

Health Insurance
Frequently Asked Questions
for
Boston and Grafton Campus Students

Student Advisory & Health Administration Office

Tufts University Health Sciences Campus
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www.tufts.edu/saha

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Frequent Asked Health Insurance Questions

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Frequently Asked Questions

1. Why do I need health insurance?

The Commonwealth of Massachusetts and Tufts University require health insurance coverage for all students enrolled in three-quarter to full-time program in higher education. Students may enroll in the student health plan offered by Tufts University, *Tufts Health Plan, HMO* or maintain private coverage as long as the coverage meets the qualifying requirements set forth by the Commonwealth and can be used in Massachusetts.

2. Who is eligible for the student health insurance plan?

The student plan is available to full-time and part-time matriculated students, and their eligible dependent(s). Eligible dependents include spouse, same-sex domestic partner, and children living within the service area. The student plan is not available to non-matriculated students or to combined degree students when registered at another school.

3. What is the purpose of mandatory student health insurance?

The purpose is to ensure that students' medical costs are covered while enrolled in a college or university in the Commonwealth of Massachusetts.

4. I am an international student. Must I purchase health insurance?

International students must either purchase *Tufts Health Plan (THP)* or purchase an alternate qualifying plan underwritten by an insurance company within the United States of America.

Coverage by foreign National Health Service Programs, including Canadian insurance plans do not qualify. (See No. 7 What plans are not acceptable?)

The Saudi Cultural Mission has approved enrollment in *Tufts Health Plan (THP)* for all active Saudi students who have a valid financial guarantee letter from the Saudi Cultural Mission.

Part II. Requirements for Alternate Health Insurance Coverage & Waiver Forms

5. If I have my own health insurance, am I required to buy the student plan?

Students, who are already covered under a qualifying insurance plan, may waive the student insurance if their plan meets the criteria listed below. It is the student's responsibility to determine the following:

- 1) The alternate qualifying insurance coverage must include preventive and primary care, emergency services, surgical 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.
- 2) The plan must be underwritten by a United States of America insurance company.

6. Is MassHealth coverage acceptable as an alternate qualifying plan?

MassHealth meets the requirements and is allowed.

7. What plans are not acceptable?

- a.) Plans from insurance carriers outside of the United States of America and coverage by foreign National Health Service Programs, including Canadian insurance plans;
- b.) Plans that provide coverage through a closed network of providers, not reasonably accessible in the area where the student attends school, for all but emergency services. (Out-of-area HMOs)
- c.) Payment from the Massachusetts Uncompensated Care Pool is not acceptable. (Free Care)
- d.) The American Medical Student Association (AMSA), the American Student Dental Association (ASDA), and the American Veterinary Medical Association (AVMA) insurance plans do not qualify as acceptable plans in Massachusetts.

8. How do I waive the student insurance?

If your plan meets the State's criteria, **complete a Waiver Form**. Submit the Waiver Form to the Student Advisory & Health Administration Office (SAHA) for processing.

For new students, the Waiver Form is due upon the date of Orientation/Registration, per State Law.

For current students, the Waiver Form is due by August 31st of each academic year, per State Law.

9. How do I cancel the student insurance if I purchase another plan?

A health insurance Waiver Form is used to cancel *Tufts Health Plan* coverage when you have purchased an alternate qualifying plan. A prorated refund is credited to the student's account, based on the date of cancellation. For Sackler students, the payroll deduction is used to stop payments.

10. Where do I find the Waiver Form?

- ▶ Waiver Forms: www.tufts.edu/saha/forms.html
- ▶ Sackler Students - Payroll Deduction Form: www.tufts.edu/saha/forms.html

Part III. Information about the Student Health Insurance Coverage & Applying

11. What are the coverage benefits in the student plan?

The following information is a Summary of Benefits for the student group plan, with *Tufts Health Plan* and valid for the 2009-2010 academic year, 09/01/2009 – 08/31/2010. An Evidence of Coverage booklet can be found at: www.tufts.edu/saha/insurance.html/

Outpatient Medical Care – Doctor’s office visits, routine physical examinations, well-child care, OB/GYN visits, prenatal and postnatal care, speech therapy, short-term physical therapy, occupational therapy, and routine eye exams are covered, with a \$15 co-payment. Laboratory tests, injections, immunizations, and x-rays are covered in full.

Routine Eye Examination – Routine eye exams (1 visit every 12 months) are covered with a \$15 co-payment. EyeMed Vision Care program provides an extensive network of private practice optometrists, ophthalmologists, or opticians, or from optical retailers including LensCrafter, Sears Optical, Target Optical, JCPenney Optical, and most Pearle Visions. A 35% discount off the retail price of frames, as well as discount pricing on lenses and lens options is offered, with the purchase of a complete pair of glasses. Extra lens options such as scratch and anti-reflective coating, photogrey, tinting, oversize, progressive and polycarbonate, and contact lenses are available at a discount. A mail-order program for contact lenses is available. With a Referral Form from a Primary Care Physician, diagnostic and therapeutic eye care services are available. Check www.tuftshealthplan.com for a list of eye care providers.

Annual Gynecological Exam – You may go to any *Tufts Health Plan* participating gynecological (GYN) care or family planning provider for your annual routine exam. However, follow-up care by the same GYN provider requires a Referral Form be completed by your Primary Care Physician’s (PCP) office. The annual gynecological (GYN) exam has a \$15 co-payment.

Specialists – Always call your Primary Care Physician first when you need care, except in medical emergencies. Your Primary Care Physician (PCP) will assess your medical needs and then select and refer you to a *Tufts Health Plan*-affiliated specialist, if necessary. Before visiting any specialist, you must have your PCP’s office complete a Referral Form in order for the cost of the visit to be paid by *Tufts Health Plan*. Visits to a Specialist have a \$20 co-payment.

Prescriptions – Prescription medications may be obtained at any pharmacy affiliated with PCS Health Systems, for a co-payment. More than 99% of the pharmacies in Massachusetts are part of the *Tufts Health Plan* network. Co-payments are based on a three-tiered structure. Tier 1, generic drugs, has the lowest co-payment of \$10. Tier 2, preferred brand name drugs, has the middle amount co-payment of \$30. Tier 3, non-preferred brand name drugs, has the highest co-pay amount of \$45.

Fast Start – by CareMark helps you access discounts through prescriptions by mail. Order many maintenance medications – those you refill monthly for conditions like diabetes, asthma, high blood pressure, or contraceptives – and save up to 33% off a three-month supply. Just call FastStart toll free at 1-866-281-0629 with your *Tufts Health Plan* Member ID number, medication name, physician’s name and phone number, shipping address and credit card information. Switching to generic medication can also save you money. Ask your doctor if a generic alternative is available.

Emergency Care – If emergencies are treated in your doctor’s office, the co-payment is \$15 per visit. If treated in a hospital emergency room, the co-payment is \$50; however, this co-payment is waived if admitted. Call your Primary Care Physician’s office to inform them of your emergency care.

Prior Authorization. *Tufts Health Plan* requires prior authorization from your Primary Care Physician, for elective, outpatient, upper gastrointestinal (UGI) endoscopes for members ages 18-55 and elective, outpatient knee arthroscopies.

Inpatient Hospital Care and Surgery – Inpatient hospital services have a \$500 co-payment per admission, with a \$2,000 annual maximum, per individual. This includes: inpatient day surgery; acute care for illness or injury; maternity services; physicians care; surgery and surgeon's services; newborn care; anesthesia; medications; nursing care; x-ray and lab services; intensive care/coronary care; and radiation therapy while hospitalized.

Outpatient Day Surgery – Outpatient day surgery services have a \$500 co-payment per admission, with an annual maximum of \$2,000, per individual.

Mental Health Outpatient Care – 24 outpatient visits per calendar year with a \$15 co-payment. Members may use psychiatrists, psychologists, and social workers, with a Referral Form, from the member's Primary Care Physician, or by calling *Tufts Health Plan* Mental Health Referral line at 1-800-208-9565.

Outpatient and inpatient mental health services are treated the same as any other medical condition as required by law for the following: biologically-based mental disorders; certain mental, behavioral or emotional disorders for children under the age of 19; and rape-related mental or emotional disorders.

Mental Health Inpatient Care – Services provided through a designated *Tufts Health Plan* facility program will allow up to 60 days per calendar year, with a \$500 co-payment per admission, with a \$2,000 annual maximum. A Referral Form must be submitted for this care and can be obtained from your Primary Care Physician or from *Tufts Health Plan's* Mental Health Referral Line, 1-800-208-9565.

Maternity Care – When you are pregnant, you may receive care from a family practitioner or a certified nurse midwife. Coverage includes: prenatal care, hospital and delivery services (semi-private room), newborn care in hospital, and postnatal care. Childbirth classes are reimbursed and home health nurse visits are provided by *Tufts Health Plan*. Your PCP's office must complete a Referral Form for obstetrical care services, for routine services only. You will need another Referral Form completed for any other medical service beyond routine prenatal and post-partum visits. Prenatal and postnatal care, have a \$15 co-payment. Hospital and delivery services have a \$500 co-payment; newborn care in the hospital is covered in full. **In order to have this coverage after your 36th week of pregnancy, your delivery must take place within the Service Area.** Contact Member Services with any questions. 1-800-462-0224.

Massage – For massage therapy, you save 25% off the therapist's usual and customary fee, or pay \$15 per 15 minutes of massage therapy, whichever is less.

Spinal Manipulation– Members pay \$20 co-payment for up to 12 visits per year.

When Traveling - When traveling outside of the Service Area, you are covered for emergency and urgent care **only**. Care that could have been foreseen before leaving the Service Area, including deliveries (births) once you begin the 36th week of pregnancy, is not covered.

Wellness Programs – Members receive a 20% discount on an annual membership at any participating fitness center, with no initiation or joining fee. Discount options are available from the fitness facility. Contact the fitness center directly. Weight Watchers Weight Management Program has a discounted membership, and Health Education has a 30% discount per program. See: www.tuftshealthplan.com for more details.

Oral Health – Oral emergency treatment, only in a hospital emergency room setting within 48 hours of an injury, will be covered with a \$50 co-payment.

Pediatric Dental Benefits is administered by Delta Dental Plan for children younger than 12 years, who are members enrolled in *Tufts Health Plan*. Dentists must be chosen from the directory at www.deltamass.com. Children will receive an identification card for dental services. Contact Delta Dental of Massachusetts at 1-800-872-0500 for information about benefits and providers for services. Covered in full.

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## **12. Which doctors and hospitals can I go to?**

Members must select a Primary Care Physician (PCP) within *Tufts Health Plan's* network of physicians. In most cases, health care services must be provided, or authorized in advance, by the member's PCP. Hospital admissions, unless for emergencies, are to the *THP* Network Hospital in your PCP's Provider Unit. In the event of an emergency admission to a facility which is not in your PCP's Provider Unit, you would be transferred to the *THP* Network Hospital, if your PCP determines that a transfer is medically appropriate. See [www.tuftshealthplan.com](http://www.tuftshealthplan.com) Doctor Search, Standard Network, to search for a physician.

## **13. Will I get an Insurance ID card?**

When you submit the *Tufts Health Plan* Member Enrollment Form to the SAHA office, an employee will complete and sign the application, and give you a copy. The copy serves as your temporary ID card. Your permanent health insurance identification (ID) card will arrive within ten business days.

*Tufts Health Plan* members should carry their insurance identification card (ID) at all times. The card has important information on it which both your doctor's office and your pharmacy will need. The back of the card has instructions on how to obtain authorization of services and a toll-free Member Services number (1-800-462-0224) as well as a Mental Health telephone number (1-800-208-9565).

## **14. Does this plan cover me while I'm off campus, out-of-state, or out-of-country?**

While traveling outside the Service Area, members are covered for **emergency** and **urgent care** only. Routine visits are not covered. Care that could have been foreseen before leaving the Service Area, including deliveries (births) once you begin the 36<sup>th</sup> week of pregnancy, **is not covered**.

Student members who study out-of-country can keep the *THP* coverage. You will have to pay for the health care initially, then complete a Member Reimbursement Medical Claim Form (found at: [www.tuftshealthplan.com](http://www.tuftshealthplan.com)) and mail, or fax the form, along with a copy of all paid receipts, to: *Tufts Health Plan* for reimbursement. The care must be due to an emergency or urgent care, in order to be reimbursed. Members have twelve (12) months from the date of service to submit a reimbursement claim to *Tufts Health Plan*. The claim will not be considered for payment after twelve months.

## **15. Can I use any pharmacy? How much will my prescriptions cost?**

Prescription medications may be obtained at any pharmacy affiliated with PCS Health Systems, for a co-payment. More than 99% of the pharmacies in Massachusetts are part of the *Tufts Health Plan* network. Co-payments are based on a three-tiered structure. Tier 1, generic drugs, has the lowest co-payment of \$10. Tier 2, preferred brand name drugs, has the middle amount co-payment of \$30. Tier 3, non-preferred brand name drugs, has the highest co-pay amount of \$45.

Fast Start – by CareMark helps you access discounts through prescriptions by mail. Order many maintenance medications – those you refill monthly for conditions like diabetes, asthma, high blood pressure, or contraceptives – and save up to 33% off a three-month supply. Just call FastStart toll free at 1-866-281-0629 with your *Tufts Health Plan* Member ID number, medication name, physician's name and phone number, shipping address and credit card information. Switching to generic medication can also save you money. Ask your doctor if a generic alternative is available.

**16. Are there any discounts for signing up with *Tufts Health Plan*?**

Members receive a 20% discount on an annual membership at any participating fitness center, with no joining fee. Visit the website [www.tuftshealthplan.com](http://www.tuftshealthplan.com) to look up fitness centers affiliated with *Tufts Health Plan*. There are also discounts on unlimited nutritional counseling visits and on Weight Watchers programs. Go to [www.tuftshealthplan.com](http://www.tuftshealthplan.com) and look up participating nutritionists or dieticians. As a member, you can also subscribe to the Tufts University Health & Nutrition Letter at a special, low rate.

To learn more about the plan visit [www.tuftshealthplan.com](http://www.tuftshealthplan.com) and click on Health & Wellness Programs or Member Discounts. You may also call a Member Services coordinator at 1-800-462-0224.

**17. When can I complete the health insurance application?**

A *Tufts Health Plan* Member Enrollment Form can be completed up to 30 days prior to the due date and no later than your first day of registration.

**18. When does my *Tufts Health Plan* coverage begin?**

For new students, *Tufts Health Plan* coverage is effective on the day of Orientation and/or Registration.

For current students, *Tufts Health Plan* coverage begins September 1<sup>st</sup>, your once-a-year opportunity to apply for coverage. September is the Open Enrollment period for the student group health insurance plan. At this time, any eligible student may apply for coverage and/or add eligible dependent(s) without a qualifying event.

After September 30<sup>th</sup>, students cannot enroll in *Tufts Health Plan* until the next year's Open Enrollment period, unless there is a qualifying event. (See No. 24 Loss of coverage; how do I apply?)

**19. How do I apply?**

A *Tufts Health Plan* Member Enrollment Form is available at the Student Advisory & Health Administration Office, in Posner Hall, or can be printed from: [www.tufts.edu/saha/forms.html](http://www.tufts.edu/saha/forms.html) Or, call the SAHA office to request an application packet by mail.

A Primary Care Physician (PCP) is required for all *Tufts Health Plan* members. Once you choose a physician, schedule a wellness visit to meet your doctor to establish yourself as a patient.

Submit completed applications to the Student Advisory & Health Administration Office for processing. Mailing address is: Posner Hall, 200 Harrison Avenue, Boston, MA 02111. Fax: 617-636-2708. Phone: 617-636-2701 or 617-636-2712.

Students do not need to apply for the health plan each year. Unless cancelled in writing by completing a waiver, the coverage continues from year-to-year.

**20. Where do I find the *Tufts Health Plan* Member Enrollment Form?**

- ▶ *Tufts Health Plan* Member Enrollment Form: [www.tufts.edu/saha/forms.html](http://www.tufts.edu/saha/forms.html)
- ▶ Sackler Students - Payroll Deduction Form: [www.tufts.edu/saha/forms.html](http://www.tufts.edu/saha/forms.html)

**21. How much does *Tufts Health Plan* coverage cost?**

*Tufts Health Plan* rates for the academic year, September 1, 2009 through August 31, 2010 are:

| <u>Type of Coverage</u> | <u>Monthly</u> | <u>Semester (6 months)</u> | <u>Annually</u> |
|-------------------------|----------------|----------------------------|-----------------|
| Individual              | \$273          | \$1638                     | \$3276          |
| Two-Person              | \$632          | \$3792                     | \$7584          |
| Family                  | \$818          | \$4908                     | \$9816          |

Health insurance semester charges are for two, six-month periods between September 1st and August 31<sup>st</sup>; 9/01-2/28 and 3/01-8/31.

All students, except Sackler School of Biomedical Research students, are automatically billed one-half the annual cost, each semester. Even though you are charged for the insurance, you are not automatically enrolled in *Tufts Health Plan*. A *Tufts Health Plan* Member Enrollment Form must be completed, signed, and submitted to the Student Advisory & Health Administration Office.

Sackler School of Biomedical Research students' bi-monthly, payroll checks include funds for both a living stipend and health insurance. The checks are adjusted to cover the cost of health insurance. A Payroll Deduction Form must be signed and submitted to the SAHA Office, along with the *Tufts Health Plan* Member Enrollment Form.

**22. Insurance plan contact information**

*Tufts Health Plan*, Member Services Department: Phone: 800-462-0224; [www.tuftshealthplan.com](http://www.tuftshealthplan.com)

**23. Adding on family members on September 1<sup>st</sup> (Open Enrollment)**

Two-person coverage may be a student & spouse, student & child, or student & same-sex domestic partner/spouse. Family coverage is for student, spouse, same-sex domestic partner/spouse, and dependent children, only.

Complete a *Tufts Health Plan* Member Enrollment Form with the family members' information and indicate their choice of Primary Care Physician. Submit the application to the SAHA Office for processing. The Bursar's Office will be notified to adjust your account to reflect the additional coverage cost.

## Part IV. Applying for Coverage or Making Changes, During the Academic Year.

**24. Loss of Coverage - It's after September 1<sup>st</sup> and I will be losing my current health insurance coverage during the year because of my birthday; I'm getting married; or, my spouse is leaving their job. How do I sign up for *Tufts Health Plan* now?**

Students who waived *Tufts Health Plan* at the beginning of the academic year and subsequently lose their health insurance through no fault of their own (a Qualifying Event) may enroll in *Tufts Health Plan* by submitting the following:

- 1) A *Tufts Health Plan* Member Enrollment Form - [www.tufts.edu/saha/forms.html](http://www.tufts.edu/saha/forms.html)
- 2) Written documentation from your insurance company must include:  
(a) verification of coverage; (b) reason for cancellation; and (c) date of cancellation.
- 3) The cost is prorated, based on the effective date of enrollment. Payment in full for the remainder of the current semester and the next semester, if applicable, is required at the time of application. Contact the SAHA Office for current rates and amount due.

Sackler School of Biomedical Research students' stipends will be adjusted, based on the effective date of enrollment in the plan. A Payroll Deduction Form must be completed and submitted with the *Tufts Health Plan* Member Enrollment Form.

All forms and payment must be submitted to the SAHA Office within 30 days of loss of alternate coverage.

**25. It's after September 1<sup>st</sup> and I want to add a family member. Can I do this?**

Current members may add family members, if a Qualifying Event has occurred, such as marriage, loss of previous insurance coverage, or birth or adoption of a child.

Students must submit a new *Tufts Health Plan* Member Enrollment Form within 30 days of the event, with the family's information included on the application. Written documentation from the insurance company verifying the qualifying event must be attached.

The cost is prorated, based on the effective date of enrollment. Payment in full for the remainder of the current semester and the next semester, if applicable, is required at the time of application. Contact the SAHA Office for current rates and amount due.

Sackler School of Biomedical Research students' stipends will be adjusted based on the effective date of enrollment in the plan. A Payroll Deduction Form must be completed and submitted with the *Tufts Health Plan* Member Enrollment Form.

Instructions and all insurance forms are available at: [www.tufts.edu/saha/forms.html](http://www.tufts.edu/saha/forms.html) and must be submitted to the SAHA Office within 30 days of loss of alternate coverage.

**26. I missed the 30-day deadline, but want *Tufts Health Plan* coverage. Can I apply?**

If you miss the 30-day deadline in which to apply for coverage with *Tufts Health Plan*, an Appeal for Retroactive Enrollment may be requested, by providing a written explanation as to why the forms were not submitted in a timely manner.

The student must provide the same documents listed in No 24: A *Tufts Health Plan* Membership Enrollment Form; a Qualifying Event Letter; and Payment for the appropriate insurance period. Submit documents to the SAHA Office for processing