



2024-333-1 Student Health Insurance Plan: Creighton University



Who can enroll?

All registered undergraduate students enrolled in 12 or more credit hours and graduate, professional or web based students taking eight or more credit hours are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. International and Intensive English Language students are automatically enrolled in this insurance plan at registration. Visiting scholars and special summer students are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 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.
 - 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	Spring/Summer	Summer
Coverage dates	8/1/24 – 7/31/25	8/1/24 – 1/31/25	2/1/25 – 7/31/25	1/1/25 – 7/31/25	6/1/25 – 7/31/25
Student	\$3,792.00	\$1,896.00	\$1,896.00	\$2,203.00	\$633.00
Spouse	\$3,792.00	\$1,896.00	\$1,896.00	\$2,203.00	\$633.00
One Child	\$3,792.00	\$1,896.00	\$1,896.00	\$2,203.00	\$633.00

Rates are subject to regulatory approval and may change.
23COL4751-333-1

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

Plan highlights

Metallic Level: Gold with actuarial value of 87.000%

Student Counseling Services: 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 Creighton University Student Counseling Services.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$500 Per Insured Person, Per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year	\$1,500 Per Insured Person, Per Policy Year \$3,000 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>	\$5,500 Per Insured Person, Per Policy Year \$11,000 For all Insureds in a Family, Per Policy Year	\$11,000 Per Insured Person, Per Policy Year \$22,000 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	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</i> <ul style="list-style-type: none"> 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. 	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$40 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	No Benefits
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	No Benefits
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 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-800-767-0700**
or at **customerservice@uhcsr.com**

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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。

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