



2024 – 2025 Student Health Insurance Plan: University of Notre Dame



Who can enroll?

All registered international, graduate, resident, and degree seeking students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished and a waiver is submitted by the specified enrollment deadline dates. Eligible domestic undergraduate students taking 3 or more credit hours, and ROTC students taking credit hours can enroll in this insurance plan on a voluntary basis.

Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

Students 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.

Eligible students who do enroll may also insure their Dependents.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer	Special Cov. Period
Waiver/Open Enrollment dates	7/15/24 – 8/31/24	7/15/24 – 8/31/24	12/15/24 – 2/15/25	5/15/25 – 6/15/25	7/15/24 – 8/31/24
Coverage dates	8/15/24 – 8/14/25	8/15/24 – 12/31/24	1/1/25 – 8/14/25	5/15/25 – 8/14/25	8/1/24 – 8/14/24
Student	\$2,736.00	\$1,042.00	\$1,694.00	\$690.00	\$105.00
Spouse	\$2,736.00	\$1,042.00	\$1,694.00	\$690.00	\$105.00
One Child	\$2,736.00	\$1,042.00	\$1,694.00	\$690.00	\$105.00
Two or More Children	\$5,472.00	\$2,084.00	\$3,388.00	\$1,380.00	\$210.00
Spouse and Two or More Children	\$8,208.00	\$3,126.00	\$5,082.00	\$2,070.00	\$315.00

Rates are subject to regulatory approval and may change.

Plan resources at your fingertips

Enroll / Waive coverage insurancequestions@nd.edu

View benefits, submit a claim and download your ID card via My Account uhcsr.com/myaccount

Find an in-network provider [Choice Plus](#)

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

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

Plan highlights

Metallic Level: Gold with actuarial value of 86.070%.

University Health Services (UHS) Benefits:

- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the University Health Services (UHS) for Primary Care Visits. Policy Exclusions and Limitations do not apply.
- The Deductible will be waived for Covered Medical Expenses incurred at the University Health Services (UHS) On-Campus Pharmacy with the following copays:
 - \$5 Copay for prescription drugs Tier 1
 - \$30 Copay for prescription drugs Tier 2
 - \$70 Copay for prescription drugs Tier 3

The following Providers offer services that are not subject to the Policy Year Deductible:

- Labcorp – All Labs
- MIC (Medical Imaging Center)
- Rad, Inc.
- McDonald Physical Therapy
- XRC
- St. Joseph Regional Medical Center (X-rays & MRIs Only)
- Feathergill and Associates (Mental Health Services Only)
- Jocelyn Bailey (Mental Health Services Only)

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$350 Per Insured Person, per Policy Year	\$1,500 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>	\$6,000 Per Insured Person, Per Policy Year \$12,000 For all Insureds in a Family, 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>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 30-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 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	60% 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>	Medical Emergency: \$100 Copay per visit Allowed Amount after Deductible *The Copay will be waived if admitted to the Hospital	Medical Emergency: \$100 Copay per visit 80% of Allowed Amount after Deductible *The Copay will be waived if admitted to the Hospital

Questions about your plan?

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

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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.

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