# Medical Benefits Summary

**August 1, 2020–July 31, 2021**

*Academic Year 2020–2021*

---

## Plan Specifics

<table>
<thead>
<tr>
<th>Plan Year Deductible</th>
<th>None</th>
<th>None</th>
<th>$250 per member / $500 per family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>None</td>
<td>$3,000 per member / $6,000 per family (Combined medical and prescription)</td>
<td>$7,500 per member / $15,000 per family</td>
</tr>
</tbody>
</table>

You may also be responsible for any difference between the allowed charge and the provider's actual charge.

---

## Medical Benefits

### Chiropractic Care

- Not available
- $35 copayment
- 30% coinsurance

### Clinic and Physicians' Office Visits

#### Diagnostic/Specialist/Sick

- Pediatric (through age 17)
  - Not available
  - Available at HUHS
  - $0 copayment with Harvard Vanguard providers
  - $35 copayment with other in-network providers
  - 30% coinsurance

- Adult (18 and older)
  - Covered in full
  - 12-visit limit (combined in-and out-of-network)
  - Subject to clinic's and physicians' office visit limit

### 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
- Available at HUHS
- $50 copayment at lower-cost-share hospitals or other facilities
- $125 copayment at higher-cost-share hospitals
- 30% coinsurance

### Durable Medical Equipment

- Not available
- Covered in full
- Covered in full
- 30% coinsurance

### Routine Eye Exams: for eyeglasses (eyeglasses, contact lens exam, and contact lens excluded)

- Not covered
- Available at HUHS
- Covered in full
- 30% coinsurance

### Immunizations

- (no coverage for travel-related vaccines or those required by another party)
- Not covered
- Available at HUHS
- Covered at HUHS only for preventive immunizations
- Not available

### Routine Exams and Preventive Care

- Immunizations: Pediatric (through age 17)
- Not available
- Available at HUHS
- Covered at HUHS only for preventive immunizations
- Not available

- Routine Exams and Preventive Care: Adult (18 and older)
- Not available
- Covered in full
- Not covered
- Routine care is only covered under the Student Health Fee at HUHS

### Short Term Rehabilitation Therapy

- Occupational Therapy (OT)
  - Not available
- Physical Therapy (PT)
  - Covered in full
- Speech Therapy (ST)
  - Not available

### 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

(continued)
# Medical Benefits

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

<table>
<thead>
<tr>
<th>Inpatient Care</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 Admission in an acute care, chronic disease hospital</strong></td>
<td>Not available</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>Not available</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Not available</td>
<td>$100 copayment per admission</td>
</tr>
<tr>
<td><strong>Outpatient Visits for mental health therapy and psychopharmacology</strong></td>
<td>As medically necessary</td>
<td>$0 copayment (visits 1-8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$35 copayment (visits 9-52)</td>
</tr>
</tbody>
</table>

**52-visit limit (combined in-and out-of-network)**

## Women’s Health

<table>
<thead>
<tr>
<th>Birth Control Devices</th>
<th>Not available</th>
<th>Covered in full</th>
<th>30% coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gynecology</strong></td>
<td>Not covered</td>
<td>Covered in full</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td>Available at HUHS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infertility Services</strong></td>
<td>Limited services available</td>
<td>$35 copayment</td>
<td>30% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May be subject to clinic’s and physicians’ office visit limit</td>
<td></td>
</tr>
</tbody>
</table>

**Maternity Care Office Visits**

| Not covered | Covered in full | 30% coinsurance |
| Available at HUHS |               |                |

**Voluntary Termination of Pregnancy**

| $350 benefit (paid to facility with HUHS referral) | See outpatient surgery benefit | See outpatient surgery benefit |

## Urgent/Emergency Care

<table>
<thead>
<tr>
<th>Ambulance Services</th>
<th>Not available</th>
<th>Covered in full</th>
<th>Covered in full</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>Not available</td>
<td>$100 copayment (waived if admitted)</td>
<td>$100 copayment (waived if admitted)</td>
</tr>
</tbody>
</table>

**Urgent Care**

| Covered in full | $35 copayment | 30% coinsurance |
| Subject to clinic’s 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 Drugs

**Prescription Drug Benefit**

This benefit is part of the Student Health Insurance Plan. Prescriptions fall into three tiers that determine your copayment. See hushp.harvard.edu for benefit details.

*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 are can to control their out-of-pocket costs based on the hospital they choose for care.

**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.

---

**Questions?**

Visit hushp.harvard.edu for complete benefit details.