

## 2024-2025 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 ≤\$9,450; family plans must be ≤\$18,900)		\$X,600 (in network)
FYI: Benefit requirements in purple below are included in all ACA-compliant insurance plans (i.e., employer-based, marketplace) <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):		
<input checked="" type="checkbox"/> Preventive services, wellness services, and chronic disease treatment	Yes / No	Yes
<input checked="" type="checkbox"/> Outpatient care (ambulatory patient services)	Yes / No	Yes
<input checked="" type="checkbox"/> Emergency Services	Yes / No	Yes
<input checked="" type="checkbox"/> Hospitalization (treatment for inpatient care)	Yes / No	Yes
<input checked="" type="checkbox"/> In-patient / out-patient mental health services and addiction treatment	Yes / No	Yes
<input checked="" type="checkbox"/> Prescription drugs	Yes / No	Yes
<input checked="" type="checkbox"/> Rehabilitative services and devices	Yes / No	Yes
<input checked="" type="checkbox"/> Laboratory services	Yes / No	Yes
<input checked="" type="checkbox"/> Maternity and newborn care	Yes / No	Yes
<input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Required for all F-1 / J-1 students <input checked="" type="checkbox"/> Required for other students ONLY when they are studying / traveling out of the U.S. during the current academic year	Yes / No / NA	Yes
Active coverage from the day student arrives on campus through August 31, 2025 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.