



**2025-2026**

# **Student Health Insurance Plan: University of Nebraska System**

## **Who can enroll?**

### **University of Nebraska Kearney**

International students, Domestic Graduate Assistants, and Student Athletes are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

### **University of Nebraska Lincoln**

International students, Fulbright English for Graduate Studies Program Students, and Domestic Graduate Assistants with premium subsidy are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

### **University of Nebraska Medical Center**

All domestic and international students who are Undergraduate/Professional Students enrolled in 12 or more credit hours, Undergraduate Nursing Students enrolled in the traditional six-semester program, Graduate Nursing Students enrolled in six or more credit hours, Other Graduate Students enrolled in nine or more credit hours, Doctorate Students enrolled in a PhD program, and MMI Visiting Scholars are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

### **University of Nebraska Omaha**

International Students, Student Athletes, New Intensive English Students (ILUNO), IPD Students and Domestic Graduate Assistants (including certain Graduate Students whose Health Insurance is paid for by grants) are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

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. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - 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.

## **Plan resources at your fingertips**

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

**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**

## Plan highlights

**Metallic Level:** Platinum with actuarial value of 90.820%

### Student Health Center Benefits:

- 1) 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 SHC Pharmacies for the following services: Diabetic Supplies.
- 2) 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 Student Health Center. Policy Exclusions and Limitations do not apply.
- 3) The Deductible and Copays will be waived for Covered Medical Expenses incurred when treatment is referred by the Student Health Center for the following services: services received by UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.
- 4) UNMC Campus – The Deductible and Medical Emergency Expenses' Copay will be waived for Covered Medical Expenses incurred when treatment is referred by the UNMC Student Health Clinic for the following services: Emergency Service received by UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.
- 5) UNMC Campus – Exclusions and limitations do not apply to Laboratory Services when treatment is referred by the UNMC Student Health Clinic to UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.'
- 6) Lincoln, Omaha and Kearney Campuses - Exclusions and limitations do not apply when treatment is referred by the Student Health Center to UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.

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>	\$300 Per Insured Person, per Policy Year \$600 For all Insureds in a Family, Per Policy Year	\$600 Per Insured Person, per Policy Year \$1,200 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>	\$2,200 Per Insured Person, Per Policy Year \$4,400 For all Insureds in a Family, Per Policy Year	\$4,400 Per Insured Person, Per Policy Year \$8,800 For all Insureds in a Family, 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	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy</i> <ul style="list-style-type: none"> <li>• A 31-day supply Copay must be the same for mail order as retail.</li> <li>• A 60-day supply Copay must be the same for mail order as retail.</li> <li>• A 90-day supply Copay must be the same for mail order as retail.</li> </ul>	\$25 Copay for Tier 1 \$50 Copay for Tier 2 \$100 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	\$50 Copay for generic drugs \$100 Copay for brand name drugs Up to a 31-day supply per prescription 75% 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	50% 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: \$20 not subject to Deductible Medical Emergency: \$300 after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$300 after Deductible The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-866-416-2623**  
or at **customerservice@uhcsr.com**

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

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