



## Qualifying Student Health Insurance Program (QSHIP)

### 3.05: Elements of a Qualifying Student Health Insurance Program

(1) Benefits and Benefits Level. A qualifying student health insurance program must contain, at a minimum, the following benefits and benefit levels:

(a) all benefits and services which a carrier is required by its licensing or enabling statute to include in its health benefit plan;

(b) Inpatient hospitalization coverage (excluding surgery), including mental illness except as noted below at 114.6 CMR 3.05 (1)(g).

1. Room and Board -- coverage of expenses incurred in a semi-private room or intensive care unit at 80% of covered charges for each illness or accident;

2. Hospital services -- coverage of expenses incurred at 80% of covered charges for each illness or accident;

3. Physician fees -- coverage of expenses incurred at 80% of covered charges for each illness or accident;

4. Mental Health Professional Fees—coverage of expenses incurred at 80% of covered charges for each illness.

(c) Outpatient coverage (excluding surgery) including mental illness except as noted below at 114.6 CMR 3.05 (1)(g).

Basic benefits - coverage of expenses incurred in a physician's office, mental health professional's office, a community mental health center, home based services for mental illness, hospital outpatient department or emergency room, clinical lab, radiological facility or other similar facility licensed by Massachusetts, at 80% of covered charges up to a maximum benefit of \$ 1,500 for each illness or accident.

2. Co-payments or deductibles may be charged for each such visit, not to exceed the amounts listed in the following schedule:

a. hospital emergency room visit that does not result in an admission -- \$100.

b. hospital emergency rooms visit upon a referral by a licensed physician that does not result in an admission -- \$50.

c. hospital outpatient department visits -- \$50.

d. physician's office visits -- \$25.

3. High cost procedures -- in addition to the coverage in 114.6 CMR 3.05(1)(c) 1, for specific outpatient procedures costing over \$200 (including but not limited to C.A.T. scan, magnetic resonance imaging, laser treatments), coverage at 80% of covered charges up to a maximum benefit of \$ 2,000 for each illness or accident;

(d) surgical coverage - coverage of expenses incurred for surgery performed on an inpatient or outpatient basis at 80% of covered charges up to a maximum benefit of \$5,000 for each surgical procedure, plus coverage of anesthetist or assistant surgeon services up to 30% of the amount reimbursed under the surgical coverage;

(e) ambulance coverage, including coverage of expenses incurred for use of a community or hospital ambulance in an emergency, subject to a \$25 deductible, up to a maximum benefit of \$ 125 per illness or accident;

(f) services provided by chiropractors registered pursuant to M.G.L. c. 112, § 94, subject to the review and recommendation of the chiropractic consultant provided by the Massachusetts Chiropractor Society Peer Review Committee, if such a review is requested. These services are subject to the aggregate maximum benefit set forth in 114.6 CMR 3.05(1)(c) 1 and 114.6 CMR 3.05(1)(c) 2.

(g) Coverage for any other mental illness not described above shall contain a minimum benefit of 60 days of inpatient treatment and a minimum benefit of 24 outpatient visits in a 12-month period as required by c.80 of St.2000.

(2) Maximum Aggregate Indemnity. The maximum aggregate indemnity to be paid under a qualifying student health insurance program for all benefits for each physical or mental illness or accident may not be less than \$ 25,000.

(3) Exclusions and Limitations.

(a) A qualifying student health insurance program may be subject to reasonable exclusions or limitations commonly used in the student health insurance industry, such as the exclusion of routine preventive care, except where mandated by law, and the exclusion of hospital or medical charges which are reimbursable by any other valid and collectible hospital medical insurance plan. However, any charges in excess of the limits of such other hospital medical insurance plan must be reimbursed as otherwise provided in the qualifying student health insurance program.

(b) A qualifying student health insurance program may limit benefits otherwise required, including increasing or decreasing deductibles and co-payments, to the extent that benefits are provided and paid for by or through a managed care program. This section does not apply to emergencies.

(c) A qualifying student health insurance program may 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.

(d) A qualifying student health insurance program may not exclude or limit coverage, except as authorized in 114.6 CMR 3.00, of any full-time or part-time student who is away from campus for any reason.

(4) Miscellaneous Provisions.

(a) A qualifying student health insurance program may define the benefit levels prescribed in 114.6 CMR 3.05(1), (2), and (3) either as benefit levels per policy year or as benefit levels per 52-week period from the onset of illness or accident. The benefit levels are not lifetime maximums.

(b) A qualifying student health insurance program may define benefit levels on a basis other than "each illness or accident" so long as the level of covered benefits is the actuarial equivalent of the benefits levels prescribed in 114.6 CMR 3.05(1), (2), and (3).

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

(d) Institutions of higher education may offer to their students' policies of health insurance containing benefits and benefit levels in addition to those set forth in 114.6 CMR 3.05. In designing student health insurance programs, institutions of higher education may take into consideration the following factors: the type and nature of the student body; the size of the campus; the location of the campus; the extent of on-campus health services; the ability of individual students to purchase health benefit plans; and the ability of the institution to join with other institutions of higher education for the purpose of securing savings through collective bidding for qualifying student health insurance programs.

(e) Institutions of higher education may provide on-campus health services by subcontracting for outside services.

(f) Pre-existing conditions shall be covered on the same terms as any other illness or accident beginning not later than six months after the policy commencement date, as required at G.L. c. 176N, s. 2(b).