



# 2024-2025 Student Health Insurance Plan: The University of Arizona



### Who can enroll?

Undergraduate students taking six or more units; Seniors with less than six units (one time exception) who are completing their final graduation requirements (documentation from advisor is required) and who had the Student Health Insurance the previous semester; Graduate students taking three or more units or one dissertation/thesis unit; Graduate non-degree students taking at least nine units, or be accepted to a degree/certificate program (documentation of acceptance is required) and be taking at least six transferable units; Post-Doctoral Fellows, J-1 Visiting Scholars, or J-1 Student Interns are eligible to enroll in this insurance Plan; All international students on a non-immigrant visa are automatically enrolled in this insurance Plan at registration.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. 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.

### Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

## 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

**UHC 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)

## Coverage periods, plan cost, and deadline dates

	Annual	Fall	Spring	Pre-Session	Summer
Enrollment deadline		09/09/2024	01/29/2025	05/28/2025	Summer 1: 06/23/25 Summer 2: 07/25/25
Coverage dates	8/16/2024 – 8/15/2025	8/16/2024 – 12/31/2024	1/1/2025 – 8/15/2025	5/19/2025 – 8/15/2025	6/1/2025 – 8/15/2025
Student	\$2,765.00	\$1,045.00	\$1,720.00	\$674.00	\$576.00

Rates are subject to regulatory approval and may change.  
23COL4751-738-1

## Plan highlights

**Metallic Level:** Platinum with actuarial value of 92.670%

### Student Health 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 UA Campus Health Service for the following services: Well-Woman Care, Lab & X-ray and Preventive Care.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services:
  - Physical Therapy: Initial Visit after \$25 Copay per visit, Follow-up Visit after \$15 Copay per visit.
  - Travel Immunizations after \$15 Copay per visit.

- General Medicine, Women's Health, Walk-in Clinic, Psychiatric Services and Psychologist/Therapist after \$20 Copay per visit.
  - Specialist Care after \$25 Copay per visit.
  - All other services listed in the Schedule of Benefits.
- The Deductible and Copays will be waived, and benefits will be paid at 100% for Covered Medical Expenses for Laboratory procedures, including routine Laboratory procedures, performed at the SHC and labs sent to LabCorp or Sonora Quest Laboratories by the SHC. SHC referral is not required.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. Benefits will be reduced without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

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>	\$1,500 Per Insured Person, Per Policy Year	\$3,000 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	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 at 2.5 times the retail Copay up to a 90 day supply. Prescription Drugs and contraceptives covered under the Preventive Care Services benefit will be paid at the benefit level shown under Preventive Care Services.</i>	\$125 Deductible (per Policy Year) does not apply to Policy 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	\$125 Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay for generic drugs \$40 Copay for brand name drugs 100% of billed charge Up to a 31-day supply per prescription
<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: \$25 not subject to Deductible Urgent Care Center: \$25 not subject to Deductible Physiotherapy: \$25 not subject to Deductible Medical Emergency: \$200 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Physician's Visits: 50% of Allowed Amount after Deductible Urgent Care Center: 50% of Allowed Amount after Deductible Physiotherapy: 50% of Allowed Amount after Deductible Medical Emergency: \$200 not subject to Deductible The Copay will be waived if admitted to the Hospital.

**Questions about your plan?** Contact Customer Service at **1-866-654-7445** 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.

© 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 2024-738-1. 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/arizona](http://uhcsr.com/arizona). 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。

