



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	

	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
View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	Options PPO
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	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
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$1,000 Per Insured Person, per Policy Year	\$2,000 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>	\$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.
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 2.5 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
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: \$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**

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