



HARVARD UNIVERSITY  
Student Health Program

# HANDBOOK

2023–2024 Academic Year

## Addendum

This addendum reflects benefit changes being made to the Harvard University Student Health Insurance Plan, effective February 1, 2024.

The purpose of this addendum is to modify coverage for outpatient mental health therapy/psychopharmacology benefits and outpatient clinic/doctors' visit benefits. All other benefits will remain the same.

As of February 1, 2024, the following changes will be in place:

Benefit type	Coverage through 1/31/24	Coverage effective 2/1/24
Outpatient mental health therapy and psychopharmacology visits	52 - visit limit combined in and out-of-network	Visit limits no longer apply
Clinic and doctors' visits (urgent care/specialty care/diagnostic care)	12 - visit limit combined in and out-of-network	Visit limits no longer apply

This addendum does not impact cost-sharing for these services; applicable cost-sharing remains the same.

The Addendum and the Handbook are incorporated into each other and shall constitute one official document. The Blue Cross Blue Shield Benefit Description will be updated to reflect the changes.





# Welcome to the Harvard University Student Health Program

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Your health and wellbeing are important to us. That's why we provide comprehensive health coverage through the Harvard University Student Health Program (HUSHP), which provides an array of medical, mental health, and prescription benefits.

This handbook outlines your benefits, enrollment deadlines, and other important information. We encourage you to read it carefully, and if you have any questions, please contact our team. We look forward to helping you make the most of your HUSHP options.

Sincerely,

The HUSHP Member Services Team  
617-495-2008  
[mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu)

## HUSHP Coverage Dates

### FALL

August 1–January 31

### SPRING

February 1–July 31



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# TERMS TO KNOW

To better understand your coverage, take a moment to familiarize yourself with these commonly used health insurance terms.

**Allowed amount/usual and customary fee:** This is the maximum amount insurance will pay for covered health care services. If your health care provider charges more than the allowed amount and is out-of-network, you will be responsible for the difference in addition to your standard out-of-network liability.

**Coinsurance:** The portion of eligible expenses that plan members are responsible for paying, most often after a deductible has been met. An example of coinsurance could be that your health plan covers 70% of covered medical charges, and you are responsible for the remaining 30%.

**Copayment:** The amount that you pay for certain covered services. Copayments are fixed dollar amounts.

**Covered services:** Services or supplies for which your health plan will pay (or “cover”). Most health plans do not cover all services and supplies. It is important to be aware of any limitations and restrictions that apply to your health plan.

**Deductible:** The amount that you must pay for certain covered services before your insurance will pay anything.

**Exclusions:** Specific conditions or circumstances a health plan will not cover.

**Medically necessary:** A term used to describe services or supplies that are appropriate and necessary for the symptoms, diagnosis, or treatment of a medical condition. Services deemed medically necessary must meet additional guidelines related to the medical or mental health treatment. Services must be medically necessary for coverage to be considered.

**In-network:** Physicians, hospitals, and other health care providers who participate in your plan's network.

**Out-of-network:** Physicians, hospitals, and other health care providers who do not participate in your plan's network. Your out-of-pocket costs are higher when you receive care from out-of-network providers.

**Out-of-pocket maximum:** The most you can pay in a Plan Year for covered services. The out-of-pocket maximum generally includes a total of your deductible, co-payments, and coinsurance. Costs incurred above the plan allowance (i.e., balance billing charges) do not count toward an out-of-pocket maximum.

**Plan year:** The period for which your health plan provides coverage. The Harvard University Student Health Program (HUSHP) Plan Year runs from August 1 through July 31.

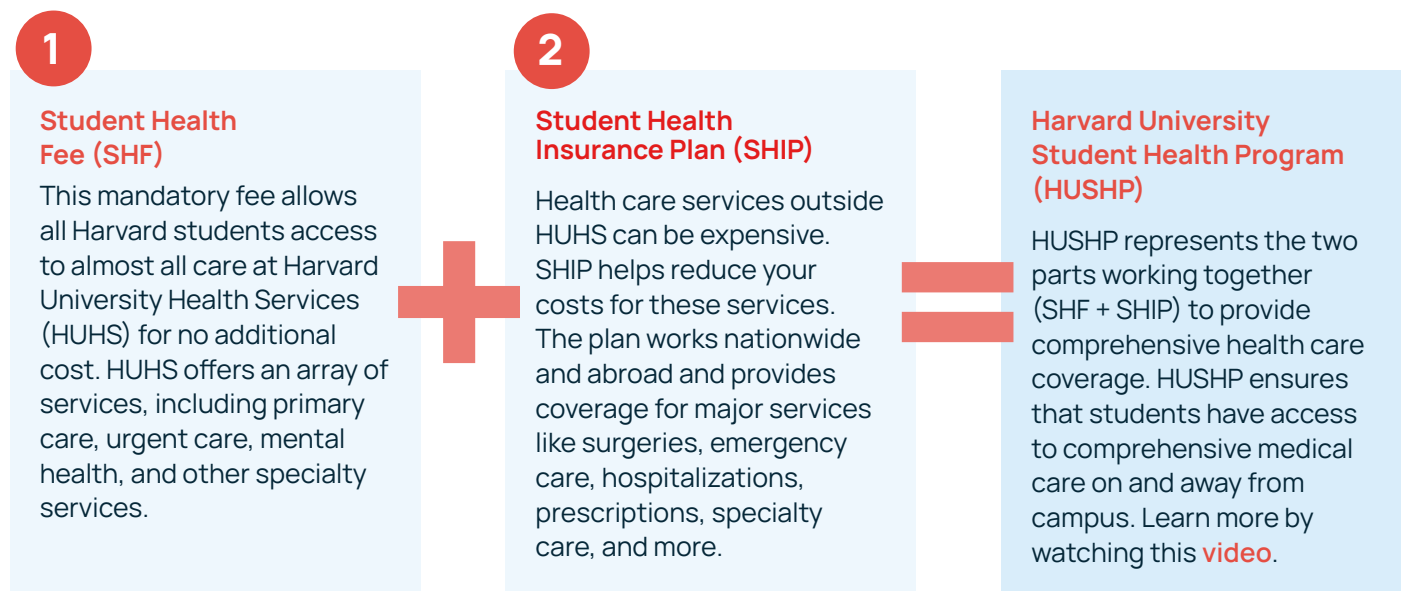
**Preferred Provider Organization (PPO):** The Student Health Insurance Plan is a PPO health plan, which offers in-network and out-of-network coverage. When you use in-network doctors and hospitals, your costs are lower than when you seek care from out-of-network doctors and hospitals. Deductibles, coinsurance, and balance billing apply when you seek care from out-of-network providers.

**Preexisting condition:** A health condition that existed before your enrollment in a new health plan. Examples include pregnancy, heart disease, high blood pressure, and cancer. HUSHP does not impose preexisting condition limitations or exclusions.



# HOW THE PROGRAM WORKS

The Harvard University Student Health Program (HUSHP) is designed to support your health and wellbeing on and away from campus. It is made up of two parts.



## Optional dental coverage

HUSHP also provides you with the option to purchase [dental coverage](#).

## Why is HUSHP required?

Massachusetts law requires that any part- or full-time student enrolled in an institution of higher learning in Massachusetts participate in a student health insurance program or in a health plan of comparable coverage.

The Division of Health Care Finance and Policy's regulation 114.6 CMR 3.00: Student Health Insurance Program (SHIP) Mandatory Health Insurance Coverage implements the student health requirement and sets forth the minimum benefit levels and required services for a student health program. The regulation also establishes the criteria by which a school may waive a student's participation in a student health program upon demonstration of comparable insurance coverage.

Because of Massachusetts student health insurance program regulations, all Harvard students are automatically enrolled in HUSHP, and the program's cost is applied to their student bill.

### HUSHP Coverage Dates

#### FALL

August 1–January 31

#### SPRING

February 1–July 31



## How much does HUSHP cost?

Rates differ depending on whether you're a student, a postdoctoral affiliate, or a covered dependent.

[Learn more about the plan's costs and benefits.](#)



## HOW THE PROGRAM WORKS (CONTINUED)

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### Student Health Fee (SHF)—mandatory

All students enrolled more than half-time and studying on campus must pay this health fee as part of enrollment. The SHF provides access to most services at **Harvard University Health Services (HUHS)** for no additional cost, including the following:

- Annual physicals
- Primary care
- Medical care
- Counseling and mental health services
- Urgent care
- Physical therapy
- X-ray/ultrasound
- Dermatology

SHF is not insurance—rather, it provides access to HUHS services. Health care services you receive outside of HUHS are not covered by this fee. That's why we offer the Student Health Insurance Plan (SHIP).

### Where to get care

As part of the SHF, all students and their adult family members enrolled in the Harvard University Student Health Program (HUSHP) have access to HUHS, a multi-specialty medical practice. Founded in 1899, HUHS currently serves students and their adult family members enrolled in SHF. With three locations across Cambridge and Boston, HUHS provides personalized attention and service to the University community.

In addition to the services listed in the SHF section, the following services are available at HUHS, but will be billed directly to the student, the SHIP, or the student's private health insurance plan if the student has waived participation in SHIP. Students should confirm coverage of these services with their private insurance plan.



#### Services billed to SHIP (or to the student if they waive coverage)

- Allergy serum
- Immunizations
- Routine eye exams
- Ambulance transport



#### Services billed to SHIP (or to the student's private insurance plan)

- Laboratory services (Quest or other)
- Obstetrics/gynecology services with on-site OB/GYN group
- Prescription medications
- Services for care received outside of HUHS even when referred by an HUHS provider



#### Get assistance from the Patient Advocate

All students who pay the SHF have access to a Patient Advocate who is available to discuss and assist with any HUHS-related concerns or questions.

Learn more about the Patient Advocate on [page 22](#).



## HOW THE PROGRAM WORKS (CONTINUED)

### 2 Student Health Insurance Plan (SHIP)—mandatory, unless you qualify for a waiver

SHIP helps keep health care costs more affordable by complementing the health care provided through the Student Health Fee (SHF) at Harvard University Health Services (HUHS).

SHIP provides hospital, specialty care, and prescription drug benefits through Blue Cross Blue Shield of Massachusetts (BCBSMA). Coverage includes the following:

- Certain immunizations (must be provided by HUHS)
- Routine screenings (e.g., mammograms, colonoscopy, sexually transmitted infection testing)
- Routine/preventive care services (for those under 18)
- Emergency room visits
- Hospitalizations
- Diagnostic labs/radiology
- Surgery
- Counseling and mental health (limited)
- Office visits with specialists
- Specialty care outside of HUHS (limited)
- Ambulance transport
- Prescription drugs
- Telehealth

If you are a registered student, you will be automatically enrolled in SHIP unless you tell us otherwise through the [waiver process](#). Restrictions and limitations apply. [Learn more about SHIP](#).

### What happens when you have two insurance plans?

When you are enrolled in SHIP and another health insurance plan, SHIP is always a secondary payer. This means that all claims must be processed through your other insurance plan first and then processed by SHIP. Contact BCBSMA Coordination of Benefits at 888-799-1888 for more information.

**Please review the [BCBSMA Benefit Description](#) for complete details on medical benefits through SHIP, including member cost sharing, limitations, and other exclusions.**



#### Have a coverage question?

Contact Member Services at 617-495-2008 or [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu).



#### Access your ID card on the go

Students enrolled in SHIP should download a copy of their digital ID card through the [BCBSMA MyBlue member app](#).





# TOP 10 THINGS TO KNOW ABOUT THE HARVARD UNIVERSITY STUDENT HEALTH PROGRAM (HUSHP)

- 1** **Adult routine/preventive care is only covered at Harvard University Health Services (HUHS).**

The Student Health Fee (SHF) is the portion of your insurance that covers most routine/preventive care. Because of this, your annual physical must be with your HUHS primary care physician team.
- 2** **You do not need referrals to access your mental health benefits.**

You are covered for up to 52 outpatient mental health visits per Plan Year outside of HUHS. No referral is required.
- 3** **You are covered nationwide and abroad.**

The Student Health Insurance Plan (SHIP) covers the same benefits throughout the United States and abroad; cost-sharing and visit limits apply for certain services. Note: Almost all care abroad is reimbursed at the out-of-network level of benefits.
- 4** **Most services at HUHS are covered at no cost to you.**

SHF covers almost all care at HUHS, including services offered via telemedicine, at no cost to you. It does not cover prescriptions, lab work, or services provided by the on-site OBGYN group.
- 5** **Most outpatient care is subject to visit limits.**

Most office visit consultations covered by SHIP are subject to a 12-visit limit per Plan Year. Examples of outpatient care include visits with a dermatologist, orthopedist, gastroenterologist, or urgent care clinician.
- 6** **You must follow the **Coordination of Benefit** rules when you have more than one health plan.**

If you are enrolled in another health plan besides SHIP, your other health plan will be primary. This means that medical claims must be submitted to your other health plan first.
- 7** **There is no overall dollar benefit maximum.**

Although the plan has some visit limitations, there are no lifetime or annual dollar limitations.
- 8** **The plan provides coverage for a full 12-month period.**

Fall: August 1–January 31  
Spring: February 1–July 31
- 9** **You pay a deductible when you go out-of-network for your care.**

You do not have to pay a deductible for care received with an in-network provider.
- 10** **The plan does not impose preexisting conditions or limitations.**

Your coverage in this health plan is not limited based on medical conditions present on or before your effective date.

## We are here to answer your coverage questions

Contact Member Services at **617-495-2008** or **[mervices@huhs.harvard.edu](mailto:mervices@huhs.harvard.edu)** if you have any questions about how a specific benefit will be covered prior to having care.



# TAKE ADVANTAGE OF COVERAGE OPTIONS

The Harvard University Student Health Program (HUSHP) provides a wide array of benefits, including those listed below. For detailed information about plan benefits, please visit the HUSHP website.



## Mental health benefits

HUSHP offers a wide range of services for mental health care.

The Student Health Fee (SHF) covers mental/behavioral health visits and psychopharmacology visits at Harvard University Health Services (HUHS). There is no visit limit for care provided by HUHS; the number of visits is based on medical necessity as determined by the provider.

The Student Health Insurance Plan (SHIP) covers outpatient and inpatient mental/behavioral health treatment outside HUHS.

As part of your SHF enrollment, you also have access to free, virtual mental health services with **TimelyCare**—the health and wellbeing platform designed for university students.

**Learn more about mental health benefits, out-of-pocket costs, limitations, and exclusions.**



## Prescription drug benefits

SHIP includes prescription drug benefits. Prescriptions fall into three tiers that determine your co-payment. Prescriptions can be purchased at a participating pharmacy or by mail order.

**Learn more about prescription drug benefits.**



## Immunization benefits

Immunizations are covered through SHIP as recommended by the Advisory Committee on Immunization Practices, the U.S. Preventive Services Task Force, and the U.S. Department of Health and Human Services.

**Learn more about what immunizations are covered and where to go to receive them.**

Note: Travel immunizations and immunizations required by another party (i.e., for school, work, or visa) are not covered by SHIP.



## Reproductive health benefits

HUSHP covers a variety of reproductive health services including but not limited to gynecology services, sexually transmitted infection testing, contraceptives, pregnancy prevention, and family planning services.

**Learn more about reproductive health benefits.**







## TAKE ADVANTAGE OF COVERAGE OPTIONS (CONTINUED)



### Telemedicine benefits

HUSHP covers telemedicine video consultations. Through a tablet, smartphone, or computer, you can connect with a medical provider 24 hours a day, 7 days a week, 365 days a year.

[Learn more about telemedicine video visits and how to access care.](#)



### Gender-affirming care

HUSHP is committed to supporting the health and wellness needs of our LGBTQ+ community. Services include, but are not limited to mental health care, hormone therapy, and surgery.

[Learn more about gender affirming support and benefits.](#)



### Lab work and durable medical equipment

Ancillary services—such as lab work and medical equipment—are covered nationwide by SHIP. Ancillary providers include Independent Clinical Laboratories and durable medical equipment (DME) providers.

In most cases, you receive the highest level of benefits when choosing a preferred ancillary provider in the Blue Cross Blue Shield (BCBS) Blue Care Elect/PPO network. For ancillary services to process as part of your in-network level of benefits, all of the following criteria must be met.

#### CRITERION #1

The ordering physician must be a BCBS PPO provider.

#### CRITERION #2

The rendering provider (lab or DME) processing the order must be a BCBS PPO provider.

#### CRITERION #3

Labs: the ordering physician and the rendering lab must be located in the same state.

#### CRITERION #4

DME: the ordering physician and the rendering DME vendor must be in the same state where the DME is shipped.

If the above criteria are not met, the claim will process against your out-of-network level of benefits (\$250 deductible and 30% coinsurance will apply).

# TAKE ADVANTAGE OF COVERAGE OPTIONS (CONTINUED)



## Coverage while traveling

The Student Health Insurance Plan (SHIP) is a PPO health plan, providing coverage for the same services throughout the United States and abroad.

Services outside of MA		Services abroad
In-network	Out-of-network	Out-of-network
<ul style="list-style-type: none"><li>You will be responsible for copayments when you seek care from BCBS PPO providers throughout the United States.</li><li>In-network providers will submit claims directly to BCBS.</li></ul>	<ul style="list-style-type: none"><li>You will be responsible for \$250 deductible plus 30% coinsurance.</li><li>Out-of-network providers will ask you to pay up front for services; you will have to file for reimbursement.</li><li>You can be balance billed the difference between what the provider charges for care and what the plan allows for payment.</li></ul>	<ul style="list-style-type: none"><li>All care abroad, except emergency room visits, is covered at the out-of-network level of benefits.</li><li>You will be responsible for \$250 deductible plus 30% coinsurance.</li><li>Out-of-network providers will ask you to pay up front for services; you will have to file for reimbursement.</li></ul>
Adult routine physicals/consultations for those age 18 and older are only covered when provided by <b>Harvard University Health Services</b> (HUHS).		






# MEDICAL BENEFITS SUMMARY

You can view the full benefit description by visiting the [HUSHP website](#).

Plan specifics	SHF	SHIP: BCBS PPO	
		In-network	Out-of-network
Plan-Year deductible	None	None	\$250 per member \$500 per family
Out-of-pocket maximum	None	\$3,000 per member \$6,000 per family (combined medical and prescription)	\$7,500 per member \$15,000 per family (You may also be responsible for any difference between the allowed charge and the provider's actual charge.)

Medical benefits	Your out-of-pocket cost (what you pay)		
	SHF	SHIP: BCBS PPO	
	At HUHS	In-network	Out-of-network (after deductible is met)
Acupuncture	Available at the Center for Wellness and Health Promotion (Covered by SHIP "In PPO Network" benefit)	\$35 copayment	\$35 copayment
		12-visit limit (combined in- and out-of-network)	
Chiropractic care	Not available	\$35 copayment	30% coinsurance
Clinic and doctor's office visits Diagnostic/specialist/sick; Pediatric (through age 17)	Not available	\$35 copayment	30% coinsurance
Clinic and doctor's office visits Diagnostic/specialist/sick; Adult (18 and older)	Covered in full	\$35 copayment	30% coinsurance
		12-visit limit (combined in- and out-of-network)	
Dermatology	Covered in full	\$35 co-payment	30% coinsurance
		Subject to clinic and doctor's office visit limit	
Diagnostic lab tests	Available (Covered by SHIP "In PPO Network" benefit)	Covered in full	30% coinsurance
Diagnostic outpatient high-tech radiology (CT scans, MRI, PET scans, and nuclear cardiac imaging)	Not available	\$50 co-payment (at lower-cost-share hospitals or other facilities)	30% coinsurance
		\$125 co-payment (at higher-cost-share hospitals)	

## MEDICAL BENEFITS SUMMARY (CONTINUED)

Medical benefits (continued)	Your out-of-pocket cost (what you pay)		
	SHF	SHIP: BCBS PPO	
	At HUHS	In-network	Out-of-network (after deductible is met)
Durable medical equipment	Covered in full	Covered in full	30% coinsurance
Immunizations (no coverage for travel-related vaccines or those required by another party)	Available (Covered by SHIP "In PPO Network" benefit)	Preventive immunizations covered under pharmacy benefits at HUHS or Walgreens only	Not covered
Routine eye exams and preventive care (eyeglasses, contact lens exam, and contact lenses excluded)	Available (Covered by SHIP "In PPO Network" benefit)	\$0 co-payment (at HUHS) \$35 co-payment (at other providers)	30% coinsurance
		One routine eye exam covered per Plan Year	
Routine exams and preventive care Adult (18 and older)	Covered in full	 Adult routine/preventive care is only covered when provided by HUHS.	
Routine exams and preventive care Including immunizations Pediatric (through age 17)	Not available	\$0 copayment	30% coinsurance
Short-term rehabilitation therapy Occupational therapy (OT) Physical therapy (PT) Speech therapy (ST)	OT: Not available PT: Covered in full ST: Not available	\$35 copayment	30% coinsurance
		60-visit limit (combined in- and out-of-network; no visit limit for autism or ST)	
Surgery (outpatient)	Not available	\$75 copayment (at lower-cost-share hospitals or other facilities*) \$250 copayment (at higher-cost-share hospitals*)	30% coinsurance
X-ray services	Covered in full	Covered in full	30% coinsurance

\* Hospital Choice Cost Sharing will group Massachusetts acute care hospitals into two categories for inpatient admissions, outpatient day surgery, and outpatient diagnostic high-tech radiology testing. Members can control their out-of-pocket costs based on the hospital they choose for care.



# MEDICAL BENEFITS SUMMARY (CONTINUED)

Medical benefits (continued)	Your out-of-pocket cost (what you pay)		
	SHF	SHIP: BCBS PPO	
	At HUHS	In-network	Out-of-network (after deductible is met)
INPATIENT CARE			
Inpatient admission in an acute care, chronic disease hospital	Not available	\$100 copayment (at lower-cost-share hospitals*)  \$500 copayment (at higher-cost-share hospitals*)	30% coinsurance
Inpatient admission in a skilled nursing facility or rehabilitation hospital	Not available	Covered in full	30% coinsurance
MENTAL HEALTH			
Inpatient admission in a psychiatric hospital or substance abuse facility	Not available	\$100 copayment (per admission)	30% coinsurance
Outpatient visits for mental health services and psychopharmacology	As medically necessary	\$0 copayment (visits 1–8)  \$35 copayment (visits 9–52)	30% coinsurance
		52-visit limit (combined in- and out-of-network)	
REPRODUCTIVE HEALTH			
Birth control	Consultations covered by SHF	Covered in full	30% coinsurance
Gynecology	Available (Covered by SHIP "In PPO Network" benefit)	Covered in full	30% coinsurance
Infertility services—outpatient medical care	Limited services available	\$35 copayment	30% coinsurance
		May be subject to clinic and doctor's office visit limit	
Maternity care office visits	Available (Covered by SHIP "In PPO Network" benefit)	Covered in full	30% coinsurance
Voluntary termination of pregnancy	\$350 benefit (paid to Women's Health in Brookline or Planned Parenthood in Boston, when referred by HUHS)	See surgery (outpatient) benefit	See surgery (outpatient) benefit

\* Hospital Choice Cost Sharing will group Massachusetts acute care hospitals into two categories for inpatient admissions, outpatient day surgery, and outpatient diagnostic high-tech radiology testing. Members can control their out-of-pocket costs based on the hospital they choose for care.

## MEDICAL BENEFITS SUMMARY (CONTINUED)

Medical benefits (continued)	Your out-of-pocket cost (what you pay)		
	SHF	SHIP: BCBS PPO	
	At HUHS	In-network	Out-of-network (after deductible is met)
URGENT/EMERGENCY CARE			
Ambulance services	Not available	Covered in full	Covered in full
Hospital emergency room	Not available	\$100 copayment (waived if admitted)	\$100 copayment (waived if admitted)
Urgent care	Covered in full	\$35 copayment	30% coinsurance
		Subject to clinic and doctor's office visit limit	
Traveling out of the country	Only SHIP benefits are available; all covered services are considered out-of-network, excluding emergency room visits.		

\* Hospital Choice Cost Sharing will group Massachusetts acute care hospitals into two categories for inpatient admissions, outpatient day surgery, and outpatient diagnostic high-tech radiology testing. Members can control their out-of-pocket costs based on the hospital they choose for care.

Prescription drug benefits*	In-network cost to you	Out-of-network cost to you
At designated retail pharmacies (up to a 60-day formulary supply for each prescription or refill)**	\$17 for Tier 1 \$40 for Tier 2 \$55 for Tier 3	Not covered
Through the designated mail order pharmacy (up to a 90-day*** formulary supply for each prescription or refill)**	\$51 for Tier 1 \$120 for Tier 2 \$165 for Tier 3	Not covered

\* Generally, Tier 1 refers to generic drugs, Tier 2 refers to preferred brand-name drugs, and Tier 3 refers to non-preferred brand-name drugs.

\*\* Cost share may be waived for certain covered drugs and supplies.

\*\*\* Certain medications are limited to a 30-day supply.

## MEDICAL BENEFITS SUMMARY (CONTINUED)

Pediatric essential dental benefits* (limited to members until the end of the month they turn age 19)	In-network** cost to you
Group 1—Preventive and Diagnostic Services: oral exams, X-rays, and routine dental care	Nothing, no deductible
Group 2—Basic Restorative Services: fillings, root canals, stainless steel crowns, periodontal care, oral surgery, and dental prosthetic maintenance	25% coinsurance after deductible
Group 3—Major Restorative Services: tooth replacement, resin crowns, and occlusal guards	50% coinsurance after deductible
Orthodontic Services: medically necessary orthodontic care pre-authorized for a qualified member	50% coinsurance, no deductible

\* All covered services are limited to members until the end of the month they turn age 19 and may be subject to an age-based schedule or frequency. For a complete list of covered services or additional information, refer to your subscriber certificate.

\*\*There are no out-of-network benefits for dental services.

## DISCLAIMER

All benefits are subject to medical necessity criteria. The benefit description defines the terms and conditions of your coverage and will govern if questions arise. HUHS services are limited in scope and subject to change.

This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.





# ELIGIBILITY FOR STUDENTS AND THEIR DEPENDENTS

Students are automatically enrolled in the Harvard University Student Health Program (HUSHP), and the cost is applied to student accounts. Enrollment for dependents is optional.



## Students

- All full-time and part-time registered students are eligible for and **automatically** enrolled in HUSHP.
- Students with comparable coverage are eligible to waive the Student Health Insurance Plan (SHIP); a limited number of students can also waive the Student Health Fee (SHF).
- Charges are applied to student accounts and will show up as two separate line items: one for SHF and one for SHIP.

Pre-matriculation students who begin their program prior to the fall coverage start date (August 1) are eligible to purchase one or two months of HUSHP to carry them until the start of the fall term.

Extension school students must be registered for an active degree, certificate, or diploma and for 12 credits or more per term to be eligible. Enrollment and renewal is managed by the Extension school.

**HUSHP coverage is automatically renewed each Plan Year for all full-time and part-time students as long as they remain registered students with the University. Charges are applied to student accounts.**



## Dependents

As long as you participate in both parts of HUSHP (SHIP and SHF), you may cover your spouse and child dependents up to age 26. The following documentation is needed at the time of enrollment:

- Spouse: valid marriage certificate or I-20 form required as proof of relationship
- Child dependents up to age 26: birth certificate, legal documentation of adoption or guardianship, or DS-2019 form required as proof of relationship

**Dependent renewal is not automatic and must be completed each term/Plan Year. A dependent's coverage will be terminated when the subscriber's coverage terminates.**



## Open Enrollment Periods

Students can enroll dependents during the following times without a life event:

Fall: July 1–August 31

Spring: January 1–February 28



# ELIGIBILITY FOR POSTDOCTORAL AFFILIATES AND THEIR DEPENDENTS

Harvard University Student Health Program (HUSHP) enrollment for postdoctoral affiliates and their dependents is optional.



## Postdoctoral Affiliates

- Recently awarded a PhD or equivalent doctoral degree
- Hold a current appointment with the University
- Do not have access to employer-sponsored health insurance benefits

**Postdoctoral affiliate renewal is not automatic and must be completed each term/Plan Year. When an affiliate's appointment is terminated, their HUSHP coverage will terminate at the end of that term of coverage (January 31 or July 31).**



## Dependents

As long as you participate in both parts of HUSHP (Student Health Insurance Plan and Student Health Fee), you may cover your spouse and child dependents up to age 26. The following documentation is needed at the time of enrollment:

- Spouse: valid marriage certificate or I-20 form required as proof of relationship
- Child dependents up to age 26: birth certificate, legal documentation of adoption or guardianship, or DS-2019 form

**Dependent renewal is not automatic and must be completed each term/Plan Year. A dependent's coverage will be terminated when the subscriber's coverage terminates.**



## Open Enrollment Periods

Postdoctoral affiliates can enroll themselves and their dependents during the following times without a life event:

Fall: July 1–August 31

Spring: January 1–February 28

Renewals are not automatic and must be completed each term/Plan Year.





# HOW TO CHANGE OR CANCEL COVERAGE

You cannot make changes to your coverage outside of the Open Enrollment Period unless you experience a life-changing event.

## Enrollment Due to Life-Changing Events

Typically, you may add coverage for you or a dependent within 45 days of a life-changing event, which may include

- entry into the country,
- loss of other health insurance coverage,
- marriage,
- birth of a child, legal adoption, or legal guardianship.

The coverage and cost are prorated to the date of the life-changing event. To make a change to your coverage outside of the Open Enrollment Period, you must submit documentation to Member Services at **617-495-2008** or [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu).

## Canceling Your Coverage

You may request a cancellation through Member Services. The cancellation application must be received prior to the start date of coverage (August 1 for fall or February 1 for spring), within 5 days of submitting an enrollment application, or within 45 days of a qualifying life event. Refunds will not be given if services were used or if the request to cancel is outside of the policy terms.

# OPTIONAL DENTAL COVERAGE

You have the opportunity to enroll in one of our two optional dental plans.

## Dental Blue Preventive Plan (\$)

This plan only provides coverage for diagnostic and preventive care, such as routine cleanings. If you need additional care, such as fillings and root canals, you will be responsible for paying the full cost of those services.

## Dental Blue Comprehensive Plan (\$\$)

This plan provides the most dental protection. In addition to diagnostic and preventive care, it covers basic and major services, such as fillings, crowns, and root canals.

[Learn more about the dental plans and rates.](#)



### Dental Enrollment Period

Students can enroll themselves and their dependents during the following times without a life event:

Fall: July 1–September 30

Unless you are a new student in the spring, this is your only opportunity to enroll.



# HOW TO WAIVE COVERAGE

If you have comparable health insurance, you may be eligible to waive enrollment in one or both parts of Harvard University Student Health Program (HUSHP).

- All Harvard students are automatically enrolled in HUSHP and pay the Student Health Fee (SHF).
- The Student Health Insurance Plan (SHIP) provides a critical safety net to ensure that all students, regardless of location, have access to quality and affordable health care.
- Charges are applied to student accounts and will show up as two separate line items: one for SHF and one for SHIP.
- Students will need to decide by the deadline whether to keep or waive SHIP if they have comparable coverage.
- We do not review alternative health insurance plans, nor do we confirm whether your non-Harvard coverage meets the requirements for waiving SHIP.

In most cases when a waiver is approved, coverage is terminated on the first day of the plan term for which the waiver was completed (e.g., August 1 or February 1). Students will receive a confirmation email upon submitting a waiver application. Member Services will only review disputed fees with a copy of the confirmation email.

**Charges will remain on the student bill if a waiver is not completed by the required deadline.**

## Criteria for waiving the Student Health Insurance Plan

SHIP may be waived if a student has a comparable health benefit plan that meets the following criteria.

1. The health benefit plan provides to the student, throughout the school year, reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, mental health services, and prescription drugs in the area where they are physically located while learning.
2. The services covered under the health benefit plan, including all services required by Massachusetts law, are reasonably accessible to the student in the area where the student is physically located while learning.
3. Per Massachusetts law, coverage cannot be with the following:
  - Health Safety Net, MassHealth Limited, or the Children's Medical Security Program
  - An insurance carrier outside the United States or national health insurance coverage program outside the country, unless you have been approved by your school to study outside of the United States and the carrier provides coverage in that location
  - A health benefit plan that provides coverage through a closed network of providers, not reasonably accessible in the state in which you are located, for all but emergency services

**Students should consider additional criteria outside of the minimum state requirements. The [HUSHP Waiver Checklist](#) is designed to help you make an informed decision and includes other important considerations.**

## Criteria for waiving the Student Health Fee

A limited number of students who meet the criteria can waive SHF. Coverage by another health insurance plan does not qualify as a reason to waive the SHF, even if it allows you to waive SHIP. Visit the [HUSHP website](#) for information about waiving SHF.

### FALL TERM

**August 1–January 31**

Waiver deadline: July 31

Late waiver deadline: September 30

### SPRING TERM

**February 1–July 31**

Waiver deadline: January 31

Late waiver deadline: March 31



## Accessing Harvard University Health Services (HUHS)

Students who waive SHIP still have access to many services at HUHS through the SHF. Student who waive SHF will not have access to HUHS.

# HOW TO RE-ENROLL IF YOU'VE WAIVED COVERAGE

Students who previously waived coverage from the Student Health Insurance Plan (SHIP) and/or the Student Health Fee (SHF) may be eligible to re-enroll in one or both parts of Harvard University Student Health Program (HUSHP) under certain conditions.

## Criteria for rescinding waivers

- 1. Loss of alternative insurance no more than 60 days ago:** The student must submit a waiver-rescind application to Member Services, along with official documentation of the loss of coverage. Documentation must show the student's name and exact termination date. The cost of SHIP will be prorated to the first day of the effective date of coverage.
- 2. Loss of alternative insurance 61 or more days ago:** The student must submit a waiver-rescind application to Member Services, along with official documentation of the loss of coverage. Documentation must show the student's name and exact termination date. The cost of SHIP will be prorated to the first day of the effective date of coverage. The student will be assessed a penalty fee of \$150 for each calendar month beyond the allowed 60 days. Coverage can be reinstated up to 102 days from the date that HUSHP Member Services receives a completed application or the beginning of the term of coverage, whichever is sooner.
- 3. Without a loss of insurance before the waiver deadline:** The student must submit a waiver-rescind application to Member Services. The student will be enrolled effective on the start date of the term they are applying to rescind. The student will be charged a \$50 processing fee. The cost of the plan is not prorated.
- 4. Without a loss of insurance after the waiver deadline:** The student will not be allowed to enroll in SHIP until the following coverage term.

Learn more about **re-enrolling in the HUSHP** after you've waived coverage.

# INSURANCE COVERAGE AFTER HARVARD

Knowing what happens to your health insurance after you leave Harvard is important.

## When you graduate

Your graduation date will determine when your HUSHP coverage ends. Enrolling in a new insurance plan can take time, so planning and exploring all options is essential. **Take action** by learning how to explore your options, ask the right questions, and secure other coverage.

## If you withdraw or take a leave of absence

Taking a leave of absence or withdrawing from Harvard will impact your HUSHP coverage. The official last date of attendance, as recorded by the Registrar's office, will determine the HUSHP coverage end date.

Students expecting to take a leave of absence or withdraw from the University should contact Member Services as early as possible with any questions or concerns regarding their health insurance coverage.

**Learn more** about how your HUSHP will be affected and how to purchase coverage.



# WHERE TO GET HELP



## Patient Advocate

All Harvard students who pay the Student Health Fee (SHF) have access to a **Patient Advocate** who is available to discuss and assist with any Harvard University Health Services (HUHS)-related concerns or questions, including

- exploring the resources available,
- providing feedback or suggestions,
- resolving or mediating concerns,
- discussing financial assistance options,
- coordinating accessible accommodations for your visit.

All requests, including positive comments and recommendations for improvement, are welcome and confidential.

Financial support may be available through the HUHS Medical Hardship Fund only for students (including those on leave of absence), dependents, and affiliates (and their dependents) who are active members in both components of Harvard University Student Health Program (HUSHP): SHF and the Student Health Insurance Plan.

Visit: [huhs.harvard.edu/patient-advocate](https://huhs.harvard.edu/patient-advocate)

Call: 617-495-7583

Email: [patadvoc@huhs.harvard.edu](mailto:patadvoc@huhs.harvard.edu)

## Harvard University Student Health Program Member Services

*For questions about your benefits and plan details*

Visit: [hushp.harvard.edu](https://hushp.harvard.edu)

Call: 617-495-2008

Email: [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu)



## How to file an insurance grievance

You have the right to file a grievance if you disagree with a decision to deny payment for services or if you have a complaint about the care or service you received from a health care provider.

**Learn more about how to file a grievance.**





# IMPORTANT CONTACT NUMBERS

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## **Urgent and emergency**

**Life-threatening emergencies**

Dial 911

**HUHS Urgent Care (after hours)**

617-495-5711

## **Insurance inquiries**

**HUSHP Member Services**

617-495-2008

**BCBS Member Services**

800-257-8141

**BCBS Global Core**

800-810-2583 or 804-673-1686

(collect if outside the U.S.)

## **Health services**

**Patient Advocate**

617-495-7583

**Care coordination**

617-495-3271

**General inquiries and information**

617-495-5711

## **Primary care**

**Internal Medicine - Smith Campus Center**

617-495-5711

**Law School Clinic**

617-495-4414

**Medical Area Clinic**

617-432-1370

## **Specialty care**

**Allergy | Dermatology**

**Gastroenterology | General surgery**

617-495-2068

**Gynecology/obstetrics**

617-495-2333

**Quest Laboratory at HUHS**

617-495-9258

**Neurology | Nutrition | Ophthalmology | Optometry**

617-495-2068

**Orthopedics | Physical Therapy | Podiatry | Radiology**

617-496-0699

## **Counseling services**

**Mental health services (including 24/7 Cares Line access to the Counseling and Mental Health Service)**

617-495-2042

For more on mental health services, visit the

**Counseling and Mental Health Services website.**

