

Health Insurance Comparison Grid to assist in your planning for adequate coverage in the area you are attending school.

	YOUR PLAN		Brandeis SHP 2016-2017	
Cost for full year of coverage			\$1,686 Undergraduate \$2,882 Graduate See <a href="http://www.universityhealthplans.com">www.universityhealthplans.com</a> for family rates and information on the plan.	
Out of Pocket Maximums			\$2,000 for individual medical costs, \$1,000 prescription maximum for individual	
	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
Network availability			Blue Care Elect PPO <a href="http://www.provider.bcbs.com">www.provider.bcbs.com</a> <a href="http://www.bulecrossma.com">www.bulecrossma.com</a>	
U.S. Based Company			YES	
Deductible -payable before your insurance pays for services			\$0	\$250
Co insurance-you pay this amount of a bill after meeting your deductible and copay)			No cost to you	20% (80% covered by insurance)
Preventive services			No cost to you	20% of visit
Co pay for emergency room visit			\$50	\$50
Co pay for office visit			\$20 (waived at Health Center)	20% of visit
X-rays, labs, testing			No cost to you	20% of costs
MRI, CT Scan, PET			\$25 copay	20% of costs
Co pay for Outpatient Mental Health			\$20	20% of costs
Inpatient Care			\$0	20% of costs
Prescriptions			Tiered 10/25/45	Not covered out of network
Dental treatment for injury to natural teeth			Not covered	Not Covered
Eye examinations			1 well visit/24 months	20% of costs, 1/24 months
Intercollegiate sports			Covered as medical services	
Transgender benefits			Covered as medical services	
International travel coverage			Blue Card World Program/AIG Travel Assistance <a href="http://www.bluecardworldwide.com">www.bluecardworldwide.com</a>	