

Student Health Insurance information

Adopted May 12, 2006, Massachusetts State Law, 114.6 CMR 3.05(2)

Institutions of Higher Education: Every institution of higher education shall require all full-time and part-time students enrolled in a certificate, diploma or degree-granting program to participate in a qualifying student health insurance program.

Required Benefits: A qualifying student health insurance program must provide reasonably comprehensive coverage of health services, including preventive and primary care, emergency services, surgical services, hospitalization benefits, ambulatory patient services, and mental health services. Carriers must provide all benefits and services required by Division of Insurance statutes and regulations.

Other Requirements:

(a) A qualifying student health insurance program may not exclude or limit coverage, except as otherwise permitted by 114.6 CMR 3.04(3), of any full-time or part-time student who is away from campus for any reason.

(b) A qualifying student health insurance program shall include services delivered in accordance with the healing practices of Christian Science.

(c) If a qualifying student health insurance program limits benefits per illness or accident, the maximum aggregate indemnity to be paid for all benefits for each physical or mental illness or accident may not be less than \$25,000 for the 2006-2007 academic year, and \$50,000 for subsequent academic years.

(d) A qualifying student health insurance program may define benefit levels either as benefit levels per school year or as benefit levels per 52-week period from the onset of illness or accident.

(e) Each student health plan shall specify in writing its policy regarding premium refunds and partial year student enrollment.

(f) Each student health plan shall specify in writing its policy regarding denial of payments for rendered services and for denials of referrals for requested services, including an internal grievance procedure. Carriers must provide students with notification of the right of appeal to the Office of Patient Protection.

Permissible Exclusions and Limitations: A qualifying student health insurance program may:

(a) impose reasonable exclusions and limitations including different benefit levels for in-network and out-of-network providers;

(b) impose reasonable co-payments and deductibles. The plan must specify the co-pay amount for in-network and out-of-network office, clinic, and hospital visits. The total annual deductible may not exceed \$250 per year.

(c) exclude charges reimbursable by any other valid and collectible medical insurance plan, provided that any charges in excess of the limits of such other medical insurance plan must be reimbursed as otherwise provided in the qualifying student health insurance program.

(d) exclude hospital or medical care resulting from participation in intercollegiate athletics provided that such care is covered under another health insurance program with equal or greater coverage.