



2024-2025 Student Health Insurance Plan: University of Cincinnati



Who can enroll?

All students taking six (6) or more credit hours and Co-op students are automatically enrolled in this insurance plan at Registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this plan on a voluntary basis. Grad students working on their dissertation are considered FT taking only 1 credit hour per academic year vs per semester. Distance Learning Programs do not meet the eligibility requirements. The requirement to attend classes for the first 31 days is waived for Co-op students.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

Online Student Waiver Process:

Student Health Insurance Waiver Agreement

In order to be accepted, your health insurance policy must:

As a student you can enroll yourself:

- be gold-tier equivalent:
http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/metal_tiers.pdf
- be in compliance with the Patient Protection and Affordable Care Act (PPACA) including the Ten Essential Health Benefits:
http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/10ebs.pdf
- not contain a pre-existing condition waiting period, or the waiting period must already have been exhausted;
- contain only less restrictive limitations than the U.C. Student Health Insurance policy;
- be active the entire time for which you are enrolled in classes; and
- be through a U.S. based insurance company employing a U.S. based claims administrator.

Currently, and in the future, you must be covered by an active health insurance policy (not a mini-med policy, nor a fixed-benefit indemnity policy, nor a discount plan) containing the same or less restrictive exclusions than that of the Student Health Insurance (SHI) policy on pages 4 and 5 of this summary brochure.

If you are the dependent of a UC employee and that UC employee has enrolled both you and herself/himself in a UC-sponsored employee health plan available through UC employee benefits, you are eligible to waive UC SHI. Your coverage must be effective for the entire academic year.

Do not write a note or call a UC office to waive coverage.

To avoid problems, properly complete the online waiver and submit prior to the deadline. Students who lose eligibility under their then current policy and who submitted a waiver with that policy's information, must immediately inform the SHI Office of such.

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

uhcsr.com/myaccount

Find an in-network provider

UHC Choice Plus

Find a prescription drug provider

Optum Rx

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³)

uhcsr.com/myaccount

The Single Student Waiver Deadlines are September 9, 2024, and January 20, 2025 and May 19, 2025.

Waivers are accepted on or before the Waiver Deadline.

The Dependent Coverage enrollment deadline is September 9, 2024.

Students who successfully waive coverage for the then current fall semester are-for the remainder of the policy year-neither enrolled for coverage automatically (unless the waiver is later audited and declined) nor charged for SHI on their UC tuition bill. It is the student’s responsibility to ensure the charge is removed from the UC bill no later than the Waiver Deadline.

For general information on benefits, eligibility and enrollment, please contact:

U.C. Student Health Insurance Office

1-513-556-6868

Email: studins@ucmail.uc.edu

Website: www.med.uc.edu/landing-pages/studenthealth/home

Plan highlights

Metallic Level: Gold with actuarial value of 86.100%

University Health Services Benefits:

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at UC Student Health Pharmacy, UC Health Specialty Pharmacy and UC Medical Center - Discharge Pharmacy for the following service: Prescription Drugs after a \$15 Copay per prescription for Tier 1, \$30 Copay per prescription for Tier 2, and \$60 Copay per prescription for Tier 3.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at University Health Services for all other primary care services.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Diabetic services, supplies, and durable medical equipment.
- Allow all Routine and Preventive Care Services at the SHC (Acting SHC’s), including UC Health and University of Cincinnati Medical Center (acting SHC). Waive the exclusions/limitations for Routine and preventive care services.
- Bloodborne Pathogen PBM Copay Coinsurance Reimbursements- “UHS (SHC) Pharmacy copays and OptumRX coinsurance related to the Bloodborne Pathogen Exposure benefit will be reimbursed at 100%.” Services must be paid first out of pocket by the Insured and services will be reimbursed.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year	\$800 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <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>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$12,700 Per Insured Person, Per Policy Year
Coinsurance <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
Prescription Drugs <i>Prescription Drugs and contraceptives covered under the Preventive Care Services benefit will be paid at the benefit level shown under Preventive Care Services.</i>	\$200 Deductible (per Policy Year) does not apply to Policy Deductible 80% Coinsurance per prescription Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	\$200 Deductible (per Policy Year) does not apply to Policy Deductible 80% of billed charge per prescription
Preventive Care Services <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 www.healthcare.gov/preventive-care-benefits/ 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

<p>The following services have per service copays</p> <p><i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i></p>	<p>Physician's Visits: \$35 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital. The Copay will be reduced to \$50 with a UHS referral prior to visiting the Emergency Room</p>	<p>Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital. The Copay will be reduced to \$50 with a UHS referral prior to visiting the Emergency Room</p>
---	---	--

Questions about your plan?

Contact Customer Service at **1-866-589-1053**
or at customerservice@uhcsr.com

¹Student 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. ²HealthiestYou 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. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

© 2024 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2024-202-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com/uc. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

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

注意：免费提供语言协助服务。請致電 1-866-260-2723。

