



# 2024-2025 Student Health Insurance Plan: University of Maryland Baltimore



### Who can enroll?

All full-time undergraduate students registered for 12 or more credit hours are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

All full-time professional graduate students who are registered for nine or more credit hours are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

All graduate and professional students taking less than nine credit hours are eligible to enroll on a voluntary basis.

Any policy that limits eligibility to full-time students will not prohibit enrollment of a student over the age of 18 enrolled less than full-time as a result of a documented disability that prevents the student from maintaining a full-time course load if the student maintains at least seven credit hours per semester.

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.

Students who do enroll may insure their dependents.

### Coverage periods, plan cost and deadline dates

	Fall	Spring/Summer
Coverage dates	8/1/2024 – 1/31/2025	2/1/2025 – 7/31/2025
Student	\$2,351.00	\$2,312.00
Spouse	\$2,351.00	\$2,312.00
One Child	\$2,351.00	\$2,312.00
Two or More Children	\$4,702.00	\$4,624.00
Spouse and Two or More Children	\$7,053.00	\$6,936.00

Rates are subject to regulatory approval and may change.

### Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account [www.gallagherstudent.com/umb](http://www.gallagherstudent.com/umb)

Find an in-network provider **UHC Choice Plus**

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:** Platinum with actuarial value of 92.110%

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$100 Per Insured Person, per Policy Year	\$200 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$1,500 Per Insured Person, Per Policy Year \$3,000 For all Insureds in a Family, Per Policy Year	\$5,000 Per Insured Person, per Policy Year
<b>Coinsurance</b> <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	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <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>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$70 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy after Deductible	\$20 Copay for generic drugs \$40 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge after Deductible
<b>Preventive Care Services</b> <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	100% of Allowed Amount
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$15 not subject to Deductible Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-844-288-4916**  
or at [www.gallagherstudent.com/umb](http://www.gallagherstudent.com/umb)

<sup>1</sup>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. <sup>2</sup>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. <sup>3</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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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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