

NICHOLS COLLEGE

HEALTH INSURANCE COMPARISON WORKSHEET

Please consider your coverage options carefully before making a decision about the Student Health Insurance Plan.

- (1) To waive, students must have a health insurance plan that meets/exceeds the benefits of the Massachusetts Essential Health Benefits Benchmark Plan
(2) Not all plans provide comprehensive coverage in Massachusetts, specifically the Nichols College area.
(3) While your current plan may provide comprehensive coverage close to home, plan restrictions may limit coverage for students away from home.
(4) High deductible health plans may create a financial barrier to accessing care or result in high out of pocket costs.

Review and complete the comparison to confirm your plan provides you with comprehensive coverage while at Nichols College.

- (1) Have your plan benefits available before completing the comparison or contact your insurance company's Member Services Team.
(2) Complete the below comparison and review the benefits of both plans with a parent or guardian to confirm your coverage in Worcester, MA.
(3) If you have confirmed your plan is comparable to the Student Health Insurance Plan and would like to waive participation in the Student Health Insurance Plan, an online waiver form must be completed. Visit www.universityhealthplans.com/Nichols to complete the insurance waiver form. Please have your insurance ID card available prior to completing the waiver form.

**If you have questions about the comparison or the Student Health Insurance Plan, please contact
University Health Plans at (833)-251-1153 or info@univhealthplans.com**

Plan Benefits	Current Heath Insurance Plan	Nichols College Student Health Insurance Plan
Filed and Approved in the US; ACA Compliant		Yes
Plan Type	<div><input type="checkbox"/> HMO</div> <div><input type="checkbox"/> EPO</div> <div><input type="checkbox"/> PPO</div> <div><input type="checkbox"/> Out-of-State Medicaid</div> <div><input type="checkbox"/> Other</div>	<div><input type="checkbox"/> HMO</div> <div><input type="checkbox"/> EPO</div> <div><input checked="" type="checkbox"/> PPO</div> <div><input type="checkbox"/> Out-of-State Medicaid</div> <div><input type="checkbox"/> Other</div>
Provider Network <i>Does my plan provide coverage throughout the US for emergency and non-emergency care, or is my plan limited to my home state?</i>		National
Travel Assistance, Medical Evacuation and Repatriation Coverage		Yes
Policy Maximum		Unlimited
Annual Deductible <i>Amount you pay out of pocket before your health plan contributes towards claims</i>		\$250 In Network \$300 Out of Network
Out of Pocket Maximum <i>Maximum dollar amount you pay out of pocket, including deductible, copays and coinsurance until your insurance company pays claims at 100%</i>		\$9,100 (Medical and Rx combined)
Inpatient Hospitalization		20% Coinsurance In-Network 40% Coinsurance Out of Network (Pre-Authorization Required)
Preventive/Routine Care <i>Physical, annual exams, immunizations, etc.</i>		100% Covered In-Network 20% Coinsurance Out of Network
Office Visits <i>Primary Care Physician(PCP)</i>		\$25 Copay
Mental/Behavioral Health <i>Therapy (individual or group)</i>		\$25 Copay
Specialists <i>(Such as Physical Therapy, Dermatologists, OB/GYN)</i>		\$25 Copay
Urgent Care		\$25 Copay
Emergency Room		\$200 Copay (copay waived if admitted)
Ambulance		20% Coinsurance
X-Ray & Laboratory		20% Coinsurance In-Network 40% Coinsurance Out of Network
High Cost Imaging <i>(CT Scan, MRI, PET Scan)</i>		20% coinsurance In-Network 40% Coinsurance-Out of Network
Prescription Medications Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5		\$15 / \$40 / \$60 / 30% / 30%