



## 2018-2019 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CHECKLIST

This checklist is provided for reference purposes only. Students must waive U-SHIP enrollment through the online enrollment/ waiver website during the open enrollment period. For further information, please go to <https://studentinsurance.uchicago.edu>.

PLAN PREMIUM & DEDUCTIBLE	Your Plan	U-SHIP Comparison
Type of Plan: Individual / Family		Individual*
Annual premium		\$4,398
Annual deductible		\$500

\* Students may enroll dependents into U-SHIP to provide family coverage.

PLAN REQUIREMENTS	Your Plan	U-SHIP Comparison/ Benefits
Annual out-of-pocket maximum (per Affordable Care Act, individual plans must be $\leq$ \$7,350; family plans must be $\leq$ \$14,700)		\$1,500
Non-emergency as well as emergency care <b>provided in the Chicago area</b> (or local area where student will be residing and studying for the academic year)	Yes / No	Yes
Treatment for pre-existing conditions (with no waiting periods or exclusions)	Yes / No	Yes
Essential health benefits as defined by the Affordable Care Act (ACA):		
<ul style="list-style-type: none"> <li>Outpatient care (ambulatory patient services)</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Emergency Services</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Hospitalization (treatment for inpatient care)</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Mental health services and addiction treatment</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Prescription drugs</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Maternity and newborn care</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Rehabilitative services and devices</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Laboratory services</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Inpatient mental health care</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Preventive services, wellness services, and chronic disease treatment</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>Pediatric services</li> </ul>	Yes / No	Yes
Plan has a claims administrator based in the U.S.	Yes / No	Yes
Plan has a U.S. telephone number	Yes / No	Yes
Plan has a U.S. address for submission of claims	Yes / No	Yes
Insurance policy was issued in the U.S.	Yes / No	Yes
Coverage for medical evacuation and repatriation expenses: <ul style="list-style-type: none"> <li>Required for all F1 / J1 students</li> <li>Required for all other students <b>ONLY</b> when they will be studying / traveling / doing research out of the United States during the current academic year (otherwise exempt and can check "yes")</li> </ul>	Yes / No	Yes
Active coverage from the day student arrives on campus through August 31, 2019 OR the end of their academic program (whichever comes first)	Yes / No	Yes