

## Health Insurance Requirements for students enrolling on January 4, 2010

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 health plan offered by the Health Sciences Campuses of Tufts University, or waive the School's insurance if they have an alternate health plan that can be used in Massachusetts. 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 2009-2010 Health Insurance Waiver Form.

► **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 \$500 inpatient co-payment (\$2000 maximum per year); a \$500 outpatient day surgery co-payment (\$2000 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](http://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 is January 4, 2010 (not the date of application). 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 prior to January 4, 2010 for early processing. To find a doctor, go to [www.tuftshealthplan.com](http://www.tuftshealthplan.com) click on Members; Doctor Search; Standard Network; complete Steps 3 & 4. **The *Tufts Health Plan* Member Enrollment Form must be submitted to the SAHA Office by Thursday, January 4, 2010.**

**2009-2010 Cost** - Students are billed for the eight month period, January 4, 2010 through August 31, 2010, for the Individual plan, in the amount of **\$2184**. The additional cost for Two-Person or Family coverage will be charged to your account if applicable.

*Tufts Health Plan* monthly rates for the academic year, September 1, 2009 through August 31, 2010 are as follows: \$273 Individual plan; \$632 Two-Person plan; and \$818 Family plan. 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 Meet State Regulations? Submit a Waiver Form**

The student health insurance plan may be waived, provided the student has an alternate health plan underwritten by a 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 plans that are not acceptable:**

- 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 HMOs);
- Payments from the Massachusetts Uncompensated Care Pool (Free Care).

**How to Waive** – Complete a Waiver Form. The student's account will be credited for the spring semester, upon approval. Waiver Forms are linked on the tuition e-bill or can be printed from <http://www.tufts.edu/saha/insurance.html>. **Return Waiver Form to the Student Advisory & Health Administration Office by January 4, 2010.** 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.

September 1<sup>st</sup> 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, by completing a *Tufts Health Plan Member Enrollment Form*. 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, based on loss of coverage, during the academic year must also submit a qualifying event 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 an application. The same documentation is required when adding a dependent during the academic year.

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 March 1<sup>st</sup>, payment must be made for 6 months: March 1, 2010 through August 31, 2010.

### **Cancellation of Insurance**

#### **Canceling *THP* Insurance Coverage during the Academic Year**

If initially enrolled in the student group coverage with *Tufts Health Plan*, but changing to an alternate qualifying plan during the year, students may cancel *THP* by submitting a Waiver Form. The amount credited is prorated on a monthly basis and is determined by the date of cancellation. Once the Waiver is approved, the Bursar's Office is notified to credit the student's account.

#### **Canceling *THP* When Leaving the University**

A *Tufts Health Plan* Cancellation Form must be completed upon leaving the University.

[www.tufts.edu/saha/insurance.html](http://www.tufts.edu/saha/insurance.html).

### **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.

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**Tufts University**  
**Student Advisory & Health Administration Office**  
**200 Harrison Avenue, 4<sup>th</sup> floor**  
**Boston, MA 02111**

[www.tufts.edu/saha/insurance.html](http://www.tufts.edu/saha/insurance.html)

**For Health Insurance, call: 617-636-2701 or 617-636-2712**

**Main Office: 617-636-2700    FAX: 617-636-2708**