

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

	YOUR PLAN		Brandeis SHIP 2024-2025	
<b>Annual Cost</b>			\$3,683 (UG & GR students) See <a href="http://www.universityhealthplans.com/Brandeis">www.universityhealthplans.com/Brandeis</a> for more information on the plan.	
<b>Out of Pocket Maximum</b>			\$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>
<b>Network</b>			Blue Care Elect PPO <a href="https://member.bluecrossma.com/fad">https://member.bluecrossma.com/fad</a>	
<b>U.S. Based Company</b>			YES	
<b>Deductible</b> -The amount you pay before the insurance company starts to			\$0	\$250
<b>Coinsurance:</b> your share of the costs of a covered service, calculated as a percent			0%	20% (80% covered by insurance)
<b>Preventive Care</b>			No cost to you	20% of visit
<b>Emergency Room</b>			\$75 copay (waived if admitted)	
<b>Office Visit</b> (primary care (PCP)/specialist)			\$20 (paid by University when using Brandies Health Center)	20% of visit
<b>X-Rays, Labs</b>			No cost to you	20% of costs
<b>MRI, CT Scan, PET</b>			\$25 copay	20% of costs
<b>Outpatient Mental Health</b>			\$20 (paid by Brandeis when using Brandeis Counseling Center)	20% of costs
<b>Inpatient Care</b>			\$0	20% of costs
<b>Prescription Drugs</b>			\$10/\$25/\$40/\$65 (low cost generic/high cost generic/preferred brand/non-preferred brand)	Not covered out of network
<b>Dental Treatment to Sound Natural Teeth</b>			Not covered	Not Covered
<b>Eye Examinations</b>			1 well visit/24 months	20% of costs, 1/24 months
<b>Intercollegiate Sports</b>			Covered as medical services	
<b>Transgender Benefits</b>			Covered as medical services	
<b>International Travel Coverage</b>			Blue Card World Program/AIG Travel Assistance <a href="https://bcbsglobalcore.com/Account/Login?ReturnUrl=%2F">https://bcbsglobalcore.com/Account/Login?ReturnUrl=%2F</a>	