



2024 - 2025

# Student Health Insurance Plan: University of Findlay



## Who can enroll?

All fulltime students (nine credit hours for graduate and 12 credit hours for undergraduate), and health professions students without regard to course load\*, are required to enroll in the student health insurance plan unless proof of comparable coverage is furnished.

\*The student health insurance requirement applies to students in the following health professions related programs without regard to the number of credit hours they are enrolled in:

Nuclear Medicine Institute Visiting: Certificate; Healthcare Management Sciences Major; Health Informatics Certificate; Master of Business Administration – Healthcare Management Concentration Program; Master of Science in Health Informatics Program; Diagnostic Medical Sonography Major; Diagnostic Medical Sonography AA; Diagnostic Medical Sonography Certificate; Echocardiography Major; Echocardiography AA; Echocardiography Certificate; Medical Laboratory Science Major; Nuclear Medicine Technology Major; Nuclear Medicine Technology AA; Nuclear Medicine Technology Certificate; Master of Science in Radiologic Sciences; Exercise Science for Health Professions Major; Health and Physical Education Major; Strength and Conditioning Major; Wellness and Health Promotion Major; Nursing Major; Master of Occupational Therapy – Weekend Program; Doctor of Occupational Therapy – Traditional Program; Doctor of Physical Therapy – Weekend Program; Doctor of Physical Therapy – Traditional Program; Master of Physical Therapy; Master of Physician Assistant Program; Healthcare Management Major; Social Work Major, Doctor of Pharmacy – Traditional Pharm.D Program; Doctor of Pharmacy – Distance Pharm.D Program.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/08/2024 – 8/07/2025	8/08/2024 – 12/31/2024	1/01/2025 – 8/07/2025	5/13/2025 – 8/07/2025
Student	\$2,184.00	\$1,092.00	\$1,092.00	\$521.00

Rates are subject to regulatory approval and may change.

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider

**Choice Plus**

Find a prescription drug provider

**Optum Rx**

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>)

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Gold with actuarial value of 85.940%.

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$250 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
<b>Out-of-Pocket Maximum</b> <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$7,150 Per Insured Person, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$20 Copay for generic drugs \$40 Copay for brand name drugs Up to a 31-day supply per prescription 60% of billed charge not subject to Deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits">www.healthcare.gov/preventive-care-benefits</a> / for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	60% of Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$10 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible *The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 not subject to Deductible *The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-888-799-7716**  
or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

<sup>1</sup>Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. <sup>2</sup>HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. <sup>3</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免費提供語言協助服務。請致電 1-866-260-2723。

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