

# Northwestern | STUDENT HEALTH INSURANCE

## 2023-2024 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CHECKLIST

To waive NU-SHIP enrollment, you will need to enter the following into the Online Coverage Selection Form in CAESAR: Policyholder First/Last name; Relationship to Insured (i.e., Self, Spouse, Parent); Subscriber ID (Member ID #), Insurance Company Name, State, and Phone Number; and Insurance Type (e.g., HMO, PPO, etc.); in addition to the information noted below.

| COMPARABLE COVERAGE CHECKLIST  | Your Plan     | Comparison to NU-SHIP   |
|--|---------------|-------------------------|
| Type of Plan: Individual / Family*   |               | Individual*             |
| Annual Deductible  |               | \$300                   |
| Annual Out-of-Pocket Maximum (per ACA, individual plans must be ≤\$9,100; family plans must be ≤\$18,200)  |               | \$2,500<br>(in network) |
| <b>FYI: Benefit requirements in purple below are included in all ACA-compliant insurance plans (i.e., employer-based, marketplace)</b>   |               |                         |
| <b>Plan Requirements:</b>  |               | <b>NU-SHIP benefits</b> |
| In-network routine/non-emergency care, as well as emergency care, provided in the Evanston / Chicago area (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):   |               |                         |
| • Preventive services, wellness services, and chronic disease treatment  | Yes / No      | Yes                     |
| • Outpatient care (ambulatory patient services)  | Yes / No      | Yes                     |
| • Emergency Services   | Yes / No      | Yes                     |
| • Hospitalization (treatment for inpatient care)   | Yes / No      | Yes                     |
| • In-patient / out-patient mental health services and addiction treatment  | Yes / No      | Yes                     |
| • Prescription drugs   | Yes / No      | Yes                     |
| • Rehabilitative services and devices  | Yes / No      | Yes                     |
| • Laboratory services  | Yes / No      | Yes                     |
| • Maternity and newborn care   | Yes / No      | Yes                     |
| • Pediatric services   | Yes / No      | Yes                     |
| Plan has a U.S.-based claims administrator, a U.S. telephone number and address for submission of claims, and the 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 F-1 / J-1 students</li> <li>Required for other students ONLY when they are studying / traveling out of the U.S. during the current academic year</li> </ul> | Yes / No / NA | Yes                     |
| Active coverage from the day student arrives on campus through August 31, 2024 OR the end of their academic program (whichever comes first)  | Yes / No      | Yes                     |

This checklist is provided for reference purposes only. Students must waive NU-SHIP enrollment through the Online Coverage Selection Form in CAESAR during open enrollment.

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