

## 2020-21 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CHECKLIST

This checklist is provided for reference purposes only. **All enrolled students, regardless of whether they will be located in the U.S. during the academic year**, must waive or enroll in U-SHIP through the online enrollment/ waiver website during the open enrollment period. For further information, please go to <https://studentinsurance.uchicago.edu>.

PLAN PREMIUM & DEDUCTIBLE (to learn more about insurance terminology, visit <a href="https://wellness.uchicago.edu/about/resources/">https://wellness.uchicago.edu/about/resources/</a> )	Your Plan	U-SHIP Comparison
Type of Plan: Individual / Family		Individual*
Annual premium		\$4,566
Annual deductible		\$500

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

PLAN REQUIREMENTS	Your Plan	U-SHIP Benefits
Annual out-of-pocket maximum: <u>if a U.S.-based plan</u> , under the Affordable Care Act individual plans must be =/< \$8,150; family plans must be =/< \$16,300; <u>non-U.S.-based plans</u> are exempted from this requirement		\$1,500
<ul style="list-style-type: none"> <li>• <b>If residing <u>in Chicago</u> during the academic year:</b> your insurance policy must cover emergency and non-emergency care in the Chicago area</li> <li style="text-align: center;"><b>OR</b></li> <li>• <b>If residing <u>outside of the Chicago area</u>:</b> your insurance policy must cover emergency and non-emergency care in your location</li> <li style="text-align: center;"><b>OR</b></li> <li>• <b>If residing <u>outside the U.S.</u>:</b> your insurance policy must ensure you have comprehensive coverage for healthcare in your location</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• <b>If residing <u>in the U.S.</u> during the academic year:</b> your insurance policy must cover:               <ul style="list-style-type: none"> <li>○ Pre-existing conditions</li> <li>○ Outpatient, inpatient, and laboratory services/care</li> <li>○ Mental health and addiction treatment</li> <li>○ Prescription drugs</li> <li>○ Maternity and newborn care</li> <li>○ Rehabilitative services and devices</li> </ul> </li> <li style="text-align: center;"><b>OR</b></li> <li>• <b>If residing <u>outside the U.S.</u>:</b> your insurance policy must ensure you have comprehensive coverage for healthcare in your location</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• <b>If residing <u>in the U.S.</u> during the academic year:</b> your insurance policy must: (You must select "No" if any of these do not apply to your plan)               <ul style="list-style-type: none"> <li>○ Be issued in the U.S.</li> <li>○ Have a U.S.-based claims administrator</li> <li>○ Have a U.S. phone number and claims address</li> </ul> </li> <li style="text-align: center;"><b>OR</b></li> <li>• <b>If residing <u>outside the U.S.</u>:</b> requirement does not apply; select "Yes" to this question</li> </ul>	Yes / No	Yes
Coverage for medical evacuation and repatriation expenses: <ul style="list-style-type: none"> <li>• Required for all F1 / J1 students in the U.S.</li> <li>• Required for all other students ONLY 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, 2021 <b>OR</b> the end of their academic program (whichever comes first)	Yes / No	Yes

**Important note:** Due to the extenuating circumstances around COVID-19, these requirements have been adjusted (for the 2020-21 academic year only) so that students studying outside of the Chicago area can meet the University's insurance requirement. (Document revised 7/15/20)