

University Health Services

Student Health Insurance

UnitedHealthcare Student Resources

www.uhcsr.com

Policy Period: 8/21/2014 – 8/20/2015

Fall/Annual Enrollment Deadline: September 30, 2014

Non-GA Rates

(All graduate and undergraduate students who are not graduate assistants)

Plan B – Low Deductible 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
Student Only	\$2,073	\$818	\$1,255	\$540
Spouse	\$4,379	\$1,728	\$2,651	\$1,140
Each Child	\$3,064	\$1,209	\$1,855	\$797
All Children	\$3,873	\$1,528	\$2,345	\$1,008
All Dependents	\$8,194	\$3,233	\$4,961	\$2,133
Plan E – High Deductible Policy# 2014-315-1				
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
Student Only	\$1,851	\$730	\$1,121	\$482
Spouse	\$3,902	\$1,539	\$2,363	\$1,016
Each Child	\$2,732	\$1,078	\$1,654	\$711
All Children	\$3,458	\$1,364	\$2,094	\$900
All Dependents	\$7,303	\$2,881	\$4,422	\$1,901

- ◆ To enroll: Go to www.uhcsr.com.
- ◆ Click on [Find My School's Plan](#).
- ◆ Type in **Kent State**, hit **Search**, and click on [Kent State University](#).
- ◆ Click on [Enroll Now](#).
- ◆ Provide the requested information. Make sure to put the **correct number** in the Student ID field (**9-digits, usually starts with 810, NOT the number on your flashcard**).

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Customer Service Phone Number 800-767-0700

Provision	Plan B Policy# 2014-315-2		Plan E Policy# 2014-315-1	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Maximum	Unlimited		Unlimited	
Deductible (Ind / Fam)	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Max (Ind / Fam)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$5,000 / \$10,000	\$10,000 / \$22,000
Coinsurance	80%	60%	80%	60%
KSU DeWeese Health Center Services				
Per Service Copays	Waived	NA	Waived	NA
Preventive Care	100%	NA	100%	NA
Outpatient Care	100%	NA	100%	NA
Retail Generic	\$15 copay		\$15 copay	
Retail Brand Formulary	\$30 copay		\$30 copay	
Retail Brand Non-Formulary	\$45 copay		\$45 copay	
PER SERVICE COPAYS				
PCP Visit	\$25	Ded/Coins	\$25	Ded/Coins
Specialist Visit	\$35	Ded/Coins	\$35	Ded/Coins
IP Hospitalization Ded/Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
ER Copay (waived if admitted)	\$125	\$125	\$125	\$125
Urgent Center Copay	\$35	Ded/Coins	\$35	Ded/Coins
Lab/X-ray	\$25 copay	Ded/Coins	\$25 copay	Ded/Coins
Outpatient Surgery Copay	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
PREVENTIVE CARE				
Prevention or Wellness	100%	No Benefit	100%	No Benefit
PRESCRIPTION DRUGS				
Retail Generic	\$15 copay		\$15 copay	
Retail Brand Formulary	\$30 copay		\$30 copay	
Retail Brand Non-Formulary	\$45 copay		\$45 copay	