



# 2024-2025 Student Health Insurance Plan: Butler University



## Who can enroll?

All registered International Undergraduate students taking credit hours are eligible and must be enrolled in the plan on a mandatory basis. All registered Graduate students and Domestic Undergraduate students taking 12 or more credit hours are eligible and must enroll in the plan on a hard waiver basis.

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.

Students who do enroll may insure their dependents.

## Coverage periods, plan cost and deadline dates

Waiver dates	August 19, 2024
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	Annual	Fall	Spring/Summer
Coverage dates	8/15/2024 - 8/14/2025	8/15/2024 - 12/31/2024	1/1/2025 - 8/14/2025
Student	\$3,104.00	\$1,182.00	\$1,922.00
Spouse	\$3,104.00	\$1,182.00	\$1,922.00
One Child	\$3,104.00	\$1,182.00	\$1,922.00
Two or More Children	\$6,208.00	\$2,364.00	\$3,844.00
Spouse and Two or More Children	\$9,312.00	\$3,546.00	\$5,766.00

Rates are subject to regulatory approval and may change.

## Plan resources at your fingertips

Enroll or Waive coverage [www.uhcsr.com/butler](http://www.uhcsr.com/butler)

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

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 86.280%

**Butler University Health Services (BUHS):** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at Butler University Health Services. Policy Exclusions and Limitations do not apply.

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>	\$1,000 Per Insured Person, per Policy Year	\$2,000 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>	\$4,500 Per Insured Person, Per Policy Year \$9,000 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<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>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.</i>	\$30 Copay for Tier 1 \$50 Copay for Tier 2 \$125 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
<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	No Benefits
<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: \$25 not subject to Deductible Medical Emergency: \$80 not subject to Deductible The Copay will be waived if admitted to the Hospital. Consultant Physician Fees: \$25 not subject to Deductible	Medical Emergency: \$80 not subject to Deductible The Copay will be waived if admitted to the Hospital. Consultant Physician Fees: \$25 not subject to Deductible

## Questions about your plan?

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

<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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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：免费提供语言协助服务。請致電 1-866-260-2723。

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