



2024-2025

Student Health Insurance Plan: University of Alaska Fairbanks



Who can enroll?

All students who are enrolled in a UA graduate program and are receiving Graduate Assistantships (GA) and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. Graduate students not on GA/Fellowships, but who are receiving tuition and/or fee awards, are eligible to be enrolled in this insurance plan. For GAs and Fellows, the premium is paid by the University on behalf of the student. Plan enrollment is not automatic.

Eligible students 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. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 45 days after the date for which coverage is purchased. 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/25/2024 - 8/24/2025	8/25/2024 - 1/4/2025	1/5/2025 - 8/24/2025	5/17/2025 - 8/24/2025
Student	\$4,174.00	\$1,521.00	\$2,653.00	\$1,143.00
Spouse	\$4,004.00	\$1,459.00	\$2,545.00	\$1,097.00
One Child	\$4,004.00	\$1,459.00	\$2,545.00	\$1,097.00
Two or More Children	\$8,008.00	\$2,918.00	\$5,090.00	\$2,194.00
Spouse and Two or More Children	\$12,012.00	\$4,377.00	\$7,635.00	\$3,291.00

Rates are subject to regulatory approval and may change.
23COL4751-335-2

Plan highlights

Metallic Level: Gold with actuarial value of 87.250%

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 and Counseling Center. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$400 Per Insured Person, per Policy Year	\$800 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>	\$3,000 Per Insured Person, Per Policy Year \$6,000 For all Insureds in a Family, Per Policy Year	\$13,700 Per Insured Person, Per Policy Year \$27,400 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>	80% of Allowed Amount for Covered Medical Expenses	70% 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> <i>Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-injectables are not covered.</i>	\$25 Copay for Tier 1 \$45 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 for generic drugs \$75 Copay for brand name drugs Up to a 31-day supply per prescription 70% of billed charge 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	70% of 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: \$35 not subject to Deductible Lab: \$ \$35 not subject to Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital Urgent Care Center: \$50 not subject to Deductible	Physician's Visits: \$35 after Deductible Lab: \$ \$35 after Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital

Contact Customer Service at 1-888-344-9025
or at customerservice@uhcsr.com

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注意：免费提供语言协助服务。请致电 1-866-260-2723。

**United
Healthcare**

POLICY NUMBER: 2024-335-2

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.

NOC1 - 11/08/2024

NOC1 11/8/2024

Policy: NA

Certificate: Updated SHC paragraph on SOB Header

From: Student Health Center Benefits: 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 and Counseling Center. Policy Exclusions and Limitations do not apply.

To: 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 and Counseling Center. Policy Exclusions and Limitations do not apply.

Summary Flyer: Updated SHC wording

From: Student Health Center Benefits: 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 and Counseling Center. Policy Exclusions and Limitations do not apply.

To: 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 and Counseling Center. Policy Exclusions and Limitations do not apply.