



# 2024-2025 Student Health Insurance Plan: Marymount University

## Who can enroll?

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

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. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. 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.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/17/2024 – 8/16/2025	8/17/2024 – 12/31/2024	1/1/2025 – 8/16/2025	5/6/2025 – 8/16/2025
Student	\$2,219.00	\$833.00	\$1,386.00	\$626.00

Rates are subject to regulatory approval and may change.  
23COL4751-1418-1

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account

[www.gallagherstudent.com/marymount](http://www.gallagherstudent.com/marymount)

Find an in-network provider

**Options PPO**

Find a prescription drug provider

**Optum Rx**

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>)

[uhcsr.com/myaccount](http://uhcsr.com/myaccount)

Plan highlights

Metallic Level: Gold with actuarial value of 85.960%

Student Health Center Benefits:

- 1) The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered or referred at the Student Health Center for the following services: Laboratory Procedures at the SHC and Laboratory Procedures referred to Quest.
- 2) 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 Center for the following services: All other services listed in the Schedule of Benefits.

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 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>	\$5,000 Per Insured Person, Per Policy Year	\$7,500 Per Insured Person, 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	65% 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 at 2.5 times the retail Copay up to a 90 day supply. For insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$50 for an individual prescription of up to a 30-day supply.</i>	\$25 Copay for Tier 1 \$50 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	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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> 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: \$35 not subject to Deductible Medical Emergency: \$300 not subject to Deductible The Preferred Provider and Out-of-Network Provider Copay will be waived if admitted to the Hospital.	Physician's Visits: \$35 not subject to Deductible Medical Emergency: \$300 not subject to Deductible The Preferred Provider and Out-of-Network Provider Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at 1-866-948-8472  
or at [www.gallagherstudent.com/marymount](http://www.gallagherstudent.com/marymount)

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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