

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

2024 - 2025 Student Health Insurance Plan: University of Maine System



Who can enroll?

All undergraduate students taking nine or more credit hours per semester and graduate students taking six or more credit hours per semester are eligible to enroll in the Student Health Insurance Plan on a voluntary basis. Students must actively attend classes for at least the first 31 days after your policy begins. Home-study, correspondence, and online courses are not eligible for the student insurance plan, unless you are a degree-seeking student and residing in Maine.

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.

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 [HPHC Company Network](#)

Find a prescription drug provider [Optum Rx](#)

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

Coverage periods, plan cost and deadline dates

| | Annual | Fall | Spring/Summer | Summer II |
|----------------|-----------------------|------------------------|-----------------------|-----------------------|
| Coverage dates | 8/1/2024 to 7/31/2025 | 8/1/2024 to 12/31/2024 | 1/1/2025 to 7/31/2025 | 6/1/2025 to 7/31/2025 |
| Student | \$4,648.00 | \$1,948.00 | \$2,700.00 | \$777.00 |

Rates are subject to regulatory approval and may change.

23HPHCCOL4751-203648-1

Other Coverage:

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2024-203648-8.

Plan highlights

Metallic Level: Gold with actuarial value of 85.620%

Student Health Center Benefits:

University of Southern Maine and the University of Maine at Farmington

The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Physician Copay per visit when treatment is rendered at the Student Health Center; except that the first visit each Plan Year will be paid without cost-sharing.

University of Maine Counseling Center

The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Copay per visit when treatment is rendered at the University of Maine Counseling Center; except that the first visit each Plan Year will be paid without cost-sharing.

University of Maine at Presque Isle Student Health Center

The Deductible and Copay will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.

| Benefits | Preferred Providers | Out-of-Network Providers |
|---|---|--|
| Overall Plan Maximum | There is no overall maximum dollar limit on the Policy | |
| Plan Deductible | \$250 Per Insured Person, per Policy Year | \$400 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> | \$7,900 Per Insured Person, Per Policy Year | \$15,800 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 | 60% of Allowed Amount for Covered Medical Expenses |
| Prescription Drugs <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> | \$15 Copay for Tier 1 \$45 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 | 60% of billed charge for generic drugs 60% of billed charge for brand name drugs Up to a 31-day supply per prescription after Deductible |
| 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 | 80% of Allowed Amount after Deductible |
| 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: \$30 not subject to Deductible Medical Emergency: \$200 after Deductible | Medical Emergency: \$200 after Deductible |

Questions about your plan?

Contact Customer Service at **1-866-948-8472**
or at **customerservice@uhcsr.com**.

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

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UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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。



**Harvard Pilgrim
HealthCare**

POLICY NUMBER: 2024-203648-1

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 – 9/5/2024 -

In-network provider url link for HPHC Company Network updated (to provide search results for Choice Plus - Harvard Pilgrim Joint Venture)