



2024-1512-1 Student Health Insurance Plan: University of Detroit Mercy

Who can enroll?

All Residence Life students and School of Law students taking at least six credit hours are required to purchase this insurance plan, unless proof of comparable coverage is furnished on a hard-waiver basis. All School Dentistry students are eligible to enroll in this plan on a voluntary basis.

Students 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.

Students who do enroll may insure their dependents.

Plan resources at your fingertips

Enroll or Waive coverage	www.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 Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring
Waiver and Open enrollment dates	06/06/2024 to 09/24/2024	06/06/2024 to 09/24/2024	12/01/2024 to 02/15/2025
Coverage dates	08/20/2024 – 08/19/2025	08/20/2024 – 12/31/2024	01/01/2025 – 04/29/2025
Student	\$2,761.00	\$1,013.00	\$ 900.00
Student and Spouse	\$2,761.00	\$1,013.00	\$ 900.00
Student and One Child	\$2,761.00	\$1,013.00	\$ 900.00
Student and Two or More Children	\$5,522.00	\$2,026.00	\$1,800.00
Student, Spouse and One Child	\$8,283.00	\$3,039.00	\$2,700.00

	Summer	Spring/Summer
Waiver and Open enrollment dates	03/30/2025 to 06/30/2025	12/01/2024 to 06/30/2025
Coverage dates	04/30/2025 – 08/19/2025	01/01/2025 – 08/19/2025
Student	\$ 848.00	\$1,748.00
Student and Spouse	\$ 848.00	\$1,748.00
Student and One Child	\$ 848.00	\$1,748.00
Student and Two or More Children	\$1,696.00	\$3,496.00
Student, Spouse and One Child	\$2,544.00	\$5,244.00

Rates are subject to regulatory approval and may change.
23COL4751-1512-1

Plan highlights

Metallic Level: Gold with actuarial value of 84.100%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$350 Per Insured Person, per Policy Year \$700 For all Insureds in a Family, Per Policy Year	\$8,150 Per Insured Person, per Policy Year \$16,300 For all Insureds in a Family, 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>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	\$12,700 Per Insured Person, Per Policy Year \$25,400 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>	75% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90 day supply.</i>	\$6 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 20% Coinsurance per prescription for Preferred Specialty (\$200 maximum) Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	No Benefits outside of UnitedHealthcare Pharmacy
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	Allowed Amount after Deductible
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 after Deductible Medical Emergency: \$100 not subject to Deductible	Medical Emergency: \$100 not subject to Deductible

Questions about your plan?

Contact Customer Service at 1-800-767-0700
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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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免費提供語言協助服務。請致電 1-866-260-2723。

