



2024-2025 Student Health Insurance Plan: New England Institute of Technology

Who can enroll?

All Resident Undergraduate and International students enrolled in 9 or more credit hours are automatically enrolled in this insurance Plan and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 61 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.

Coverage periods, plan cost and deadline dates

	Annual	Winter	Spring	Summer
Open enrollment deadlines	10/6/2024	1/12/2025 (New incoming students only)	3/29/2025 (New incoming students only)	7/19/2025 (New incoming students only)
Coverage dates	9/27/2024 to 9/26/2025	1/5/2025 to 9/26/2025	3/23/2025 to 9/26/2025	7/13/2025 to 9/26/2025
Student	\$4,010.00	\$2,930.00	\$2,078.00	\$839.00

Rates are subject to regulatory approval and may change.
23COL4751-203584-1

Plan resources at your fingertips

Enroll or Waive coverage <https://studentcenter.uhcsr.com/neit>

View benefits, submit a claim and download your ID card via My Account gallagherstudent.com/NEIT

Find an in-network provider **Choice Plus**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount



Plan highlights

Metallic Level: Gold with actuarial value of 86.190%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$100 Per Insured Person, per Policy Year	\$350 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>	\$7,500 Per Insured Person, Per Policy Year	\$15,000 Per Insured Person, 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>	90% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply. For Prescription Insulin Drugs, the total amount of Deductible, Copayments, or Coinsurance shall not exceed \$40 for an individual prescription of up to a 30-day supply</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 10-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	No Benefits
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>	Physician's Visits: \$25 not subject to Deductible Urgent Care Center: \$50 not subject to Deductible Medical Emergency: \$100 after Deductible The Copay will be waived if admitted to the Hospital.	Urgent Care Center: \$50 not subject to Deductible Medical Emergency: \$100 after Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-866-948-8472**
or at www.gallagherstudent.com/NEIT

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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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.

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