



**STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CHECKLIST  
2015-2016**

<b>COMPARABLE COVERAGE CHECKLIST</b>	<b>Your Plan</b>	<b>Comparison to U-SHIP</b>
Type of Plan: Individual / Family		Individual*
Annual premium		\$3,432
Annual deductible		\$500
Annual out-of-pocket maximum (per ACA, individual plans must be =/< \$6,600; family plans must be =/< \$13,200)		\$1,500
<b>Plan Requirements:</b>		<b>U-SHIP benefits</b>
Routine and emergency care <i>provided in the Chicago area</i> (or local area where student will be residing and studying for the academic year)	Yes / No	Yes
Treatment for pre-existing conditions (with no waiting periods or exclusions)	Yes / No	Yes
Essential health benefits as defined by the Affordable Care Act (ACA):		
<ul style="list-style-type: none"> <li>• Outpatient care (ambulatory patient services)</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Emergency Services</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Hospitalization (treatment for inpatient care)</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Mental health services and addiction treatment</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Prescription drugs</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Maternity and newborn care</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Rehabilitative services and devices</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Laboratory services</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Inpatient mental health care</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Preventive services, wellness services, and chronic disease treatment</li> </ul>	Yes / No	Yes
<ul style="list-style-type: none"> <li>• Pediatric services</li> </ul>	Yes / No	Yes
Plan has a claims administrator based in the U.S., a U.S. telephone number and address for submission of claims, and the insurance policy was issued in the U.S.	Yes / No	Yes
Coverage for medical evacuation and repatriation expenses: <ul style="list-style-type: none"> <li>• Required for all F1 / J1 students</li> <li>• Required for all other students ONLY when they will be studying / traveling / doing research out of the United States during the current academic year (otherwise exempt and can check "yes")</li> </ul>	Yes / No	Yes
Active coverage from the day student arrives on campus through either August 31, 2016 OR the end of their academic program (whichever comes first)	Yes / No	Yes

This Checklist is provided for reference purposes only. Students must waive U-SHIP enrollment through the online Enrollment /Waiver Application site, at <https://studentinsurance.uchicago.edu/> during the open enrollment period (for Autumn Quarter 2015, this will be July 1 – October 23, 2015).

\*Students may enroll dependents into U-SHIP to provide family coverage.