

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

	YOUR PLAN		Brandeis SHIP 2025-2026	
Annual Cost			\$3,917 (UG & GR students) See www.universityhealthplans.com/Brandeis for more information on the plan.	
Out of Pocket Maximum			\$2,000 for individual medical costs, \$1,000 prescription maximum for individual	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network			Blue Care Elect PPO https://member.bluecrossma.com/fad	
U.S. Based Company			YES	
Deductible -The amount you pay before the insurance company starts to			\$0	\$250
Coinsurance: your share of the costs of a covered service, calculated as a percent			0%	20% (80% covered by insurance)
Preventive Care			No cost to you	20% of visit
Emergency Room			\$75 copay (waived if admitted)	
Office Visit (primary care (PCP)/specialist)			\$20 (paid by University when using Brandies Health Center)	20% of visit
X-Rays, Labs			No cost to you	20% of costs
MRI, CT Scan, PET			\$25 copay	20% of costs
Outpatient Mental Health			\$20 (paid by Brandeis when using Brandeis Counseling Center)	20% of costs
Inpatient Care			\$0	20% of costs
Prescription Drugs			\$10/\$25/\$40/\$65 (low cost generic/high cost generic/preferred brand/non-preferred brand)	Not covered out of network
Dental Treatment to Sound 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 https://bcbsglobalcore.com/Account/Login?ReturnUrl=%2F	