**HELP IN CHOOSING YOUR BEST INSURANCE PLAN**

The document below will help you decide between MIU-coordinated health insurance and your company insurance. Insurance policies are long and difficult to understand! This short document is designed to make the choice much easier! Basic information about the MIU plan is summarized on the left-hand side of the document. The right side of the document leaves space for you to input information about your employer health insurance plan.

We recommend that you meet with your health insurance coordinator at your company to ask questions to fill in the right-hand side of the worksheet. Meeting with the health insurance expert at your company will save you time, because reviewing lengthy insurance plans is time consuming. Receiving this information directly from your company expert will help to ensure that you have accurate information on your worksheet.

Once it is filled out, you can use this as a tool to decide between staying on the MIU-coordinated health insurance plan or taking your company insurance plan. This worksheet is for your own use, and most students find it easy to choose between the two plans once they have filled out the worksheet.

**MIU HEALTH INSURANCE VERSUS YOUR COMPANY PLAN:** While either option is acceptable, it may be easier to stay on MIU-coordinated health insurance. Compared to other commercial plans, MIU-coordinated health insurance has good coverage. There is no disruption in your insurance if you are laid off, rehired, or transfer to another position. Also, if you opt for company insurance, you will have an overlap in coverage where you must pay for both MIU-coordinated health insurance and your company insurance for at least a short period of time while going through the cancellation process. This is part of the process you must go through to cancel MIU-coordinated health insurance. We offer students the option of taking company insurance because we understand that sometimes it is more cost effective over time for students to take company insurance.

**ENROLLMENT WINDOW FOR COMPANY INSURANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_IF MISSED, NEXT AVAILABLE ENROLLMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE PLAN COMPARISON CHECKLIST –** to help choose between MIU insurance and company insurance

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| **MIU Student Health Insurance** | **Company Health Insurance** |
| How accessible are in-network providers for your location?  For a list of in-network providers: [www.multiplan.com](http://www.multiplan.com) or **(877) 657-5030**.  (Note: in-network doctors may use out-of-network\* services (e.g., labs, X-rays, etc.) You should ask your provider about the services you receive to verify that they are in-network\*.) | How accessible are in-network providers for your location?  (For out-of-network services, what percentage is covered?) |
| COST PER PERSON PER MONTH: **$292** (for students/dependents; no family rate available)  **(NOTE: Subject to possible increase every academic year in August.)**  Dependent enrollment: Allowed at the open enrollment dates.  (February 1st, May 1st, August 1st, November 1st) | Cost for Employee:  Cost for Family: |
| **Coinsurance** = For an in-network provider, the insurance will cover **85% of the cost** (after your deductible is paid). For an out-of-network provider, the insurance will cover **75% of the cost** (after your deductible is paid). | Does your company have coinsurance? How much is covered by your company insurance and how much are you responsible for? |
| **Pre-authorization**\* means you/your doctor must call before receiving in-patient services. **It is important to call beforehand to confirm that your procedure will be covered. If you/your provider do not call, the insurance company may not pay at all!** (See below for contact information for the insurance company to call) | Does your company require pre-authorization\*? If so, what are the details for what is required? |
| Yearly Maximum Benefit = Unlimited | Yearly Maximum Benefit = |
| Yearly check-up included = Yes | Yearly check-up included = |
| **Out of Pocket Expenses** | |
| **Annual Deductible\***  **In-Network: $250.00 Out-of-Network: $500.00** | Annual Deductible\*  In-Network: $ Out-of-network: $ |
| General Office Visit Co-Pay = $30.00  Prescription Drug Co-pay (Generic) = $25.00, (Preferred) = $50.00, (Brand/Specialty Drug) = $75.00 | General Office Visit Co-Pay\* = $  Prescription Drug Co-pay\* = $ |
| Emergency Services Co-pay = $150.00 (waived if admitted to hospital) | Emergency Services Co-Pay\* = $ |
| \*Out of pocket Maximum per student per year = $7,150  \*Out of pocket Maximum per family per year = 14,300 | \*Out of pocket Maximum per student per year = $  \*Out of pocket Maximum per family per year = $ |
| Pharmacy Provider = Wellfleet Rx/ESI; [www.wellfleetstudent.com](http://www.wellfleetstudent.com) or **(877) 640-7940** | Pharmacy Provider = |
| No plan coverage for vision and dental. | Vision = Dental = |
| US TRAVEL: Coverage is available during travel within the US. Be aware of out-of-network\* costs. TRAVEL OUTSIDE OF THE US: Coverage is available outside of the country, but not in your home country. It is possible you may have to file a claim after returning to the US. | US Travel coverage =  Travel outside of the US = |