



1 ADULT ROUTINE/PREVENTIVE CARE IS ONLY COVERED AT HUHS.

The Student Health Fee is the portion of your insurance that covers routine/preventive care. Because of this, your annual physical must be with your Harvard University Health Services 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 required.



3 YOU ARE COVERED

NATIONWIDE AND ABROAD. The Student Health Insurance Plan 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.

The Student Health Fee covers almost all care at HUHS, including services offered via telemedicine, at no-cost to you. The Student Health Fee does not cover prescriptions, lab work, or services provided by the on-site OBGYN group.



TOP TEN THINGS TO KNOW ABOUT HUSHP

5 MOST OUTPATIENT CARE IS SUBJECT TO VISIT LIMITS.

Most office visit consultations are subject to a 12 visit limit per plan year. Examples of outpatient care include visits with a dermatologist, orthopedist, gastroenterologist, and/or an urgent care clinician.



6 YOU MUST FOLLOW COORDINATION OF BENEFIT RULES WHEN YOU HAVE MORE THAN ONE HEALTH PLAN.

If you are enrolled in another health plan in addition to the Student Health Insurance Plan, your other health plan will be primary. This means that medical claims must be submitted to your other health plan first.



8 THE PLAN PROVIDES COVERAGE FOR A FULL TWELVE-MONTH PERIOD.

Fall: August 1 – January 31
Spring: February 1 – July 31



7 THERE IS NO OVERALL DOLLAR BENEFIT MAXIMUM.

Although the plan has some visit limitations, there are no lifetime or annual dollar limitations.



9 YOU ONLY 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 PRE-EXISTING CONDITIONS OR LIMITATIONS.

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

