



Harvard University Extension School

Division of Continuing Education

Student Financial Services • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • sfs@hudce.harvard.edu

2009–10 Student Health Plan Waiver Form

Admitted degree, certificate, and diploma candidates who are enrolled in 12 or more credits per term must enroll in the Harvard University Student Health Plan or certify that they have alternate US coverage that is comparable to the minimum standards established by the Commonwealth of Massachusetts. See page 2 for more information about Massachusetts standards. **Candidates enrolled in 12 or more credits will automatically be charged \$1,420 per term for health insurance unless they submit this waiver form by Wednesday, September 30, 2009, for the fall term and Sunday, February 28, 2010, for the spring term. There are no exceptions.**

Coverage effective dates: Coverage is effective August 1, 2009, to January 21, 2010, for the fall term and January 22, 2010, to July 31, 2010 for the spring term. Further information on coverage is available online at www.uhs.harvard.edu.

Students applying for admission to a degree, certificate, or diploma program

If you have alternate coverage that meets the minimum standards, you must complete this waiver form and return it to Student Financial Services by the required deadline. **Students enrolled in 12 or more credits who do not return the waiver form by the required deadline will be charged the health insurance fee of \$1,420 once admitted to the program even if they have alternate coverage.**

Questions:

- Candidates with questions about whether their own coverage is comparable to the Harvard Student Health Plan should call their insurance companies directly.
- Candidates with specific questions about coverage under the Harvard Student Health Plan should consult the Harvard University Health Services website (www.huhs.harvard.edu).
- Candidates with questions about health insurance billing should call Student Financial Services, (617) 495-4293.

Complete all lines below:

Please make sure all information is complete, accurate, and legible. Harvard Extension School will return forms with missing information.

Legal name (as it appears on your passport)		
Last (family name)	First	Middle

DCE ID number (if known)									
@									

(See www.extension.harvard.edu/login if unsure)

Date of Birth (example: MAY 09 1980)					

Month (mmm) Day (dd) Year (yyyy)

Address _____

City _____ State _____ Zip code _____

Insurance carrier _____ Policy number _____

Subscriber's name _____ Subscriber's relationship to you _____

Does this insurance require prior authorization for inpatient hospitalization? Yes No

I certify that:

1. I am currently participating and will continue to participate in the above named plan:
 - for the fall term (August 1, 2009–January 21, 2010)
 - for the spring term (January 22, 2010–July 31, 2010)
2. I have compared my health insurance program with the Harvard University Student Health Plan and have determined the benefits to be comparable.
3. I understand that I will be responsible for my medical expenses, and neither the University nor the University's health insurance program will be responsible for those expenses.

Signature _____ Date _____



Massachusetts Minimum Standards for a Qualified Student Health Insurance Program

The Massachusetts Department of Medical Security has issued draft regulations that set the minimum standards for a student health insurance program. To waive participation in Harvard's Blue Cross/Blue Shield insurance plan, you must have alternate health insurance comparable to these minimum standards, which are summarized below. To be comparable, your insurance is not required to satisfy each of the specific requirements but must provide reasonably comprehensive coverage for hospital and physician services throughout the school year. In addition, the services covered by your insurance should be reasonably accessible to you. If you need help determining whether your coverage is adequate, we suggest you consult your insurance company or agent. Neither University Health Services nor the Extension School can make this determination.

Summary of Minimum Insurance Benefits

General Requirements

- Coverage must include all benefits mandated by state insurance law, including coverage for mental and nervous conditions, alcohol and drug abuse, and maternity health care.
- Maximum coverage for all benefits toward each illness or accident must be at least \$25,000.
- Coverage must include the services of Christian Science practitioners subject to the same exclusions, limitations, and benefit levels as other services.
- Coverage may not exclude benefits for any preexisting injury, illness, or condition but may limit such benefits to a maximum of \$1,500.

Inpatient Hospitalization

- *Room and board.* Coverage of expenses actually incurred in a semiprivate room or an intensive care unit at 80 percent of covered charges* for each illness or accident.
- *Hospital services.* Coverage of expenses actually incurred at 80 percent of covered charges for each illness or accident.
- *Physician fees (excluding surgery).* Coverage of expenses actually incurred at 80 percent of covered charges for each illness or accident.
- *Surgical services.* Coverage at 80 percent of covered charges for expenses actually incurred for surgery, up to a maximum of \$5,000 for each surgical procedure; plus coverage for anesthesiologist or assistant surgeon services up to 30 percent of the amount reimbursed under the surgical coverage. The coverage requirement for outpatient surgical services is identical.

Outpatient Services

- *Basic benefits.* Coverage of expenses actually incurred in a physician's office, hospital outpatient department, or emergency room, clinical lab, radiological facility, or other similar facility licensed by the state, at 80 percent of covered charges, up to a maximum of \$1,500 for each illness or accident. A deductible or copayment may be charged for each visit in accordance with the following schedule:
 - hospital emergency room visit that does not result in an admission: \$50 per visit.
 - hospital outpatient department visit: \$35 per visit.
 - physician's office visit: \$10 per visit.
- *Surgical services.* Coverage identical to that of inpatient surgical services, described above.
- *High-cost procedures.* In addition to basic benefits, coverage of special procedures costing more than \$200 (e.g., CAT scans, magnetic resonance imaging, laser treatments) at 80 percent of covered charges, up to a maximum benefit of \$2,000 per illness or injury.

Ambulance Services

- Coverage of expenses incurred for use of a community or hospital ambulance in an emergency; subject to a \$25 deductible, up to a maximum of \$125 per illness or injury.

* *The term "covered charges" refers to expenses eligible for reimbursement by a health insurer.*