



Health Insurance Requirements for New Dental IS Students, Entering in April 17, 2007

State law and University policy require students to have health insurance coverage, when enrolled in a three-quarter to full-time program. Dental International Students may enroll in the student plan offered by the Health Sciences Campuses of Tufts University, or waive the School's insurance if they have an alternate qualifying plan. Information about the student plan and waiving is listed below. The student plan is available only to matriculated students and their eligible dependent(s). In making the decision regarding health insurance, be aware there is no student health services clinic for the Boston Campus.

Students must do one of the following prior to the first day of classes, April 17, 2007, as part of registration:

- Complete a *Tufts Health Plan* Member Enrollment Application, or
- Complete a 2006-2007 Health Insurance Waiver Card and Attach Proof of Coverage.

Reminder: J-1 visa holders are required to purchase insurance coverage for medical evacuation and repatriation of remains. Information on this additional coverage is available through the International Affairs Office of Tufts University at 617-636-0354.

Health Insurance Plan - Tufts Health Plan, HMO Plan

The health insurance plan available to Boston & Grafton Campus students and their eligible dependent(s) is a Health Maintenance Organization (HMO) through *Tufts Health Plan*, a separate corporate entity from Tufts University. This comprehensive plan provides primary care with a \$15 co-payment and specialty care with a \$20 co-payment; major medical coverage with a \$250 inpatient co-payment (\$1000 maximum per year) and a \$250 outpatient day surgery co-payment (\$1000 maximum per year); a three-tier prescription benefit with co-payments: \$10 generic/\$30 brand-name/\$45 others. A more complete summary of benefits is included in the enclosed insurance packet provided by *Tufts Health Plan*.

The effective date of coverage for new students is April 17, 2007. Students, who have an address within the *Tufts Health Plan* Service Area and can choose a Primary Care Physician, are encouraged to send their application to the Student Advisory & Health Administration (SAHA) Office anytime during the summer for early processing. To find a doctor, go to www.tuftshealthplan.com click on Members; Doctor Search; Physician; complete Steps 3 & 4. If necessary, assistance will be available during Orientation.

Students do not need to reapply for the student health plan each year. The insurance coverage continues from year-to-year unless canceled in writing by completing a Waiver. Students who waive the health insurance midyear will receive a refund for the unused portion of the insurance. Refunds are prorated on a monthly basis and credited to students' accounts. A Cancellation Form must be completed upon leaving the University.

Payment & Rates - Students are billed the Individual rate for the period of 4/17/07 – 8/31/07: **\$908.00**. However, students **are not automatically** enrolled in *Tufts Health Plan*. **A Member Enrollment Application must be signed and returned to the SAHA Office, 200 Harrison Avenue, Boston, MA 02111.**

Tufts Health Plan rates for the academic year, September 1, 2006 through August 31, 2007 are as follows:

<u>Type of Coverage</u>	<u>Monthly Cost</u>	<u>Annual Cost (12 months)</u>
Individual	\$ 227	\$ 2,724
Two-Person	\$ 525	\$ 6,300
Family	\$ 614	\$ 7,368

Two-Person coverage may be a student & spouse, a student & dependent child, or a student & same-sex domestic partner. Student and same-sex domestic partner are required to sign a Partnership Affidavit that affirms a partnership and supply documentation supporting financial interdependence. Family coverage is for spouse, same-sex domestic partner, and dependent children only.

The THP Membership application will be sent to you, in January 2007. It is also available on the FORMS page.

Alternate Insurance – Waiver Form and Proof of Coverage

The student health insurance plan may be waived, provided the student has an alternate qualifying plan that can be used in Massachusetts. **Students must complete a health insurance waiver form and attach proof of the alternate coverage, each academic year.** Proof of coverage may include a copy of the insurance card or policy.

Coverage under a health benefits plan qualifies, if the plan provides reasonably comprehensive coverage of health services to the student throughout the school year, and includes: preventive and primary care; emergency services; hospitalization benefits; ambulatory patient services and mental health services. In addition, the services covered must be reasonably accessible to the student in the area where the student attends school. **International students:** Foreign National Health Service programs, or insurance carriers from outside the United States, are not acceptable as alternative coverage plans, i.e. Canadian insurance. Students must have coverage from U.S. insurance carriers. Exception: students sponsored by Embassies that cover all medical expenses, i.e. Royal Embassy of Saudi Arabia. The Regulations can be found at: <http://www.tufts.edu/saha/images/Regs06.pdf>

Complete the 2006-2007 Waiver and attach proof of alternate coverage. The student's account will be credited \$908 for the period of April 17, 2007 – August 31, 2007. **Return the waiver and copied insurance card to the SAHA Office.**

The waiver will be sent to you in January 2007. It is also available on the FORMS page.

Loss of Alternate Coverage during the Academic Year

Students who waive *Tufts Health Plan* at the beginning of the academic year and subsequently lose their alternate health insurance coverage, through no fault of their own, may apply for *Tufts Health Plan* within 30 days of loss of coverage. Coverage under *Tufts Health Plan* will begin on the day after the student's alternate insurance ends. Eligible dependents may also be added after September 1st, if a qualifying event has occurred. Qualifying events include: change in marital status; birth or adoption of a child; or loss of current coverage "through no fault of your own."

Students applying for coverage after September 1st must also submit a letter from their current insurance company confirming: (1) verification of previous coverage, (2) the reason for cancellation, and (3) the date of cancellation. Documentation verifying the qualifying event must be included with a new application if a student is adding a dependent after September 1st.

Payment is prorated monthly, based on the effective enrollment date. However, full payment must be made at the time of application for the remainder of the current semester and the next semester, if applicable. For example, if the enrollment date is June 1st, payment must be made for 3 months, June 1, 2007 through August 31, 2007.

Open Enrollment Period – September 1st

September 1st of each academic year is the "Open Enrollment" date for the student group health insurance plan. On this date each year, any eligible student may apply for coverage and/or add eligible dependent(s) without a qualifying event.

Student Health Administration Fee

The student health administration fee of \$185.00 funds the following services:

- Short-term advice and counseling for personal or school-related issues, and referrals for long-term therapy and psychiatric evaluation;
- Immunization documentation screening and maintenance of records;
- Administration of the student health insurance program.

Student Advisory & Health Administration Office, 4th floor, Posner Hall, 200 Harrison Avenue, Boston, MA 02111
For Health Insurance, call: 617-636-2701 or 617-636-2712. Main Office: 617-636-2700, FAX: 617-636-2708
www.tufts.edu/saha