



Plan Specifics	Student Health Fee	Student Health Insurance Plan: Blue Cross Blue Shield PPO	
		In-PPO-Network	Out-of-Network
Plan-year deductible	N/A	N/A	\$250 per member/ \$500 per family
Out-of-pocket maximum	N/A	\$3,000 per member/ \$6,000 per family (Combined medical and prescription)	\$7,500 per member/ \$15,000 per family <i>You may also be responsible for any difference between the allowed charge and the provider's actual charge.</i>

Medical Benefits	Your Out-of-Pocket Cost (What You Pay)		
	Student Health Fee	Student Health Insurance Plan: Blue Cross Blue Shield PPO	
	At Harvard University Health Services (HUHS)	In-PPO-Network	Out-of-Network (after deductible is met)
Chiropractic Care	Not available	\$35 copayment	30% coinsurance
Clinic and Physicians' Office Visits Diagnostic/Specialist/Sick <i>Pediatric (through age 17)</i>	Not covered Available at HUHS	Harvard Vanguard providers: \$0 copayment (no visit limit) Other providers: \$35 copayment	30% coinsurance
		10-visit limit (combined in and out-of-network)	
Clinic and Physicians' Office Visits Diagnostic/Specialist/Sick <i>Adult (18 and older)</i>	Covered in full	\$35 copayment	30% coinsurance
		6-visit limit (combined in and out-of-network)	
Dermatology	Covered in full	\$35 copayment	30% coinsurance
		Subject to clinic and physicians' office visit limit	
Diagnostic Lab Tests	Not covered Available at HUHS	Covered in full	30% coinsurance
Diagnostic Outpatient High-Tech Radiology (CT scans, MRI, PET scans, and nuclear cardiac imaging)	Not available	\$50 copayment at lower cost share hospitals or other facilities* \$125 copayment at higher cost share hospitals*	30% coinsurance
Durable Medical Equipment	Not covered	Covered in full	30% coinsurance
Routine Eye Exams: for eyeglasses (eyeglasses excluded)	Not covered	HUHS: \$0 copayment Other providers: \$35 copayment	30% coinsurance
		One routine eye exam covered per plan year	
Immunizations (Not covered for travel-related vaccines or those required by another party)	Not covered Available at HUHS	Covered at HUHS only for all preventive immunizations	Not covered
Routine Exams and Preventive Care including immunizations <i>Pediatric (through age 17)</i>	Not covered Available at HUHS	\$0 copayment	30% coinsurance Visit limits apply - see Handbook
Routine Exams and Preventive Care <i>Adult (18 and older)</i>	Covered in full	Not covered	Not covered
Short Term Rehabilitation Therapy Occupational Therapy (OT) Physical Therapy (PT) Speech Therapy (ST)	Not available Covered in full 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



Medical Benefits	Your Out-of-Pocket Cost (What You Pay)		
	Student Health Fee	Student Health Insurance Plan: Blue Cross Blue Shield PPO	
	At Harvard University Health Services (HUHS)	In PPO Network	Out-of-Network (after deductible is met)
Inpatient Care			
Inpatient Admission in an acute care chronic disease hospital	N/A	\$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	N/A	Covered in full	30% coinsurance
Mental Health			
Inpatient Admission in a psychiatric hospital, or substance abuse facility	N/A	\$100 copayment per admission	30% coinsurance
Outpatient Visits for mental health therapy	As medically necessary	\$0 copayment (visits 1 - 8) \$35 copayment (visits 9 - 40)	30% coinsurance
		40-visit limit (combined in and out-of-network)	
Outpatient Visits for psychopharmacology	As medically necessary	Subject to clinic and physicians' office visit limits, copayments and coinsurance	
Women's Health			
Birth Control Devices	Not covered	Covered in full	30% coinsurance
Gynecology	Not covered	HUHS and Harvard Vanguard providers: \$0 copayment Other providers: \$35 copayment	30% coinsurance
Infertility Services	Limited services available	\$35 copayment	30% coinsurance
Maternity Care - office visits	Not covered	Covered in full	30% coinsurance
Voluntary Termination of Pregnancy	\$350 benefit (paid to facility with HUHS referral)	See outpatient surgery benefit	See outpatient surgery benefit
Urgent/Emergency Care			
Ambulance Services	N/A	Covered in full	Covered in full
Hospital Emergency Room	N/A	\$100 copayment (waived if admitted)	\$100 copayment (waived if admitted)
Urgent Care	Covered in full	\$35 copayment	30% coinsurance
		Subject to clinic and physicians' office visit limit	

Traveling Out of the Country

Only Student Health Insurance Plan benefits are available; all covered services are considered out-of-network, excluding emergency room visits.

Prescription drug benefit: Prescriptions fall into three tiers that determine your copayment. See hushp.harvard.edu for benefit details.

***Hospital Choice Cost Sharing** groups Massachusetts acute care hospitals into two categories for inpatient admissions, outpatient day surgery, and outpatient diagnostic high-tech radiology testing. Members are empowered to control their out-of-pocket costs based on the hospital they choose for care. Visit hushp.harvard.edu for details.

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. For a full description of plan benefits and limitations visit our website at hushp.harvard.edu.