



## 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/<br>Benefits |
|--|-----------|--------------------------------|
| Annual out-of-pocket maximum (per Affordable Care Act, individual plans must be =/< \$7,350; family plans must be =/< \$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):   |           |                                |
| • Outpatient care (ambulatory patient services)  | Yes / No  | Yes                            |
| • Emergency Services   | Yes / No  | Yes                            |
| • Hospitalization (treatment for inpatient care)   | Yes / No  | Yes                            |
| • Mental health services and addiction treatment   | Yes / No  | Yes                            |
| • Prescription drugs   | Yes / No  | Yes                            |
| • Maternity and newborn care   | Yes / No  | Yes                            |
| • Rehabilitative services and devices  | Yes / No  | Yes                            |
| • Laboratory services  | Yes / No  | Yes                            |
| • Inpatient mental health care   | Yes / No  | Yes                            |
| • Preventive services, wellness services, and chronic disease treatment  | Yes / No  | Yes                            |
| • Pediatric services   | 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                            |