred Provider**: A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more. [Uniform Glossary definition]
- **Prescription drugs**: Drugs and medications that by law require a prescription. [Uniform Glossary definition]
- **Primary Care Provider (PCP)**: A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services. [Uniform Glossary definition]
- **Qualifying event**: A change in your life (such as the birth of a child, marriage or divorce) that allows you to make changes in your health plan.
- **Referral**: Information the Insurance Coordinator needs to submit to the insurance company to allow visits outside of Health Service
- **Specialist**: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. [Uniform Glossary definition]
- **Out of pocket maximum**: The most money you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.
- **Urgent Care**: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care. [Uniform Glossary definition]
- **Waiver**: A health insurance waiver is a document that, when qualified AND signed, provides the option to opt-out of a health insurance plan by making a formal request. [Uniform Glossary definition]
Glossary of Terms you hear at Tufts

• **UHCSR**: acronym for United Healthcare StudentResources, the insurance carrier for the student health insurance plan at Tufts.

• **SHS**: acronym for student health service.

• **SHIP**: acronym for student health insurance plan.