



2024 - 2025

Student Health Insurance Plan: Loyola University Maryland



Who can enroll?

All full-time undergraduate students taking 12 credits, or more are automatically enrolled and charged premium for this insurance Plan, unless proof of comparable coverage is furnished. Full-time graduate students participating in the Masters Speech- Language Pathology program, Doctorate of Psychology program, Washington Montessori Institute and the Emerging Leaders MBA based programs are automatically enrolled in the plan and charge premium unless proof of comparable coverage is furnished.

Any policy that limits eligibility to fulltime students will not prohibit enrollment of a student over the age of 18 enrolled less than full-time as a result of a documented disability that prevents the student from maintaining a full-time course load if the student maintains at least seven credit hours per semester.

Eligible participants 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, including a grandchild, a child placed with the Insured for legal adoption, a child of a Domestic Partner, a child for whom the Named Insured is under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, or a child for whom the Named Insured is under a court order to provide coverage. A Dependent shall also mean a Dependent of the Insured, under 26 years of age, as the term is used in 26 U.S.C. §104, 105, 106, and any regulations adopted under those sections. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

RATES - UNDERGRADUATES	Annual	Fall	Spring/Summer
Coverage dates	08/15/24 – 08/14/25	08/15/2024- 12/31/24	01/01/25 - 08/14/25
Waive or enroll by	08/31/2024	08/31/2024	01/31/2025
Student	\$3,788.00	\$1,443.00	\$2,345.00
Spouse	\$3,788.00	\$1,443.00	\$2,345.00
One Child	\$3,788.00	\$1,443.00	\$2,345.00
Two or More Children	\$7,576.00	\$2,886.00	\$4,690.00
Spouse + Two or More Children	\$11,364.00	\$4,329.00	\$7,035.00

Rates are subject to regulatory approval and may change.

23COL4751-1370-67

Plan resources at your fingertips

Enroll or Waive coverage <https://rcmdstudentbenefits.com>

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 Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

RATES - GRADUATES	Annual	Fall	Spring/Summer
Coverage dates	08/15/24 – 08/14/25	08/15/2024 -12/31/24	01/01/25 - 08/14/25
Waive or enroll by	08/31/2024	08/31/2024	01/31/2025
Student	\$5,447.00	\$2,075.00	\$3,372.00
Spouse	\$5,447.00	\$2,075.00	\$3,372.00
One Child	\$5,447.00	\$2,075.00	\$3,372.00
Two or More Children	\$10,894.00	\$4,150.00	\$6,744.00
Spouse + Two or More Children	\$16,341.00	\$6,225.00	\$10,116.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 84.500%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 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>	\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 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 Allowed Amount for Covered Medical Expenses	60% of allowed amount for Covered Medical Expenses
Prescription Drugs <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.</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 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	\$25 Copay per prescription generic drug \$60 Copay per prescription brand-name drug 100% of billed charge up to a 31-day supply per prescription not subject to Deductible
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 Allowed Amount	80% of Allowed Amount
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: \$25 Copay per visit not subject to Deductible Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 Copay per visit not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-800-505-4160**
or at **customerservice@uhcsr.com**

¹Student 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. ²HealthiestYou 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. ³Non-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。请致电 1-866-260-2723。

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