Take control of your healthcare costs
Monitor 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.

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

When it comes to managing your healthcare expenses, it’s essential to grasp the concepts of 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.

<table>
<thead>
<tr>
<th>Overall deductible: $400</th>
<th>Specialist copayment: $20</th>
<th>Hospital/facility coinsurance: 10%</th>
<th>Other coinsurance: 10%</th>
</tr>
</thead>
</table>

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

**Example includes services like:**
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Cost-Sharing:**
- Deductibles - $400
- Copayments - $30
- Coinsurance - $1,200

**What isn’t covered:**
- Limits or exclusions - $60

<table>
<thead>
<tr>
<th>Total example cost</th>
<th>$12,700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sarah would pay</td>
<td>$1,690</td>
</tr>
<tr>
<td>Total insurance covers</td>
<td>$11,010</td>
</tr>
</tbody>
</table>

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

**Example includes services like:**
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

**Cost-Sharing:**
- Deductibles - $400
- Copayments - $600
- Coinsurance - $100

**What isn’t covered:**
- Limits or exclusions - $20

<table>
<thead>
<tr>
<th>Total example cost</th>
<th>$5,600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Mark would pay</td>
<td>$1,120</td>
</tr>
<tr>
<td>Total insurance covers</td>
<td>$4,480</td>
</tr>
</tbody>
</table>

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

**Example includes services like:**
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

**Cost-Sharing:**
- Deductibles - $400
- Copayments - $300
- Coinsurance - $200

**What isn’t covered:**
- Limits or exclusions - $0

<table>
<thead>
<tr>
<th>Total example cost</th>
<th>$2,800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Carla would pay</td>
<td>$900</td>
</tr>
<tr>
<td>Total insurance covers</td>
<td>$1,900</td>
</tr>
</tbody>
</table>

Note: Data is for sample purposes only.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on Policy #2023-451-1. 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](http://www.uhcsr.com/uchicago) to review the plan information.

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. Líame al 1-866-260-2723.