



2024 - 2025

Student Health Insurance Plan: Kansas Wesleyan University

Who can enroll?

All undergraduate domestic students, All Undergraduate Athletes taking 12 or more credit hours, and all undergraduate and graduate athletes in their final year of study and graduate students taking six or more credit hours are automatically enrolled in this plan unless proof of comparable coverage is furnished. International students are required to enroll on a mandatory 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. 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

Enroll or Waive coverage www.studentcenter.uhcsr.com/kwu

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

Coverage periods, plan cost and deadline dates

RATES - UNDERGRADUATES	Annual	Spring/Summer
Coverage dates	08/01/24 - 07/31/25	01/01/25 - 07/31/25
Deadline dates	09/01/24	02/01/25
Student	\$2,097.00	\$1,218.00

RATES - GRADUATES	Annual	Spring/Summer
Coverage dates	08/01/24 - 07/31/25	01/01/25 - 07/31/25
Deadline dates	09/01/24	02/01/25
Student	\$3,339.00	\$1,940.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 84.280%

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>	\$7,500 Per Insured Person, Per Policy Year	\$15,000 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	50% 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 100-day supply.</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 34-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$15 Copay per prescription generic drug \$35 Copay per prescription brand-name drug 100% of billed charge up to a 34-day supply per prescription not subject to 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	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: \$30 Copay per visit not subject to Deductible Medical Emergency: \$200 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$200 Copay per visit not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-800-505-4160**
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, nontherapeutic 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：免费提供语言协助服务。請致電 1-866-260-2723。



POLICY NUMBER: 2024-202912-63

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.

NOC 1 - 06/25/2024

This will apply to the following members:

2024-5419-63

2024-1479-63

2024-2001-63

2024-203368-63

2024-2006-63

2024-2007-63

2024-1573-63

2024-2003-63

2024-346-63

2024-348-63

2024-1595-63

Policy: N/A

Certificate: N/A

Summary Flyer:

5419-63 only

Annual deadline date updated from 09/15 to 09/01

Spring deadline date updated from 02/15 to 02/01

Rate table

From: "Waive or enroll dates" To: "Deadline dates"

Deadline start dates have been removed.