### Plan Specifics

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

### Medical Benefits

#### Your Out-of-Pocket Cost (What You Pay)

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>Student Health Fee</th>
<th>Student Health Insurance Plan: Blue Cross Blue Shield PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-PPO-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out-of-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(after deductible is met)</td>
</tr>
</tbody>
</table>

#### Chiropractic Care

- Not available
- $35 copayment
- 30% coinsurance

#### Clinic and Physicians’ Office Visits

- **Dermatology**
  - Covered in full
  - $35 copayment
  - 30% coinsurance

#### 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
- Available at HUHS
- Covered at HUHS only for all preventive immunizations
- Not covered

#### Routine Exams and Preventive Care including immunizations **Pediatric (through age 17)**

- Not covered
- Available at HUHS
- $0 copayment
- 30% coinsurance
- Visit limits apply - see Handbook

#### Routine Exams and Preventive Care **Adult (18 and older)**

- Covered in full
- Not covered
- Not covered

#### Short Term Rehabilitation Therapy

- **Occupational Therapy (OT)**
  - 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)

- **Physical Therapy (PT)**
  - Not available
  - Covered in full
  - Not available
  - $75 copayment at lower cost share hospitals or other facilities*
  - $250 copayment at higher cost share hospitals*
  - 30% coinsurance

- **Speech Therapy (ST)**
  - Not available
  - Covered in full
  - Not available
  - $35 copayment
  - 30% coinsurance

#### 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)

<table>
<thead>
<tr>
<th>Medical Benefits</th>
<th>Student Health Fee</th>
<th>Student Health Insurance Plan: Blue Cross Blue Shield PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At Harvard University Health Services (HUHS)</td>
<td>In PPO Network</td>
</tr>
<tr>
<td><strong>Inpatient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Admission in an acute care chronic disease hospital</strong></td>
<td>N/A</td>
<td>$100 copayment at lower cost share hospitals*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500 copayment at higher cost share hospitals*</td>
</tr>
<tr>
<td><strong>Inpatient Admission in a skilled nursing facility, or rehabilitation hospital</strong></td>
<td>N/A</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Admission in a psychiatric hospital, or substance abuse facility</strong></td>
<td>N/A</td>
<td>$100 copayment per admission</td>
</tr>
<tr>
<td><strong>Outpatient Visits for mental health therapy</strong></td>
<td>As medically necessary</td>
<td>$0 copayment (visits 1 - 8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$35 copayment (visits 9 - 40)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40-visit limit (combined in and out-of-network)</td>
</tr>
<tr>
<td><strong>Outpatient Visits for psychopharmacology</strong></td>
<td>As medically necessary</td>
<td>Subject to clinic and physicians’ office visit limits, copayments and coinsurance</td>
</tr>
<tr>
<td><strong>Women’s Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Birth Control Devices</strong></td>
<td>Not covered</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Gynecology</strong></td>
<td>Not covered</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Infertility Services</strong></td>
<td>Limited services available</td>
<td>$35 copayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be subject to clinic and office visit limits</td>
</tr>
<tr>
<td><strong>Maternity Care - office visits</strong></td>
<td>Not covered</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Voluntary Termination of Pregnancy</strong></td>
<td>$350 benefit (paid to facility with HUHS referral)</td>
<td>See outpatient surgery benefit</td>
</tr>
<tr>
<td><strong>Urgent/Emergency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td>N/A</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Hospital Emergency Room</strong></td>
<td>N/A</td>
<td>$100 copayment (waived if admitted)</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Covered in full</td>
<td>$35 copayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subject to clinic and physicians’ office visit limit</td>
</tr>
</tbody>
</table>

### Medical Benefits Summary

August 1, 2018 - July 31, 2019

*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](http://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.

---

**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](http://hushp.harvard.edu) for benefit details.

---

[2 of 2](#)