

Student Health Insurance Plan FAQs

Q: Do my enrolled dependents require a referral from SHS?

A: Dependents are not eligible to be seen at SHS and do not have a referral requirement. Dependents should establish care with in-network providers in their local area.

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.

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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 deductible for SHIP is just \$250 for the Basic or \$150 for the Plus.

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.” 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.

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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 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.

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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.

Student Type	Waiver Permitted
Charles River Campus Undergraduate and Graduate	Yes, if ACA-compliant coverage is demonstrated
School of Public Health	
School of Medicine M.D.	
School of Medicine Dermatology M.S.	
Graduate Medical Sciences Ph.D.	
Graduate Medical Sciences Physician Assistant	
Henry M. Goldman School of Dental Medicine	
International Undergraduate and Graduate	No, unless enrolled in an ACA-compliant plan underwritten in the United States

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 cannot waive coverage if your current plan does not meet ACA minimum essential coverage requirements. Find out more about minimum essential coverage in the [Affordable Care Act \(ACA\)](#) section of this FAQs document.

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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. For new pre and post doctoral students; see your program for deadlines

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.

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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.

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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 2024-2025 plan year are not eligible to file a Medical Insurance Waiver for the 2024-2025 academic year.

It is your responsibility to report income to the Internal Revenue Service and pay taxes if required.

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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.

Contact	Phone Number
Student Health Services (SHS)	617-353-3579
Student Accounting Services	617-353-2264
Aetna Student Health	800-966-7772
Teladoc®	855- 835-2362
Aetna Provider Directory (Provider Search)	800-966-7772
SHIP Resources	