



PLEASE NOTE:
THIS DOCUMENT HAS CHANGED. PLEASE SEE THE BACK COVER FOR DETAILS

2024 - 2025 Student Health Insurance Plan: Oklahoma Christian University

Who can enroll?

All full-time domestic students taking 9 or more credit hours are eligible to enroll in this insurance plan on a hard waiver basis. All international students taking 1 or more credit hours and on an F1 visa are required to purchase this insurance plan on a mandatory basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

Plan resources at your fingertips

To enroll or provide your personal insurance information click the link below. Please note that all students must complete additional medical and immunization information in addition to the insurance details.

<https://services.oc.edu/redirect/136>

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 Assist¹, HealthiestYou², UHC Global³)

uhcsr.com/myaccount

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring
Waiver and Open Enrollment Dates	06/14/2024 to 08/31/2024	06/14/2024 to 08/31/2024	12/01/24 to 01/31/2025
Coverage dates	08/01/2024 - 07/31/2025	08/01/2024 - 12/31/2024	01/01/2025 - 07/31/2025
Student	\$1,636.00	\$686.00	\$950.00
Spouse	\$1,636.00	\$686.00	\$950.00
One Child	\$1,636.00	\$686.00	\$950.00
Two or More Children	\$3,122.00	\$1,309.00	\$1,813.00
Student and Two or More Children	\$4,608.00	\$1,932.00	\$2,676.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 87.710%

Student Health Center Benefits: The Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. 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	\$200 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	
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>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90 day supply.</i> <i>For Prescription Insulin Drugs, the total amount of Deductible, Copayments, or Coinsurance shall not exceed \$30 for an individual prescription of up to a 30-day supply or \$90 for an individual prescription of up to a 90-day supply.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 80% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$15 Copay for generic drugs \$40 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge not subject to Deductible
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>	Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 80% of Allowed Amount not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at 1-800-767-0700 or at customerservice@uhcsr.com
BancFirst Insurance Services, 405-948-7930,
OCEagleshealth@bancfirst.insurance

¹Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. ²HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免費提供語言協助服務。請致電 1-866-260-2723。

**United
Healthcare**

POLICY NUMBER: 2024-634-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 - 07/17/2024

The Summary Flyer has been updated to change the language noted below?

From: Enroll or Waive coverage: Search Insurance and Immunization Update to provide your current health insurance information and waive coverage. Or, click the "Enroll" tab and proceed as directed to enroll in and purchase the student health insurance plan.

www.myoc.edu

To: Plan resources at our fingertips

To enroll or provide your personal insurance information click the link below. Please note that all students must complete additional medical and immunization information in addition to the insurance details.

<https://services.oc.edu/redirect/136>