



# 2024-608-1 Student Health Insurance Plan: Johnson & Wales University



## Who can enroll?

All undergraduate day students, both domestic and international, all international graduate students, and any graduate student required to be enrolled under programmatic requirements (e.g., students enrolled in the Physician Assistant Program, on-campus Occupational Therapy Program, Addiction Counseling or Clinical Mental Health Counseling master's degree programs, etc.), registered and attending Johnson & Wales University and taking credit hours (excluding full-time Johnson & Wales employees) are eligible and enrolled in the plan on a hard waiver basis. Whether a student is "registered" and "attending" shall be determined exclusively by Johnson & Wales University.

Except as otherwise provided herein, the student (Named Insured, as defined in this Certificate) must actively attend classes for at least 31 days after university classes start to remain eligible. If a Named Insured ceases to be eligible within the first 31 days from the start of classes, coverage will be terminated back to the effective date for which coverage is purchased.

Home study, correspondence, and online courses do not fulfill the eligibility requirements. Notwithstanding anything herein, eligibility requirements of students enrolled in the university's in-person programs shall not be impaired based solely on attendance of classes through an online, remote, or virtual learning environment (1) in the case of a declared federal or state public health emergency that would require online, remote, or virtual learning, or (2) in the case of attendance via online, remote, or virtual learning due to an accommodation for a disability granted by the university.

**Medical Leave of Absence Eligibility requirements:** A student can enroll in the student health insurance plan while on an approved medical leave of absence for a maximum of one semester if the student was enrolled as an Insured under the student health insurance plan in the prior semester. In addition, if an Insured suffers an Injury or Sickness while meeting the eligibility requirements, that results in the Insured taking a medical leave of absence, coverage will remain in force until the end of the semester for which coverage was purchased. The Insured must have their medical leave of absence approved in writing by the director of the student health center (or similar position, irrespective of the title) or their designee to be eligible. At the time of taking the leave, the Insured must intend to return to Johnson & Wales University and remain a degree-seeking candidate.

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring	Summer 1	Summer 2	Summer 3
Coverage dates	8/1/2024 – 7/31/2025	8/1/2024 – 12/31/2024	1/1/2025 – 7/31/2025	5/1/2025 – 7/31/2025	6/1/2025 – 7/31/2025	7/1/2025 – 7/31/2025
Student	\$2,870.00	\$1,435.00	\$1,435.00	\$721.00	\$478.00	\$243.00

Rates are subject to regulatory approval and may change.  
23COL4751-608-1

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

# Plan highlights

**Metallic Level:** Platinum with actuarial value of 91.040%

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>	\$100 Per Insured Person, per Policy Year	\$300 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>	\$8,500 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>	90% of Allowed Amount for Covered Medical Expenses	70% 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>	\$10 Copay for Tier 1 20% Coinsurance for Tier 2 20% Coinsurance 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: \$20 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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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。请致电 1-866-260-2723。

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