



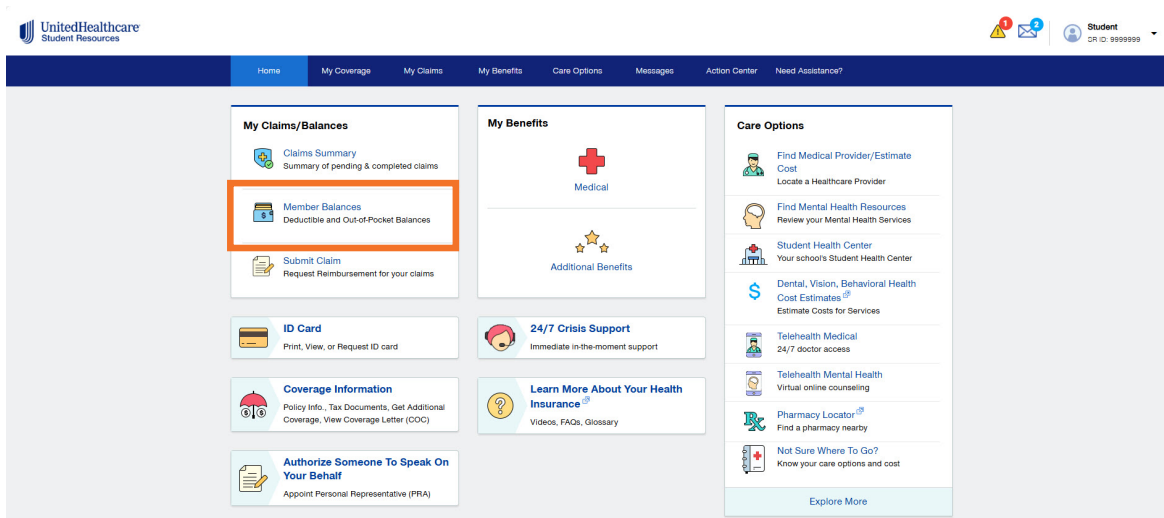
Take control of your healthcare costs

Monitor your Out-of-Pocket maximum and deductibles

We understand that keeping track of your Out-of-Pocket (OOP) maximum and deductibles as a student can be challenging. That's why we have developed a user-friendly feature on My Account that allows you to easily view your OOP maximum and deductibles, as well as your current progress towards meeting them.

To help you navigate this process seamlessly, follow the below steps.

Step 1: Log into your My Account at uhcsr.com. On your dashboard, find the section titled **My Claims/Balances**. Under the My Claims/Balances section, click on **Member Balances**.



Step 2: You can view your plan's Preferred Provider and Out-of-Network Deductibles and OOP Maximums on the **Medical Benefits** tab.

The screenshot shows the 'Medical Benefits' tab selected. The 'Medical Benefits' link is highlighted with an orange box. Below the plan information, the 'SCHEDULE OF BENEFITS' section contains three tables, each highlighted with an orange box:

DEDUCTIBLE	
Deductible Preferred Providers	\$400 Per Insured Person, Per Policy Year
Deductible Out of Network	\$800 Per Insured Person, Per Policy Year

COINSURANCES	
Coinurance Preferred Providers	90%
Coinurance Out of Network	70%

OUT OF POCKET MAXIMUM	
Out-of-Pocket Maximum Preferred Providers	\$2,500 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum Preferred Providers	\$5,000 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum Out of Network	\$3,750 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum Out of Network	\$13,125 For all Insureds in a Family, Per Policy Year

Step 3: You can view your individual Preferred Provider and Out-of-Network Deductibles and OOP Maximums on the **Member Balances** tab.

The screenshot shows the 'Member Balances' tab selected. The 'Member Balances' link is highlighted with an orange box. Below the member selection dropdown, the 'INDIVIDUAL' section contains a table with individual benefit balances. The 'PPO Out of Pocket' and 'OON Policy Deductible' rows are highlighted with orange boxes:

Benefit	Amount	Amount Applied	Balance
Accidental Death Limit	\$10,000.00	\$0.00	\$10,000.00
Annual Pap Smear Maximum	1	0	1
Annual Screening/Exam Day Limit	1	0	1
Cervical Cancer Screening Day Max	1	0	1
OON Out of Pocket	\$3,750.00	\$0.00	\$3,750.00
PPO Out of Pocket	\$2,500.00	\$0.00	\$2,500.00
Prostate Screening Day Maximum	1	0	1
Routine Mammogram Day Maximum	1	0	1
Dismemberment Limit	\$10,000.00	\$0.00	\$10,000.00
OON Policy Deductible	\$800.00	\$0.00	\$800.00

When it comes to managing your healthcare expenses, it's essential to understand your deductible and out-of-pocket maximum.



Deductible: The specific amount you need to pay for healthcare services before your insurance starts covering the costs.



Out-of-Pocket Maximum: The highest amount of money you will have to pay for covered healthcare expenses within a specific plan year. Once you reach this maximum limit, your insurance will cover the remaining costs for covered expenses.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Overall deductible: **\$400** Specialist copayment: **\$20** Hospital/facility coinsurance: **10%** Other coinsurance: **10%**

Sarah is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

Example includes services like:	Cost-Sharing:	What isn't covered:		
- Specialist office visits (prenatal care) - Childbirth/Delivery Professional Services - Childbirth/Delivery Facility Services - Diagnostic tests (ultrasounds and blood work) - Specialist visit (anesthesia)	- Deductibles - \$400 - Copayments - \$30 - Coinsurance - \$1,200	Limits or exclusions - \$60		
			Total example cost	\$12,700
			Total Sarah would pay	\$1,690
			Total insurance covers	\$11,010

Managing Mark's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

Example includes services like:	Cost-Sharing:	What isn't covered:		
- Primary care physician office visits (including disease education) - Diagnostic tests (blood work) - Prescription drugs - Durable medical equipment (glucose meter)	- Deductibles - \$400 - Copayments - \$600 - Coinsurance - \$100	Limits or exclusions - \$20		
			Total example cost	\$5,600
			Total Mark would pay	\$1,120
			Total insurance covers	\$4,480

Carla's Simple Fracture (in-network emergency room visit and follow up care)

Example includes services like:	Cost-Sharing:	What isn't covered:		
- Emergency room care (including medical supplies) - Diagnostic test (x-ray) - Durable medical equipment (crutches) - Rehabilitation services (physical therapy)	- Deductibles - \$400 - Copayments - \$300 - Coinsurance - \$200	Limits or exclusions - \$0		
			Total example cost	\$2,800
			Total Carla would pay	\$900
			Total insurance covers	\$1,900

Note: Data is for sample purposes only.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on Policy #2026-451-1. For a full description of coverage, including costs, benefits, exclusions, any reductions or limitations, and the terms under which the coverage may be continued in force, log on to www.uhcsr.com/uchicago to review the plan information.

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