

WELLESLEY COLLEGE

2026-2027 Student Health Insurance Plan



Per Massachusetts State Law, all students including Davis Scholars are required to enroll in the Wellesley College Student Health Insurance Plan (SHIP) or be covered by a health insurance plan with comparable coverage.

\$4,051

**Annual Premium for Coverage Effective
08/15/2026 - 08/14/2027**

Please visit www.universityhealthplans.com/Wellesley for additional information.

IMPORTANT CONSIDERATIONS

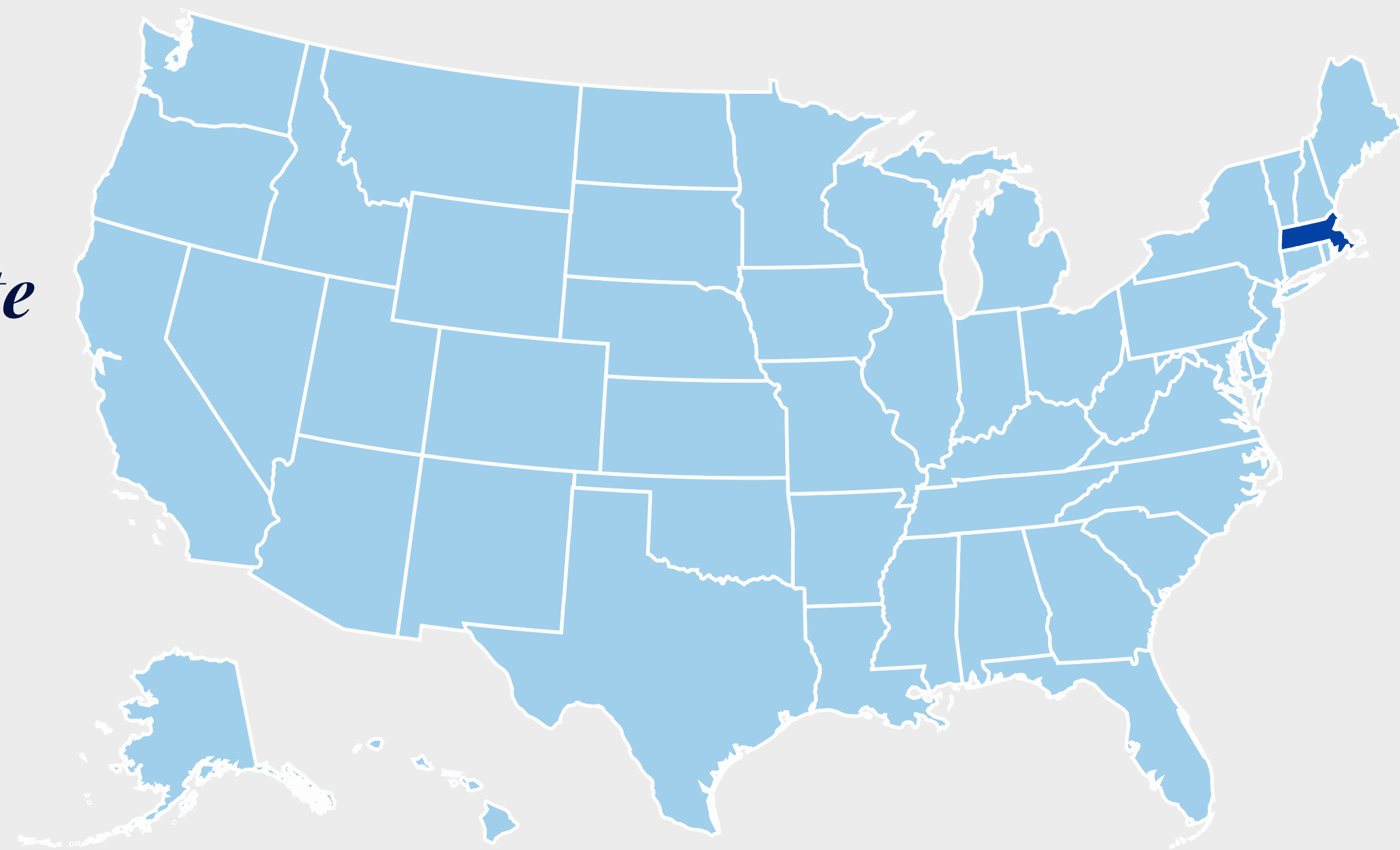
If you have your own health insurance, it is important to confirm your coverage is accessible in the Wellesley College area before waiving the Wellesley College SHIP.

- **Do you have an out-of-state HMO, EPO or Medicaid plan?**

Your coverage may be limited or not available while at Wellesley College. Kaiser and Anthem BCBS are popular out of state HMO plans that do not provide coverage in MA. Students should not waive with these plans.

- **Do you have a high deductible health plan (HDHP)?**

You may have high out of pocket costs if/when care is utilized



Please utilize the benefits comparison worksheet in addition to contacting your insurance company to confirm your coverage in the Wellesley College area.

For questions about the Student Health Insurance Plan, please contact:
University Health Plans
(833) 251-1116 | info@univhealthplans.com

WELLESLEY COLLEGE HEALTH INSURANCE COMPARISON WORKSHEET

Please consider your coverage options carefully before making a decision about the Student Health Insurance Plan.

- (1) Students must have a policy that is filed and approved in the US and fully compliant with the Affordable Care Act (ACA) benefit requirements
 (2) Not all plans provide comprehensive coverage in Massachusetts, specifically the Wellesley College area.
 (3) While your current plan may provide comprehensive coverage close to home, plan restrictions may limit coverage when away from home.
 (4) High deductible health plans may create a financial barrier to accessing care or result in high out-of-pocket costs.

Complete the comparison to confirm that your plan provides comprehensive coverage at Wellesley College.

- (1) Have your plan benefits available, or contact your insurance company's Member Services Team while completing the comparison.
 (2) Please review the benefits of both plans to confirm your coverage in Wellesley, MA.
 (3) If you've confirmed your plan is comparable to the Student Health Insurance Plan and would like to waive the coverage, an online waiver form must be completed at www.universityhealthplans.com/wellesley. Please have your insurance ID card available when completing the waiver.

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Plan Benefits	Current Health Insurance Plan	Wellesley College Student Health Insurance Plan
US Filed & Approved, ACA Compliant		Yes
Plan Type	<input type="checkbox"/> HMO <input type="checkbox"/> EPO <input type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Other	<input type="checkbox"/> HMO <input type="checkbox"/> EPO <input checked="" type="checkbox"/> PPO <input type="checkbox"/> Medicaid <input type="checkbox"/> Other
Provider Network <i>Does your plan provide emergency and non-emergency care throughout the US, or is it limited to your home state?</i>		National
Travel Assistance, Medical Evacuation and Repatriation		Yes
Policy Maximum		Unlimited
Out of Pocket Maximum		Student: \$8,700 / Family: \$17,400
Annual Deductible		In Network: \$0 Out of Network: \$250
Inpatient Hospitalization		In Network: Covered in Full Out of Network: 20% after deductible
Preventive/Routine Care		In Network: Covered in Full Out of Network: 20% after deductible
Office Visits <i>Primary Care Physician(PCP)</i>		In Network: \$25 copay Out of Network: 20% after deductible
Mental/Behavioral Health <i>Therapy (individual or group)</i>		In Network: \$25 copay Out of Network: 20% after deductible
Specialists <i>(Such as Physical Therapy, Dermatologists, OB/GYN)</i>		In Network: \$35 copay Out of Network: 20% after deductible
Urgent Care		In Network: \$35 copay Out of Network: 20% after deductible
Emergency Room		\$150 Copay <i>(copay waived if admitted)</i>
Ambulance		Covered in Full
X-Ray & Laboratory		In Network: Covered in Full Out of Network: 20% after deductible
High Cost Imaging <i>(CT Scan, MRI, PET Scan)</i>		In Network: \$100 copay Out of Network: 20% after deductible
Prescription Medications Tier 1 / Tier 2 / Tier 3 / Tier 4 / Tier 5		\$20 / \$35 / \$55 / 30% / 30%