Student Health Insurance Plan FAQs

Table of Contents

Student Health Insurance Plan (SHIP) Overview 1
Student Health Services (SHS) 3
Considering SHIP 5
SHIP Options: Basic and Plus 7
Waiving SHIP 8
Affordable Care Act (ACA) 9
Graduate Student Information: For Trainee Stipends 10
Recipients and Research Assistants, Research Fellows, Teaching Assistants, and Teaching Fellows

Student Health Insurance Plan (SHIP) Overview

Q: What is the Student Health Insurance Plan (SHIP)?
A: SHIP is Boston University’s insurance plan for students, offered through Aetna, a large national health insurer.

Q: Who is eligible for SHIP?
A: Most students who attend Boston University are eligible for SHIP.

Q: Am I automatically enrolled in SHIP?
A: Full-time, three-quarter time, and international undergraduate and graduate students are automatically enrolled in SHIP Basic coverage. Part-time students in degree-granting programs will need to enroll. Students on campuses other than the Charles River Campus may be automatically enrolled in the Plus option; consult your program administrator for details.

Post-Doctoral Fellows are eligible to voluntarily enroll in the plan. Please contact the Post-Doctoral Professional Development and Post-Doctoral Affairs Office at postdocs@bu.edu to obtain an enrollment application.

Q: Can I waive SHIP coverage?
A: Depending on your insurance, you may be able to waive SHIP coverage if you have other coverage that meets ACA requirements. See the Affordable Care Act (ACA) section of this FAQs document to learn more about ACA requirements.
The chart below indicates which student types may waive their SHIP coverage and under what circumstances this waiver is permitted.

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If you waive SHIP coverage, you must complete a waiver through Student Accounting Services by September 20 and January 31 for incoming Spring students. See the Waiving SHIP section of this FAQs document to learn more.

**Q: Should I keep SHIP coverage?**

**A:** Everyone must be covered by health insurance that meets Affordable Care Act (ACA) coverage requirements. See the Affordable Care Act (ACA) section of this FAQs document to learn more about the ACA. Even if you have other coverage that meets ACA requirements, you may find that enrolling in SHIP is your best value.

There are many advantages to keeping SHIP coverage, but everyone's personal circumstances are different. Review Your Health Insurance Decision Guide found in the SHIP section of the Student Health Services site and see the Considering SHIP section of this FAQs document to learn more.

**Q: If I need care while in another state, will SHIP still cover my health care costs?**

**A:** Yes. SHIP is provided through Aetna, which is a nationwide health insurance provider. Use the Aetna Provider Directory to find providers throughout the United States.

**Q: Can I add coverage at any time during the school year?**

**A:** Unless you experience a qualifying life event you are only able to enroll, waive, or change your coverage during the enrollment period each year.

**Q: If I am enrolled at the Basic level, can I change to the plus plan later in the Plan Year?**

**A:** No, after Open Enrollment, students are not eligible to change their SHIP plan level.
Q: How much does SHIP cost and when does my coverage begin and end?  
A: If you’re a student on the Charles River Campus, annual Basic coverage costs $3,054 and annual Plus coverage costs $4,090. Coverage begins 8/15 and ends 8/14 each year. If you attend the Medical Campus, contact your program administrator to learn more about your rates and coverage dates.

Q: Why does Boston University automatically enroll students in SHIP?  
A: The Affordable Care Act (ACA) requires students to have insurance coverage; automatically enrolling students in SHIP ensures that you will meet this requirement.

Student Health Services (SHS)

Q: What is Student Health Services (SHS)?  
A: SHS is your on-campus resource for urgent primary care, behavioral health needs, support and advocacy for students who have suffered interpersonal violence, and assessment and brief treatment for students who are struggling with substance abuse.

Q: Should I go to SHS for all of my care?  
A: **All Charles River Campus full-time and three quarter time students:** SHS will be your primary care provider (PCP). You must get an SHS referral before being treated by a non-SHS provider for benefits to be paid in most situations. If you need care SHS doesn’t provide, they can refer you to a non-SHS provider.

**All students in the School of Public Health, Division of Graduate Medical Sciences, the School of Medicine, the Goldman School of Dental Medicine, and Charles River Campus part-time students:** SHS can be utilized as your primary care provider (PCP), but referrals are not required from SHS before seeking care if you are in one of these student groups. If you do utilize SHS as your PCP and need care SHS doesn’t provide, they can make recommendations to a non-SHS provider for additional treatment. If you chose to select a PCP outside of SHS, your PCP may give you recommendation to other providers for additional treatment. You may search providers that are part of the Aetna network through their provider directory.

**Post-Doctoral Fellows:**
Post-Doctoral Fellows do not have access to Student Health Services, and thus do not have a referral requirement. You may search providers that are part of the Aetna network through their provider directory.

Q: Does my student health and wellness fee cover all of SHS’ services?  
A: The fee covers many SHS services, but not all. It covers the following services at no cost to you:

- Urgent primary and behavioral health needs
- Support and advocacy for students who have suffered interpersonal violence
- Assessment and brief treatment for students struggling with substance use
Charges for vaccines and some orthopedic devices will be billed to your student account. However, if you enroll in SHIP, these charges are fully covered by the plan and there is no cost to you.

Laboratory testing through Boston University’s onsite LabCorp laboratory will be billed to your insurance company—whether your coverage is through SHIP or a different plan. You are responsible for any amounts not covered by your insurance.

Q: What services are not available through SHS?
A: SHS providers do not offer ongoing or extensive management of most medical conditions. You will be referred to a non-SHS provider for any care requiring hospitalization or surgery, and may be referred to a non-SHS provider if you require ongoing care for issues such as:
  • Severe asthma
  • Diabetes
  • Chronic depression
  • Inflammatory bowel disorders

Q: Does SHS refer students to SHIP in-network providers?
A: Generally, SHS will refer students to providers in the SHIP network. However, if a student’s health need dictates care by a provider outside the SHIP network, SHS will make the referral to an out-of-network provider.

Q: As a full-time and three quarter time student on Charles River Campus, what services DO NOT need a referral from SHS?
A: The following do not require a referral from SHS:
  • Treatment of an Emergency Medical Condition (Note: A Student Health Service referral is required for follow-up treatment related to emergency care.)
  • Inpatient hospitalization for Mental Disorders (Note: A Student Health Service referral is required for follow-up treatment, including outpatient services.)
  • Services rendered more than 25 miles away from SHS
  • Initial medical treatment when BU SHS is closed (Note: it is the responsibility of the covered student to return to BU SHS for a referral for any follow-up care)
  • Urgent Care (Note: A BU SHS referral is required for follow-up treatment related to Urgent Care.)
  • All obstetrical and gynecological services including maternity care and treatment for an acute or emergency gynecological condition
  • Treatment of dental injuries
  • Extraction of impacted wisdom teeth
  • Routine Vision Exams
  • Services delivered in accordance with the healing practices of Christian Science
  • Human Leukocyte antigen or histocompatibility locus antigen testing
  • Preventive/Routine Services (services considered preventive according to Health Care Reform and/or services rendered not to diagnosis or treat an Accident or
Q: If I need to see a non-SHS provider, will my parent’s health insurance cover this care?
A: If you have coverage under your parent’s health insurance, you will want to use providers in your plan’s network. If that network does not offer providers in Boston at a convenient location, you will have to pay the higher, out-of-network rate. You may wish to enroll in SHIP, rather than continue coverage under your parent’s plan and pay this higher out-of-network cost for care.

Considering SHIP

Q: What are SHIP’s main advantages?
A: SHIP is predictable, convenient, and flexible.

Predictable Costs
If you need to see a doctor, fill a prescription, or go to the emergency room, you’ll pay a fixed dollar amount when you use an in-network provider. The plan pays the rest. Copays keep your out-of-pocket costs predictable and manageable.

For other types of care, you may also pay a deductible and coinsurance for certain visits, procedures, and diagnostic tests like x-rays. The plan has fixed coinsurance—generally 20%—but the amount you pay will be varied.

Convenience
You’ll find a wide network of participating providers in Boston. Many are affiliated with Boston University and are just a walk, bus ride, or few T stops away. Search the Preferred Provider Network directory here.

Flexibility
SHIP offers two coverage options: Basic and Plus. Both options are part of Aetna’s nationwide Preferred Provider Network, so even if you’re home for the summer or away from campus and need health care, you’ll likely be able to find a nearby in-network provider. Also, if you want to use an out-of-network provider, the plan will still pay benefits—but your costs will be higher.

Q: Does SHIP cover behavioral health?
A: Yes. Under SHIP, students pay just a $10 copay per office visit with clinicians in the Preferred Provider Network, with no limit to the number of sessions with in-network providers covered per year.

Q: If I have dependents, will SHIP cover them?
A: Dependent coverage is available only if you elect the Plus coverage option; the SHIP Basic option does not offer coverage for dependents. Eligible dependents include your spouse and dependent children up to age 26. Learn more about the Basic and Plus options in the SHIP Options: Basic and Plus section of this FAQs document.
Q: Will my parent’s plan cost more than SHIP?
A: It may or may not; you’ll have to take a close look at both the cost of coverage (your premium) and the potential cost of care (what you pay in deductibles, copayments, and coinsurance). The only way to know is to compare your potential costs for the types of care you may need: doctor or specialist visits, prescription medication, lab tests, and perhaps a trip to the emergency room or a hospitalization. When you compare your potential costs, you may discover that SHIP coverage offers the best value. For example, your parent’s plan may have:

A Different Network
For many health plans—like SHIP—you pay much less for care when you use “in network providers”—doctors and facilities affiliated with the insurance company’s network. If you use a provider outside this network, you’ll pay more—maybe a lot more. When SHS refers you to a non-SHS provider, they will likely refer to someone in the SHIP network, keeping your costs as low as possible. However, if this provider is not in your parent’s plan’s network, your out-of-pocket costs could be much higher.

High Premiums
Chances are your parents pay additional premiums to cover you under their plan. SHIP Basic coverage costs are generally less than what your parent/guardian pays for dependent coverage under their plan.

A High Deductible
Your parents may have a so-called “high deductible health plan,” and may have to pay $1,500, $3,000, or even more before their plan starts paying benefits for you. In contrast, the SHIP Basic deductible is just $250.

Q: What happens if I want to enroll in SHIP and keep my current plan?
A: If you wish, you can continue your current coverage and enroll in SHIP for additional coverage. When you are covered by more than one plan, certain rules establish which plan pays benefits first; this is called “coordination of benefits.” The coordination of benefit rules under SHIP are as follows:
   • Generally, SHIP will pay benefits first, and your plan will pay second.

Q: What if I need care when SHS is closed?
A: When SHS is closed, for minor conditions you may wish to utilize Teladoc® for a telemedicine visit, a walk-in clinic such as Minuteclinic®, or an urgent care clinic. In the case of severe, life-threatening accidental injury or illness, visit an emergency room.

Q: How do I know if my doctor is in Aetna's network?
A: Use the Aetna Provider Directory to search for your provider.
SHIP Options: Basic and Plus

Q: What are the differences between Basic and Plus options?
A: The main differences between Basic and Plus are listed below:
  • **Basic option** – generally meets the needs of most students, and is the option in which Boston University automatically enrolls most eligible students.
  • **Plus option** – provides a higher level of coverage for a higher cost, and also offers dependent coverage. Students on campuses other than the Charles River Campus may be automatically enrolled in the Plus option; consult your program administrator for details.

Access *Your Health Insurance Decision Guide* in the SHIP section of the Student Health Services site to learn more about the Basic and Plus options. Note: Basic Plan is not available to GMS PhD and MS Physician Assistant students or Goldman School of Dental Medicine (SDM) Dental students.

Q: Do both options cover dental and vision?
A: The plans cover dental injury and extraction of impacted wisdom teeth only (no general dentistry), and one routine eye exam per year (no contact lens exam or eyewear).

Q: If I have previously waived coverage, can I later enroll?
A: You can add SHIP coverage outside of the normal enrollment period only if you experience a qualifying event.
  • Aging out of coverage provided by a parent’s plan
  • Loss of a job
  • Changes to your parent’s or spouse’s plan
  • Getting married or divorced

You must provide documentation within 31 days of the event in order to add SHIP coverage.

To learn more about qualifying life events, call 617-353-2870.
Waiving SHIP

Q: Am I permitted to waive SHIP coverage?
A: The chart below indicates which student types may waive their SHIP coverage and under what circumstances this waiver is permitted.

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Q: Why might I waive SHIP coverage?
A: Some students have other coverage that offers an equal or better value than SHIP. For example, you may choose to waive SHIP coverage if:

- **You pay little or nothing for coverage under your current plan.** If your current coverage is free to you, or your premiums are very low, it may be the best overall value even if you pay a little more for care. However, you may also want to consider coverage under both your current plan and SHIP.

- **You’re from Massachusetts,** and can easily return to your home area to see a provider who participates in your parent’s plan.

- **Your current plan’s network is the same as or similar to the SHIP network,** and that plan’s in-network providers are close to campus.

- **Your current plan has good out-of-network coverage,** so the cost impact of seeing an out-of-network provider is minimal.

- **Your total cost for care** (the premium you pay for coverage plus your estimated out-of-pocket costs for care you may need) are equal or less than your total cost with SHIP coverage.

**Remember, you should not waive coverage if your current plan does not meet ACA minimum essential coverage requirements.** If your current plan doesn’t meet these requirements and you waive coverage, you may pay a federal tax penalty. Find out more about minimum essential coverage in the Affordable Care Act (ACA) section of this FAQs document. You also should not waive coverage if your health plan will only cover emergency care where you are studying.
Q: When is my deadline to waive coverage?
A: If you decide to waive coverage, you must do so by September 20 and January 31 for incoming Spring students to be credited for the SHIP premium in your student account.

Affordable Care Act (ACA)

Q: What is the Affordable Care Act (ACA)?
A: The Patient Protection and Affordable Care Act, commonly known as the ACA, was signed into law in 2013 and provides certain requirements for health insurance, such as covering preventive care obtained at an in-network provider at no cost.

Q: What does the ACA mean for my health insurance coverage?
A: Under the ACA, everyone must be covered by a health insurance plan that meets certain minimum essential coverage requirements.

Q: What is minimum essential coverage?
A: The ACA requires all individuals to have minimum essential health coverage for each month of the year. Certain individuals may qualify for an exemption or make a payment when filing a federal tax return.

According to the Center for Medicare & Medicaid Services, minimum essential coverage includes the following categories of health insurance:

- Employer-sponsored coverage (including Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage and retiree coverage)
- Coverage purchased in the individual market, including a qualified health plan offered by the Health Insurance Marketplace (also known as an Affordable Insurance Exchange)
- Medicare Part A coverage and Medicare Advantage (MA) plans
- Medicaid coverage in Massachusetts
- Children's Health Insurance Program (CHIP) coverage
- Certain types of veterans health coverage administered by the Veterans Administration
- TRICARE
- Coverage provided to Peace Corps volunteers
- Coverage under the Nonappropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities for plan or policy years that begin on or before Dec. 31, 2014 (for later plan or policy years, sponsors of these programs may apply to HHS to be recognized as minimum essential coverage)
- State high risk pool coverage established on or before November 26, 2014 in any state

Q: Does SHIP meet ACA minimum essential coverage requirements?
A: Yes.
Graduate Student Information: For Trainee Stipends Recipients and Research Assistants, Research Fellows, Teaching Assistants, and Teaching Fellows

Q: As a Graduate Student Trainee Stipend recipient, am I eligible for a credit toward my SHIP coverage?
A: Yes, as part of the financial aid package for full-time Ph.D. students who are Graduate Student Trainee Stipend recipients on the Charles River Campus, Boston University will credit your student account for your individual participation in the SHIP Basic option. In each semester of eligibility, a credit payment for half the annual cost of SHIP coverage will be made directly to your student account shortly before the beginning of each semester.

Q: How do I know if I am eligible for the medical insurance credit?
A: Eligibility depends on your employment category:
- For full-time Ph.D. graduate students receiving trainee stipends: You must receive a stipend of at least $5,000 each semester (Fall and Spring) to be eligible for the credit.
- For full-time graduate students who are Teaching Assistants, Teaching Fellows, Research Assistants, or Research Fellows: You must receive weekly salaried income of at least $5,000 each semester (Fall and Spring) to receive the credit. Student employees who are paid hourly are not eligible for the credit.

You may contact the Graduate Financial Assistance coordinator in your school to confirm that you are eligible.

Q: What is the amount of my credit?
A: For each semester you reach the eligibility threshold of at least $5,000, you will receive credit for half of the annual cost of the Basic option. Students who opt to purchase the Plus option will be responsible for payment of the premium difference by the Fall semester payment deadline.

Q: What if my trainee grant already includes medical insurance?
A: Some trainee grants already include the medical insurance with your stipend. For these types of trainee grants, you will receive the funds directly and be responsible for paying for your medical insurance out of these funds.

Q: What if my stipend is less than $5,000 one semester?
A: The health fee credit is applied to your student account only for semesters that you receive a stipend or teaching/research income of at least $5,000.
Q: **Do I receive any credit for the Summer semesters?**

A: The credit you may receive for the Summer semester depends upon your employment category:

- **For full-time Ph.D. graduate students receiving trainee stipends:** No. However, student policies are generally effective for a 12-month period.

- **For full-time graduate students who are Teaching Assistants/Fellows, or Research Assistants/Fellows:** If you reach the eligibility threshold in a given semester, you may receive the health credit for Fall, Spring, and Summer semesters, if needed. The credit earned in the Summer semester will be applied to your student account after the Summer payroll period.

All students who opt to purchase the Plus option will be responsible for payment of the premium difference by the Fall semester payment deadline.

Refer to your Rate and Date Sheet in the Waiving SHIP section of this FAQs document to learn about specific premiums and coverage dates.

Q: **When will the credit be applied to my student account?**

A: Your student account will be credited between mid-August and mid-September for the Fall semester, and between mid-December and mid-January for the Spring semester, by the Graduate Financial Aid coordinator of your school or college. The credit will be applied based on the expectation that your trainee stipend or income will be at least $5,000 per semester. If you do not reach the eligibility threshold, credits applied to your student account will be reversed and you will be responsible for paying any balance.

Q: **Do I receive credit for any semester that I am a part-time student?**

A: No.

Q: **What if I don’t want SHIP coverage?**

A: You must file a Medical Insurance Waiver. See the Waiving SHIP section of this FAQs document to learn more. Note: You will not receive the health fee credit if you file the waiver.

Q: **Are there tax consequences associated with the credit?**

A: The credit for medical insurance is considered taxable income. If you have alternative health coverage, then it may be to your advantage to waive SHIP coverage. See the Waiving SHIP section of this FAQs document and Your Health Insurance Decision Guide found in the SHIP section of the Student Health Services site to learn more.

Note: Students who have filed claims against the 2021-2022 plan year are not eligible to file a Medical Insurance Waiver for the 2021-2022 academic year.

It is your responsibility to report income to the Internal Revenue Service and pay taxes if required.
Q: What happens if I am enrolled in SHIP for the Fall semester and not registered for the Spring semester (e.g., graduate officially in January, Spring leave of absence, etc.)?

A: Students who won’t be registered for the Spring semester are eligible to request a prorated SHIP coverage for the Fall semester only. Students interested in this option must file a Medical Insurance Premium Adjustment form with Student Accounting Services by December 31.

If you do not file a Medical Insurance Premium Adjustment form, your SHIP coverage will continue through the end of the coverage year (typically August 14). You will not receive any medical insurance credit during the Spring semester and you will be responsible for the remaining cost of the insurance.

If you have additional questions, contact the Graduate Financial Assistance coordinator in your school or college.

Additional Questions?

If you have additional questions, contact the appropriate resource below.

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<td>Aetna Student Health</td>
<td>800-966-7772</td>
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<td>Teladoc®</td>
<td>855- 835-2362</td>
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