

Northern Michigan University

Student Health Insurance Plan 2023-2024



Eligibility

An eligible person is an individual who meets all the requirements of one of the covered classes shown below:

Class 1

- A registered Full Time Undergraduate or a Graduate Student attending classes who is a minimum age of 16 years and maximum of 64 years;
- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid F1 or J1 visa. F1 or J1 visa holder on OPT are not eligible.

Class 2

- The spouse or domestic partner of a Class 1 Insured Person

Class 3

- The Dependent child(ren) of a Class 1 Insured Person

Eligible individuals may enroll onto the Plan no earlier than 30 days prior to the start of their classes and terminate coverage no later than 30 days after classes have ended. Students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements.

What's Included?

- Access to ASAP - Academic Student Assistance Program
- Access to Telehealth Services through AcademicLiveCare
- Urgent Care Benefits
- Academic Emergency Services*

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LCC, separate and independent companies from Academic HealthPlans, Inc. (AHP).

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at nmu.mycare26.com.

More Information

For full details of participation in the plan, please view the complete brochure online at: nmu.mycare26.com

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit nmu.mycare26.com/additionalresources

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. Your Plan provides you with a higher level of coverage when you receive covered medical expenses from physicians who are part of **UnitedHealthcare Options network.**

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Benefits (Deductible applies unless otherwise stated below. Copayments do not apply to the Deductible or the Out-of-Pocket Maximum.)

	PREFERRED PROVIDER Payments are based on the Preferred Allowance	OUT-OF-NETWORK PROVIDER Payments are based on Usual, Customary, Reasonable Charges
Benefit Maximum		\$250,000
Individual Deductible	\$ 100 per Insured Person	\$ 100 per Insured Person
Family Deductible	2x Individual	2x Individual
Individual Out-of-Pocket Maximum	\$ 5,000 per Insured Person	\$ 5,000 per Insured Person
Family Out-of-Pocket Maximum	2x Individual	2x Individual
Physician Visit or Consultation by Specialist (Deductible waived)	100% after \$20 Copayment	80% after \$35 Copayment
Urgent Care Center (Deductible waived)	100% after \$20 Copayment	80% after \$35 Copayment
Emergency Room and Medical Services (Copayment waived if admitted)	100% after \$100 Copayment	100% after a \$100 Copayment
Hospitalization (Room & Board)	100% after \$50 Copayment	80% after \$70 Copayment
Inpatient/Outpatient Surgery	100% after \$50 Copayment	80% after \$70 Copayment
Diagnostic Testing X-ray and Laboratory, including MRI, PET, CT Scans	100%	80%
Therapeutic Services Physical, Chiropractic, Occupational, Vocational and Speech Therapy 20 Visits Maximum	100% after \$20 Copayment	80% after \$20 Copayment
Mental Health Office Visit 30 Visits Maximum	100%	80%
Sports and Other Activities \$5,000 Maximum per Period of Insurance	100%	80%
Prescription Drugs, Up to a 31-day supply per prescription \$2,500 Maximum per Period of Insurance	At pharmacies contracting with CVS/Caremark: Tier 1: \$20 Copayment Tier 2: \$50 Copayment Tier 3: 50% of Actual Charge	80%
Preventive Care Services Student Health Center payable at UCR \$250 Maximum per Period of Insurance For more information, please visit healthcare.gov/preventive-care-benefits/	100% (Deductible waived)	60%

NOTE: Pre-Existing Condition Limitation (six (6) month Lookback Period)

Student: Pre-Existing Conditions are covered without a Waiting Period.

Dependents: Pre-Existing Conditions are covered after a six (6) month Waiting Period.

Student and Dependents: Pre-Existing Conditions is limited to \$2,500 during the first 6 months of coverage, then covered per the Schedule of Benefits.

Coverage Period & Cost

	Fall 08/15/23 - 12/31/23	Spring (Grads/Exchange Only) 01/01/24 - 05/31/24	Spring/Summer 01/01/24 - 08/14/24
Student	\$ 676.76	\$ 740.33	\$ 1,105.72
Spouse	\$ 3,310.34	\$ 3,620.09	\$ 5,406.29
Each Child	\$ 1,335.54	\$ 1,460.68	\$ 2,181.50