

HUSHP Waiver Checklist and Comparison Chart

Massachusetts law requires that any full time or part time student enrolled in an institution of higher learning in Massachusetts be enrolled in a qualifying student health insurance program or in a health plan of comparable coverage. Use this checklist to determine whether your plan is comparable according to Massachusetts regulations; coverage must be comparable in the state/country where you will be physically located while learning. Students physically located in the United States while learning cannot waive with foreign health insurance; however, students physically located outside of the United States while learning can waive with foreign insurance, as long as it adequately covers them in the country where they are learning. You may also use this chart to assess how coverage on your private plan compares to the Student Health Insurance Plan (SHIP).

General Provisions	Student Health Insurance Plan		Private Health Plan	
Insurance carrier	Blue Cross Blue Shield of MA			
Plan type (HMO, PPO, Other) <i>Note: HMO plans typically have restrictive networks and may only cover emergency care outside of your home state.</i>	PPO			
Service area (Local only, National, National & International): Services need to be reasonably accessible to student in the area that he/she is studying.	National & International			
Plan Year	08/01-07/31			
	In-network	Out-of-network	In-network	Out-of-network
Plan-year deductible	\$0	\$250 individual; \$500 family		
Out-of-pocket maximum	\$3,000 individual; \$6,000 family	\$7,500 individual; \$15,000 family		
Part A: Per Massachusetts regulations, benefits below are required for waiving.	In network costs	Out of network costs	In network costs	Out of network costs
Ambulance services	\$0	\$0		
Hospital emergency room	\$100	\$100		
Outpatient medical care in the area you will be located while learning	\$35	30% coinsurance after deductible		
Outpatient surgical care in the area you will be located while learning	\$75 at low cost share hospital; \$250 at high cost share hospital			
Inpatient medical/surgical care in the area you will be located while learning	\$100 at lower cost share hospital; \$500 at higher cost share hospital			
Outpatient mental health in the area you will be located while learning	\$35 (waived for visits 1-8)	30% coinsurance after deductible		
Inpatient mental health in the area you will be located while learning	\$100 in a psychiatric/substance abuse facility; \$500 in a higher cost general acute care hospital	30% coinsurance after deductible		

Part B: Benefits below are recommended for waiving.	In-network costs	Out-of-network costs	In-network costs	Out-of-network costs
Coverage for prescriptions	\$17, \$40, or \$55 per 1-30 day supply			
Coverage for labs/blood work	\$0	30% coinsurance after deductible		
Coverage for gynecological services	\$0 with OBGYN or OBGYN NP	30% coinsurance after deductible		
Part B: Benefits below are recommended for waiving	Student Health Insurance Plan		Private Health Plan	
	Yes	No	Yes	No
Does your plan have a maximum benefit of at least \$500,000 per year?	<input checked="" type="checkbox"/> <i>Note: there is no overall dollar benefit maximum.</i>			
Does your plan cover inpatient/outpatient care without a referral from your doctor or health plan at home?	<input checked="" type="checkbox"/> <i>Note: This plan is a PPO plan. Referrals are not required; however, some services require prior authorization.</i>			
Does your plan cover illness/injuries resulting from substance abuse or drug addiction?	<input checked="" type="checkbox"/>			
Does your plan cover pre-existing conditions without a waiting period?	<input checked="" type="checkbox"/>			
Does your plan cover injuries resulting from practice or play of intercollegiate athletics?	<input checked="" type="checkbox"/>			
Does your plan cover medically necessary services when traveling away from home?	<input checked="" type="checkbox"/> SHIP is a PPO plan that provides coverage throughout the United States and abroad. <i>Note: Non-emergent care received abroad will process at the out-of-network level of benefits</i>			
Does your plan have out-of-pocket expenses you can afford?				

If your health plan does not cover all of the benefits in Part A, you are not eligible to waive the Student Health Insurance Plan.

If your health plan does not cover all of the benefits listed in Part B, you should consider not waiving the Student Health Insurance Plan.

Call the customer service phone number on your insurance ID card to confirm your plan meets the requirements for waiving. Also, be sure to ask your health insurance carrier if your plan has any benefit exclusions.

Review insurance terminology [online](#) for assistance.