



2018–2019 Student Injury and Sickness Insurance Plan for Baker University

Who is eligible to enroll?

Students enrolled for 1 or more credit hour in the College of Arts and Sciences, Undergraduate School of Education, School of Nursing and international students are automatically enrolled in this insurance plan and the premium is added to the students account unless proof of insurance is provided by the waiver deadline.

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.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at www.uhcsr.com/bakeru. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-5419-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 8-1-2018 to 7-31-2019	Fall 8-1-2018 to 12-31-2018	Spring 1-1-2019 to 7-31-2019
Student	\$1,736.00	\$728.00	\$1,008.00

Important dates or deadlines

Enrollment/Wavier Deadlines:

Waivers must be submitted by 9-1-2018 for Annual/Fall Enrollment.

Waivers must be submitted by 2-1-2019 for Spring/Summer Enrollment.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.010%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

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 Student Health Center.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$300 Per Insured Person, per Policy Year	\$600 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>	\$3,750 Per Insured Person, Per Policy Year	\$7,500 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 Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Mail order through UHCP at 2 times the retail Copay up to a 90-day supply.</i>	\$25 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	Usual and Customary Charges \$25 Copay for generic drugs \$75 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. 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 Preferred Allowance	70% 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: \$40 Room and Board Expense: \$500 Medical Emergency: \$200 (The Copay will be waived if admitted to the Hospital.) Urgent Care Center: \$75	Room and Board Expense: \$500 Medical Emergency: \$200 (The Copay will be waived if admitted to the Hospital.) Urgent Care Center: \$75
Pediatric Dental and Vision Benefits	Refer to the plan certificate for details (age limits apply).	