

## T-SHIP Benefits Comparison for 2023-2024

While we invite students to enroll in the [Tulane-sponsored Student Health Insurance Plan \(T-SHIP\)](#), we understand that some students will prefer to [opt out of T-SHIP](#) enrollment in favor of comparable coverage. Students who opt out of T-SHIP must demonstrate that their coverage that meets or exceeds the [University standards for adequate insurance](#). Before making your decision, please review the [standards](#), our [frequently asked questions page](#), and this benefits comparison chart.

While some out-of-state and international health plans may lack coverage in the New Orleans area, T-SHIP includes a wealth of in-network providers, including the city's major hospitals and a wide array of specialists. T-SHIP also covers students when they travel, so they're covered at home and abroad.

Comparison Points	Benefit with T-SHIP at The Health Center on Campus	T-SHIP In-Network	T-SHIP Out of Network	Your Plan
Annual Deductible	No Deductible	\$250	\$500	?
Family Deductible	N/A	\$750	\$1,500	?
Maximum Out of Pocket Limit	No Limit	\$5,000 Per Insured Person, Per policy year \$10,000.00 for all Insureds in a family Per Policy year	\$5,000 Per Insured Person, Per policy year \$10,000 for all Insureds in a family Per Policy year	?
Office Visit	No Co-pay	Community Referral: \$30 Co-Pay	Community Referral: \$30 Co-Pay	?
Emergency Room	N/A	\$100 Co-pay	Co-pay + 60% of Usual and Customary Charges for Medical Expense	?
Urgent Care	N/A	\$30 Co-Pay in addition to Policy Deductible	\$30 Co-Pay in addition to Policy Deductible	?
In-House Lab Services	No Co-pay	90% of Preferred Allowance for Covered Medical Expense after deductible is met	60% of Usual and Customary charges for covered expense after deductible is met	?
Inpatient Medical Visit	N/A	90% of Preferred Allowance for Covered Medical Expense after deductible is met	60% of Usual and Customary charges for covered expense after deductible is met	?
Prescription Drugs	\$15.00 Co-pay	Tier 1 \$20 Co-pay Tier 2 \$50 Co-pay Tier 3 \$80 Co-pay	\$20 Deductible per generic drug \$50 Deductible per brand name drug <small>When Specialty Prescription Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail co-pay (up to 50% of the Prescription Drug Charge).</small>	?
Physical Therapy Visit	N/A	Community Referral: \$30 Co-Pay in addition to Policy Deductible	Community Referral: \$30 Co-Pay in addition to Policy Deductible	?
Medical Coverage while Studying Abroad	N/A	90% of Preferred Allowance for Covered Medical Expense after deductible is met	60% of Usual and Customary charges for covered expense after deductible is met	?