



A STUDENT HEALTH PLAN FOR YOU!

AM I ELIGIBLE?

An eligible person is an individual who meets all the requirements of one of the covered classes shown below:

Class 1

- A registered Full Time Undergraduate or a Graduate Student attending classes who is a minimum age of 16 years and maximum of 64 years;
- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid F1 or J1 visa. F1 or J1 visa holder on OPT are not eligible.

Class 2

- The spouse or domestic partner of a Class 1 Insured Person

Class 3

- The Dependent child(ren) of a Class 1 Insured Person

Eligible individuals may enroll onto the Plan no earlier than 30 days prior to the start of their classes and terminate coverage no later than 30 days after classes have ended. Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements.

COVERAGE PERIOD & COST

| Fall | 08/15/22 - 12/31/22 | Spring | 01/01/23 - 05/31/23 | Spring/Summer | 01/01/23 - 08/14/23 |
|------------|---------------------|------------|---------------------|---------------|---------------------|
| Student | \$ 645.08 | Student | \$ 705.85 | Student | \$ 1,048.92 |
| Spouse | \$ 3,149.98 | Spouse | \$ 3,446.70 | Spouse | \$ 5,122.02 |
| Each Child | \$ 1,270.73 | Each Child | \$ 1,390.40 | Each Child | \$ 2,066.27 |

ADDITIONAL BENEFITS

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services
- Urgent Care Benefits
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans. Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of GBG.

NORTHERN MICHIGAN UNIVERSITY 2022-2023

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of **UnitedHealthcare Options network**.

| BENEFIT MAXIMUMS & DEDUCTIBLES | IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER |
|----------------------------------|-----------------------------|----------------------------|
| Benefit Maximum | | \$250,000 |
| Individual Deductible | \$ 100 per Insured Person | \$ 100 per Insured Person |
| Family Deductible | 2x Individual | 2x Individual |
| Individual Out-of-Pocket Maximum | \$ 5,000 per Insured Person | \$5,000 per Insured Person |
| Family Out-of-Pocket Maximum | 2x Individual | 2x Individual |

NOTE: Pre-Existing Condition Limitation (six (6) month Lookback Period)

Student: Pre-Existing Conditions are covered without a Waiting Period.

Dependents: Pre-Existing Conditions are covered after a six (6) month Waiting Period.

| BENEFIT CATEGORY | IN-NETWORK PROVIDER | OUT-OF-NETWORK PROVIDER |
|--|--|--|
| Deductible applies unless otherwise stated below Copayments do not apply to the Deductible or the Out-of-Pocket Maximum | Payments are based on the Preferred Allowance | Payments are based on Usual, Customary, Reasonable Charges |
| Physician Visit or Consultation by Specialist | 100% after \$20 Copayment | 80% after \$35 Copayment |
| Urgent Care Center | 100% after \$20 Copayment | 80% after \$35 Copayment |
| Emergency Room and Medical Services (Copayment waived if admitted) | 100% after \$100 Copayment | 100% after \$100 Copayment |
| Hospitalization (Room & Board) | 100% after \$50 Copayment | 80% after \$70 Copayment |
| Inpatient/Outpatient Surgery | 100% after \$50 Copayment | 80% after \$70 Copayment |
| Diagnostic Testing X-ray and Laboratory, including MRI, PET, CT Scans | 100% | 80% |
| Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy 20 Visits Maximum | 100% after \$20 Copayment | 80% after \$20 Copayment |
| Mental Health Office Visit 30 Visits Maximum | 100% | 80% |
| Sports and Other Activities \$5,000 Maximum per Period of Insurance | 100% | 80% |
| Prescription Drugs Up to a 31-day supply per prescription \$2,500 Maximum per Period of Insurance | At pharmacies contracting with CVS/Caremark: Tier 1: \$20 Copayment Tier 2: \$50 Copayment Tier 3: 50% of Actual Charge | 80% |
| Preventive Care and Annual Exams Student Health Center payable at UCR \$250 Maximum per Period of Insurance For more information please visit healthcare.gov/preventive-care-benefits | 100% (Deductible Waived) | No Benefits |