



2024-2025

Student Health Insurance Plan: Miami University

Who can enroll?

All registered international students are required to purchase this insurance plan on a mandatory basis.

All full time domestic graduate students taking nine or more credit hours and all domestic full-time undergraduate students taking 12 or more credit hours are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is furnished.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.



Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer
Coverage dates	8/1/2024 - 7/31/2025	8/1/2024 - 12/31/2024	1/1/2025 - 7/31/2025
Student	\$2,151.00	\$902.00	\$1,249.00
Spouse	\$2,151.00	\$902.00	\$1,249.00
One Child	\$2,151.00	\$902.00	\$1,249.00
Two or More Children	\$4,302.00	\$1,804.00	\$2,498.00
Spouse and Two or More Children	\$6,453.00	\$2,706.00	\$3,747.00

Rates are subject to regulatory approval and may change. 23COL475 1-109-1

Plan highlights

Metallic Level: Platinum with actuarial value of 90.810%

Student Health Center Message: In an effort to support a healthy college experience, Student Health Services provides quality outpatient care, with services including general medicine, injury care and immunizations, as well as gynecology, laboratory, and psychiatry services. Students are encouraged to visit the Student Health Services Center located at 421 S. Campus Ave. Oxford, OH 45056.

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	
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>	\$1,500 Per Insured Person, Per Policy Year \$5,000 For all Insureds in a Family, Per Policy Year	\$5,000 Per Insured Person, Per Policy Year \$10,000 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>	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 times the retail Copay up to a 90 day supply For oral chemotherapeutic agents, the amount of any applicable Deductibles, Copayments or Coinsurance combined shall not exceed \$100 per Prescription Order or Refill up to a 31-day supply, regardless of tier placement</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$70 Copay for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$40 Copay for generic drugs \$70 Copay for brandname drugs 100% of billed charge up to a 30-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	60% of Allowed Amount after Deductible

Contact Customer Service at 1-888-799-7716
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. ²Non-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：免費提供語言協助服務。請致電 1-866-260-2723。



POLICY NUMBER: 2024-109-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 3 - 08/16/2024

Policy: N/A

Certificate: N/A

Summary Flyer:

Remove SHC wording

NOC 2 – 8/1/2024 - 08/01/2024

NOC 2 – 8/1/2024:

Certificate:

Updated per Ohio P1 PY24 filing changes

Flyer:

n/a

Policy:

n/a

NOC1 - 07/31/2024

NOC1 7/31/2024

Policy: NA

Certificate: NA

Flyer:

Updated OON OOP Max

From: \$1,500 Per Insured Person, Per Policy Year

\$5000 For all Insured's in a Family, Per Policy Year

To: \$5,000 Per Insured Person, Per Policy Year

\$10,000 For all Insured's in a Family, Per Policy Year

Updated OON Prescriptions Drugs Copays:

From: \$15 Copay for generic drugs

\$40 Copay for brand name drugs

To: \$40 Copay for generic drugs

\$70 Copay for brand name drugs