

2017-2018 Student Injury and Sickness Insurance Plan

For University of Nebraska, Omaha

The University of Nebraska, Omaha is teaming with a new Student Health Insurance company beginning August 1, 2017. UnitedHealthcare StudentResources offers a medical, prescription drug and dental insurance plan to UNO students. Using this plan, and the Preferred Providers of the UHC network, can help you save money when you seek medical or dental care and when you need to fill a prescription. Coverage is also available for your dependents.

Your school's student health insurance plan offers lower-than average premiums and deductibles, convenient access to physicians and various resources at the touch of your fingertips.

For more information, go to UHCSR.com/unomaha to check out your school's brochure/benefits flier or call **866-416-2623**

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 88.096%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found at <http://www.uhcsr.com>

Health Services 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 Health Services. Policy Exclusions and Limitations do not apply.

	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 \$1,000 for all Insureds in a Family, Per Policy Year	\$1,000 per Insured Person, Per Policy Year \$2,000 for all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum <i>After Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for remainder of Policy Year subject to applicable benefit maximums. Refer to plan certificate for details.</i>	\$2,200 Per Insured, Per Policy Year \$4,400 For all Insureds in a Family, Per Policy Year	\$4,400 Per Insured, Per Policy Year \$8,800 For all Insureds in a Family, 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 Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Mail order Prescription Drugs through UHCP</i> <ul style="list-style-type: none"> ▪ A 31-day supply Copay must be the same for mail order as retail. ▪ A 60-day supply Copay must be the same for mail order as retail. ▪ A 90-day supply Copay must be the same for mail order as retail. 	\$10 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)	75% of Usual and Customary Charges \$40 Copay for generic drugs \$80 Copay for brand name drugs Up to a 31-day supply per prescription
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of services provided.</i>	100% of Preferred Allowance <i>No Deductible, Copays or Coinsurance applied when services are received from a Preferred Provider.</i>	50% of Usual and Customary Charges
The following services have per Service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$20 Medical Emergency: \$300 <i>The Copay will be waived if admitted to the Hospital. Policy Deductible applies.</i>	Medical Emergency: \$300 <i>The Copay will be waived if admitted to the Hospital. Policy Deductible applies.</i>

Highlights of the Dental Plan Benefits

	Network	Non-Network
Individual Annual Deductible	\$0	\$0
Family Annual Deductible	\$0	\$0
Annual Maximum	\$1,000 per person per Calendar Year	\$1,000 per person per Calendar Year
Diagnostic/Preventive Services	100%	60%
Basic Services Restorations, Emergency Treatment/ General Services, Simple Extractions, Oral Surgery, Periodontics, Endontics.	80%	50%
Crowns	30%	30%



Enrollment

Visit www.uhcsr.com/unomaha to enroll.

Because this plan is tailored for our students, it's geared to work hand-in-hand with Health Services.

Premiums

	Fall Semester	Spring/Summer Semester
Student	\$986.05	\$1365.71
Spouse/Domestic Partner	\$972.46	\$1346.90
Each Child	\$979.65	\$1356.86

Note: An additional \$10 fee per covered person per coverage period will be charged by the University.

Coverage Effective Dates

Fall Semester: August 1, 2017 through December 31, 2017

Spring/Summer Semesters: January 1, 2018 through July 31, 2018

Questions?

**UnitedHealthcare
StudentResources**
866-416-2623
uhcsr.com/unomaha
customerservice@uhcsr.com
claims@uhcsr.com

OR

Contact the onsite insurance coordinator:
Cynthia Pickinpaugh
1-866-351-4262

Student Assistance Program

Counseling, legal and financial assistance, and mediation services.

HealthiestYou

A nationwide telehealth service providing members with remote access to licensed medical doctors.

UnitedHealth Global

Emergency medical and travel assistance while away from home or school.

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 may 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.

UnitedHealthcare StudentResources 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: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.
- 請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723。