PLEASE NOTE:

THIS DOCUMENT HAS CHANGED. PLEASE SEE THE BACK COVER FOR DETAILS

2026 – 2027
Student Health Insurance Plan
University of Nebraska System

Who can enroll?

University of Nebraska Kearney
International students, Domestic Graduate Assistants, and Student Athletes are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

University of Nebraska Lincoln
International students, Fulbright English for Graduate Studies Program Students, and Domestic Graduate Assistants with premium subsidy are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

University of Nebraska Medical Center
All domestic and international students who are Undergraduate/Professional Students enrolled full-time as defined in the UNMC Academic Course Load policy, Undergraduate Nursing Students enrolled in the traditional six-semester program, Graduate Nursing Students enrolled in six or more credit hours, Other Graduate Students enrolled in nine or more credit hours, Students enrolled in a PhD program, and MMI Visiting Scholars are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

University of Nebraska Omaha
International Students, Student Athletes, New Intensive English Students (ILUNO), IPD Students and Domestic Graduate Assistants (including certain Graduate Students whose Health Insurance is paid for by grants) are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Eligible students may also insure their Dependents (including Domestic Partners).

Plan resources at your fingertips

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**
If you need language assistance:	**Language Assistance**

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 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 the 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.

Plan highlights

Metallic Level: Platinum with actuarial value of 91.350%

Student Health Center Benefits:

1) 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 SHC Pharmacies for the following services: Diabetic Supplies.
2) 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. Policy Exclusions and Limitations do not apply.
3) The Deductible and Copays will be waived for Covered Medical Expenses incurred when treatment is referred by the Student Health Center for services provided by the following Nebraska Medicine providers – The Nebraska Medical Center and Bellevue Medical Center.
4) Medical Center Campus – The Deductible and Medical Emergency Expenses' Copay will be waived for Covered Medical Expenses incurred when treatment is referred by the Student Health Clinic for: Emergency Services provided by the following Nebraska Medicine providers – The Nebraska Medical Center and Bellevue Medical Center.
5) Medical Center Campus - Exclusions and limitations do not apply to Laboratory Services when treatment is referred by the Student Health Clinic to the following Nebraska Medicine providers – The Nebraska Medical Center and Bellevue Medical Center.
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Benefits	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 For all Insureds in a Family, Per Policy Year	$600 Per Insured Person, per Policy Year $1,200 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum 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.	$2,200 Per Insured Person, Per Policy Year $4,400 For all Insureds in a Family, Per Policy Year	$4,400 Per Insured Person, Per Policy Year $8,800 For all Insureds in a Family, Per Policy Year
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy.or Preferred 90 Day Retail Network Pharmacy • A 31-day supply Copay must be the same for mail order as retail. • A 60-day supply Copay must be the same for mail order as retail. • A 90-day supply Copay must be the same for mail order as retail.	$25 Copay for Tier 1 $50 Copay for Tier 2 $100 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	$50 Copay for generic drugs $100 Copay for brand name drugs Up to a 31-day supply per prescription 75% of billed charge not subject to Deductible
Preventive Care Services 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.	100% of Allowed Amount	50% of Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: $20 not subject to Deductible Medical Emergency: $300 after Deductible The Copay will be waived if admitted to the Hospital	Medical Emergency: $300 after Deductible The Copay will be waived if admitted to the Hospital

Questions about your plan?

Contact Customer Service at **1-866-416-2623** or at customerservice@uhcsr.com

[1]Student 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. [2]HealthiestYou 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. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-1424-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

United Healthcare

POLICY NUMBER: 2026-1424-1

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.

NOC1 - 07/24/2026
NOC1 7/24/2026
Policy: NA

Certificate:
SOB Header, SHC wording changed
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Summary Flyer:
SHC Benefits wording under Plan Highlights, changed
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