



# 2024 - 2025 Student Health Insurance Plan: University of Utah

## Who can enroll?

Undergraduate students enrolled for six (6) or more credit hours each semester and graduate students enrolled in three (3) or more credit hours are eligible to enroll in this insurance plan. All enrolled international students with an F1 or J1 visa are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Students enrolled in online classes, with a minimum of three (3) credit hours on campus are eligible to enroll in this insurance plan. Eligible graduate students for the University of Utah subsidized graduate plan include research and teaching assistants. Students participating in the "Bridge Program" are eligible and are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse.
  - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/16/24 - 8/15/25	8/16/24 - 12/31/24	1/01/25 - 8/15/25	5/16/25 - 8/15/25
Student	\$2,755.00	\$1,042.00	\$1,713.00	\$695.00
Spouse	\$2,740.00	\$1,036.00	\$1,704.00	\$691.00
One Child	\$2,740.00	\$1,036.00	\$1,704.00	\$691.00
Two or More Children	\$5,480.00	\$2,072.00	\$3,408.00	\$1,382.00
Spouse and Two or More Children	\$8,220.00	\$3,108.00	\$5,112.00	\$2,073.00

Rates are subject to regulatory approval and may change.

## Plan resources at your fingertips

Enroll or Waive coverage: [uhcsr.com/utah](https://uhcsr.com/utah)

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 [Options PPO](#)

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 87.710%

### University Health Sciences Center Benefits:

- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the University Health Sciences Center for the following services: Preventive Care.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$15 Copay per visit when treatment is rendered at the Student Health Center for the following services: all other services listed in the Schedule of Benefits.
- Policy Exclusions and Limitations do not apply to Covered Medical Expenses incurred at the Student Health Center.
- The Deductible will be waived and benefits for Covered Medical Expenses incurred at the Student Health Center Pharmacy for up to a 31-day supply per prescription, are provided as follows:
  - Preventive Care prescriptions are paid at 100%.
  - \$15 Copay per prescription Tier 1
  - \$40 Copay per prescription Tier 2
  - \$80 Copay per prescription Tier 3

Benefits	Select Providers	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the Policy		
<b>Plan Deductible</b>	\$250 Per Insured Person, Per Policy Year \$500 For all Insureds in a Family, Per Policy Year	\$400 Per Insured Person, Per Policy Year \$800 For all Insureds in a Family, Per Policy Year	\$800 Per Insured Person, Per Policy Year \$1,600 For all Insureds in a Family, 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>	\$3,000 Per Insured Person, Per Policy Year \$6,000 For all Insureds in a Family, Per Policy Year	\$3,000 Per Insured Person, Per Policy Year \$6,000 For all Insureds in a Family, Per Policy Year	\$6,000 Per Insured Person, Per Policy Year
<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	70% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. 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. The Copay and/or Coinsurance for insulin will not exceed the amount allowed by applicable law.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$80 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	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$80 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	No Benefits
<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	100% of Allowed Amount	75% 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>	Medical Emergency: \$150 Allowed Amount after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 80% of Allowed Amount after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 80% of Allowed Amount after Deductible The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-800-767-0700**  
or at [customerservice@uhcsr.com/utah](mailto:customerservice@uhcsr.com/utah)

<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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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。

**United  
Healthcare**

POLICY NUMBER: 2024-2310-1

**NOTICE:**

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

2024-2310-1 NOC1 - 08/12/2024

Bid Policy: N/A

Certificate:

**From:**

Page 2 Coverage Dates and Plan Cost

	Spring/Summer 1-1-25 to 8-15-25
Student	\$1,714.00
Spouse	\$1,705.00
One Child:	\$1,705.00
Two or More Children:	\$3,410.00
Spouse and Two or More Children:	\$5,115.00

**To:**

Page 2 Coverage Dates and Plan Cost

	Spring/Summer 1-1-25 to 8-15-25
Student	\$1,713.00
Spouse	\$1,704.00
One Child:	\$1,704.00
Two or More Children:	\$3,408.00
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Summary Flyer:

**From:**

Page 1 Coverage periods, plan cost and deadlines

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Policy: N/A