



# 2024 – 2025 International Student Health Insurance Plan: University of North Dakota



## Who can enroll?

All International students are required to purchase this insurance plan, except for limited policy exceptions.

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.

Students who do enroll may insure their dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer
Coverage dates	8/16/2024 – 8/15/2025	8/16/2024 – 12/31/2024	1/01/2025 – 8/15/2025
Student	\$2,369.00	\$896.00	\$1,473.00
Spouse	\$2,369.00	\$896.00	\$1,473.00
One Child	\$2,369.00	\$896.00	\$1,473.00
Two or More Children	\$4,738.00	\$1,792.00	\$2,946.00
Spouse and Two or More Children	\$7,107.00	\$2,688.00	\$4,419.00

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

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider

**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](https://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Silver with actuarial value of 75.180%

**Student Health Center Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: 1) Prescription Drugs after a \$15 Copay per prescription for Tier 1, \$50 Copay per prescription for Tier 2, and \$75 Copay per prescription for Tier 3; and 2) all other services listed in the Schedule of Benefit. This plan includes a Student Health Center Referral Requirement for Students attending University of North Dakota. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

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>	\$500 Per Insured Person, per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year	\$1,500 Per Insured Person, per Policy Year \$3,000 For all Insureds in a Family, 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>	\$9,450 Per Insured Person, Per Policy Year \$18,900 For all Insureds in a Family, Per Policy Year	\$45,000 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	50% 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>	\$200 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay for Tier 1 \$50 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	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: \$30 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 80% of Allowed Amount not subject to Deductible The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-877-433-6667**  
or at [customerservice@uhcsr.com/NDCU](mailto:customerservice@uhcsr.com/NDCU)

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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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