



Health Insurance Requirements

Boston & Grafton Health Sciences Schools, 2008-2009

State law and University policy require students to have health insurance coverage when enrolled in a three-quarter to full-time program. Dental, Medical, Nutrition, Public Health, and Veterinary 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. The student plan is available only to matriculated students and their eligible dependent(s). There is no student health services clinic available for Boston or Grafton Campus students.

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

- Complete a *Tufts Health Plan* Member Enrollment Application, or
- Complete a 2008-2009 Health Insurance Waiver and Attach Proof of Coverage.

► **Health Insurance - Tufts Health Plan, HMO**

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; specialty care with a \$20 co-payment; major medical coverage with a \$250 inpatient co-payment (\$1000 maximum per year); 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 Summary of Benefits can be found at: www.tufts.edu/saha/insurance.html and is included in the insurance package provided by *Tufts Health Plan*. To request a packet by mail, call 617-636-2712 or 617-636-2701.

How to Apply – A *Tufts Health Plan* Member Enrollment Form must be completed. The effective date of coverage for new students is the first day of Orientation (not the date of application). For continuing students, coverage begins on September 1, 2008, Open Enrollment. (Continuing students currently enrolled in *THP* do not need to reapply.) Students, who have an address within the *Tufts Health Plan* Service Area and have chosen 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; Standard Network; complete Steps 3 & 4. If necessary, assistance will be available during Orientation. **The *Tufts Health Plan* Member Enrollment Form must be submitted to the SAHA Office by August 31, 2008.**

2008-2009 Cost - Students are billed one-half the annual cost, each semester: **\$1488** for Individual coverage.

Tufts Health Plan rates for the academic year, September 1, 2008 through August 31, 2009 are as follows:

Type of Coverage	Monthly Cost	Semester Cost	Annual Cost (12 months)
Individual	\$ 248	\$ 1488	\$ 2976
Two-Person	\$ 575	\$ 3450	\$ 6900
Family	\$ 673	\$ 4038	\$ 8076

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

► **Alternate Insurance - Does Your Plan Qualify? Waiver Form and Proof of Coverage**

The student health insurance plan may be waived, provided the student has an alternate qualifying plan with an United States of America insurance company that can be used in Massachusetts.

Alternate coverage 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.

Alternate coverage that does not qualify, Waiver Instructions, and more Insurance Information continue on page 2.

Alternate coverage does not qualify, based on the following:

- Plans from carriers outside the United States of America and coverage by foreign National Health Service programs, including Canadian insurance plans
- 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 HMO's)
- Payments from the Massachusetts Uncompensated Care Pool. (Free Care)

How to Waive – Complete the Waiver Form and attach proof of coverage. A copy of the student's insurance card or policy must be attached to the Waiver. The Waiver is incomplete without this documentation. The student's account will be credited \$1488 for fall and spring semesters, upon approval. **Waiver Forms can be printed from <http://www.tufts.edu/saha/forms.html>. Return Waiver and proof of coverage to the Student Advisory & Health Administration Office by August 31, 2008.** Waivers must be submitted each academic year, per State Law.

Other Insurance Information

Students do not need to reapply for the health plan each year. The insurance coverage continues from year-to-year unless canceled in writing, by completing a Waiver Form.

Open Enrollment Period for *Tufts Health Plan* is September 1st

September 1st 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.

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 during the academic year 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 when 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 February 1st, payment must be made for 7 months, February 1, 2009 through August 31, 2009.

Student Health Administration Fee

The student health administration fee is an annual, mandatory fee for all matriculated students. The fee 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 and disability insurance programs.

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