



Description	United Health Care Student Resources Explanation of Benefits
<b>Calendar Year Deductibles</b>	<p>The deductible is the amount you must pay towards your medical costs before your health insurance pays any part of the bill</p> <p>This health plan <b>does not</b> have a deductible for in-network or out of network care</p>
<b>Coinsurance</b>	<p>You pay 20% of the in-network allowance when coinsurance applies. For non-network covered services, you pay 40% of usual and customary charges.</p> <p>Please review the Health Insurance Basics for explanations of terminology</p>
<b>Calendar Year Out-of- Pocket Maximum: includes all medical and prescription copayments, deductible, and coinsurance.</b>	<p>\$5,000 for each member, or \$10,000 for all family members covered under the same membership. After the Out-of-Pocket Maximum has been reached the plan pays 100% subject to any benefit maximums or limitations</p>
<b>Office Visits</b>	<p>In-network: \$10 copay Out of Network: 20% of usual and customary charges</p>
<b>Preventive care - including routine physical, gynecological, well child, school, camp, sports,</b>	<p>Covered in full</p>
<b>Routine OB-GYN Exams</b>	<p>\$0 (one per calendar year) A Primary Care Physician (PCP) referral is NOT required</p>
<b>Pap Smears</b>	<p>Included as part of the physical exam</p>
<b>Routine Colonoscopy</b>	<p>Covered in full (Unless physician performs surgery during the procedure)</p>
<b>Chiropractic Services</b>	<p>In-network: 20% of in network allowance. Outside the network: 40% of usual and customary charges</p>



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<b>Diagnostic Laboratory and X-Rays</b>	\$10 copay, then 20% coinsurance of in-network allowance or \$10 copay then 40% of usual and customary charges outside the network
<b>High Tech Radiology - CT Scans, MRIs, and PET Scans</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge
<b>Adult Routine Eye Exam Reimbursement – Limited to 1 eye exam per Policy Year</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge
<b>Dependent Coverage</b>	Dependents can be covered through the end of the month in which the attain age 26, regardless of the dependent’s financial dependency, student status, marital or employment status.
<b>Emergency Room Visits</b>	\$100 copay
<b>Mental Health Counseling</b>	In -network: \$10 copay Out of Network: \$10 copay then 20% of usual and customary charges
<b>Healthiest You Phone/Video Medical or Mental Healthcare</b>	Telehealth Medical or Mental Healthcare(Not a crisis line) Access to doctors and mental healthcare at your convenience Pay no consultation fee <a href="https://go.healthiestyou.com/student/855-870-5858">https://go.healthiestyou.com/student/855-870-5858</a>
<b>Doctor Selection</b>	In Network: Medical: UHCSR/Harvard Pilgrim: <a href="http://www.uhcsr.com/lookupredirect.aspx?delsys=67">http://www.uhcsr.com/lookupredirect.aspx?delsys=67</a> Mental Health: Live and Work Well <a href="https://provider.liveandworkwell.com/content/laww/providersearch/en/home.html?siteId=3077&amp;lang=1">https://provider.liveandworkwell.com/content/laww/providersearch/en/home.html?siteId=3077&amp;lang=1</a> Out-of-Network: All others
<b>Pre-Existing Condition</b>	No restriction
<b>Out-of-Area Emergency Care</b>	The plan provides world-wide coverage
<b>Non-Emergency Hospital Admission</b>	Before you enter a facility for inpatient non-emergency medical care and non- maternity care, your network provider must obtain approval from the Plan in order for the care to be covered



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<b>Prescription Drugs Retail 30 day supply</b> (Any participating pharmacy) <b>Coverage through OptumRX</b>	\$20 - Tier 1 \$55 - Tier 2 \$75 - Tier 3 Non- network specialty pharmacy 2 times copay to 50% of drug cost
<b>Prescription Drugs Mail Order- (90 day supply)</b> (UHCP Mail Order Pharmacy)	2.5 times retail copay
<b>Inpatient Hospital Services - Semi-Private Room</b>	Yes
<b>Inpatient Hospital Care &amp; Surgery</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge.
<b>Outpatient (Day) Surgery Hospital or Surgical Facility</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge.
<b>Outpatient (Day) Surgery Office Setting</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge.
<b>Lifetime Maximum (Catastrophic Illness)</b>	None
<b>Durable Medical Equipment</b>	In network: 20% of In-network allowance Out of network: 40% of usual and customary charge.
<b>Diabetic Equipment</b>	Therapeutic molded shoes and inserts, dosage gauges, injectors, lancet devices, voice synthesizers and visual magnifying aids - Subject to the applicable cost sharing under the durable medical equipment benefit. Blood glucose monitors, insulin pumps and supplies and infusion devices – Subject to applicable cost sharing under the durable medical equipment benefit. Insulin, insulin syringes, insulin pens with insulin, lancets, oral agents for controlling blood sugar, blood test strips, and glucose, ketone and urine test strips - Subject to the applicable prescription drug co-payment.



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<b>Fitness Reimbursement</b>	<p>Reimbursement available for three consecutive months for one family health club membership, or alternatively, benefits for up to 10 fitness classes taken by the insured or by any combination of the insured and the insured's dependents. Limitations do apply. For more info visit: <a href="https://www.crossagency.com/college-health/worcester-polytechnic-institute-2023-2024/">https://www.crossagency.com/college-health/worcester-polytechnic-institute-2023-2024/</a></p>
<b>Unique Features</b>	<p><u>On Line Tools:</u> Member Portal, <a href="mailto:myaccount@uhcsr.com">myaccount@uhcsr.com</a></p> <p>Mental Health Support-24/7 Crisis/ Counseling; Telehealth Mental Health; Wellness Videos; Living well Portal; Financial/ Legal support</p> <p>Telehealth Medical</p> <p>Travel Assistance Services</p>