

University Health Services  
 Student Health Insurance  
 UnitedHealthcare Student Resources  
[www.uhcsr.com](http://www.uhcsr.com)

Policy Period: 8/21/2014 – 8/20/2015

Fall/Annual Enrollment Deadline: September 30, 2014

<b>GRADUATE ASSISTANTS – ONLY</b>				
Plan B Policy# 2014-315-2				
2014/2015	Annual Insurance Rate 08/21/14-08/20/15	Fall Only Insurance Rate 08/21/14-01/11/15	Spring/Summer Insurance Rate 01/12/15-08/20/15	Summer Only Insurance Rate 05/18/15-08/20/15
Total (Student Only— Dependents Extra)	\$2,073	\$818	\$1,255	\$540
University Portion	\$1,451	\$573	\$878	N/A
GA Student Portion	\$622	\$245	\$377	\$540

- ◆ To enroll: Go to [www.uhcsr.com](http://www.uhcsr.com).
- ◆ Click on [Find My School's Plan](#).
- ◆ Type in **Kent State**, hit **Search**, and click on [Kent State University](#).
- ◆ Scroll down and click on *All GA students must enroll for coverage using this link.*
- ◆ Click on [Enrollment Form](#).
- ◆ Complete the coverage request. Make sure to put the **correct number** in the Student ID field (**9-digits, usually starts with 810, NOT the number on your flashcard**).
- ◆ Once your eligibility as a GA has been confirmed, you will receive an email with a link to make payment for your portion.

# United Healthcare Student Resources

## Student Health Insurance

[www.uhcsr.com](http://www.uhcsr.com)

Customer Service Phone Number 800-767-0700

Provision	Plan B	
	Policy# 2014-315-2	
	In-Network	Out-of-Network
Benefit Maximum	Unlimited	
Deductible (Ind / Fam)	<b>\$500 / \$1,000</b>	<b>\$1,000 / \$2,000</b>
Out-of-Pocket Max (Ind / Fam)	<b>\$5,000 / \$10,000</b>	<b>\$8,000 / \$16,000</b>
Coinsurance	80%	60%
<b>KSU DeWeese Health Center Services</b>		
Per Service Copays	Waived	NA
Preventive Care	100%	NA
Outpatient Care	100%	NA
<b>Retail Generic</b>	<b>\$15 copay</b>	
<b>Retail Brand Formulary</b>	<b>\$30 copay</b>	
<b>Retail Brand Non-Formulary</b>	<b>\$45 copay</b>	
<b>PER SERVICE COPAYS</b>		
PCP Visit	\$25	Ded/Coins
Specialist Visit	\$35	Ded/Coins
IP Hospitalization Ded/Copay	Ded/Coins	Ded/Coins
ER Copay ( <b>waived if admitted</b> )	\$125	\$125
Urgent Center Copay	\$35	Ded/Coins
<b>Lab/X-ray</b>	<b>\$25 copay</b>	Ded/Coins
Outpatient Surgery Copay	Ded/Coins	Ded/Coins
<b>PREVENTIVE CARE</b>		
<b>Prevention or Wellness</b>	100%	No Benefit
<b>PRESCRIPTION DRUGS</b>		
<b>Retail Generic</b>	<b>\$15 copay</b>	
<b>Retail Brand Formulary</b>	<b>\$30 copay</b>	
<b>Retail Brand Non-Formulary</b>	<b>\$45 copay</b>	