

# Policyholder Application

## UnitedHealthcare StudentResources

UnitedHealthcare Insurance Company P.O. Box 809025 Dallas, TX 75380-9025

<b>Policyholder</b>	University of Alaska Anchorage	<b>Date</b>	09/02/2022
<b>Mailing Address</b>	3211 Providence Drive RH120 Student Health and Counseling Anchorage, AK 99508	<b>Policy Number</b>	2022-248-2
<b>Telephone Number</b>	907-786-1096	<b>Effective</b>	2022/2023 Academic Year Grad TA & RA Student Plan - MHECare

## Class of Persons to be Insured

All students who are enrolled in a UAA or UAS graduate program and are receiving Research, Teaching, and/or Service Assistantships and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. WWAMI students are also eligible to be enrolled in this insurance plan. For GAs and Fellows, the premium is paid by the University on behalf of the student. WWAMI students are billed for their premiums. Plan enrollment is not automatic. UAA or UAS graduate students must contact the UAA Graduate School and complete the Assistant/Fellowship enrollment form to finalize their enrollment process. WWAMI students have a separate enrollment form. Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age.

## Rates

### Basic

GTA/Fellowship/Research Assistant

	Annual		Special Cov Period		Fall	
	Premium	Non-Premium Cost	Premium	Non-Premium Cost	Premium	Non-Premium Cost
Student	2,638.00	140.00	275.00	15.00	961.00	50.00
Spouse	2,638.00	0.00	275.00	0.00	961.00	0.00
One Child	2,638.00	0.00	275.00	0.00	961.00	0.00
Two or more Children	5,276.00	0.00	550.00	0.00	1,922.00	0.00
Spouse and 2 or more Children	7,914.00	0.00	825.00	0.00	2,883.00	0.00

(Information continues on attached sheets.)

Signature of School Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Please Print Name of above Official \_\_\_\_\_  
Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Company Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

	<b>Spring</b>		<b>Spring/Summer</b>		<b>Summer</b>	
	<b>Premium</b>	<b>Non-Premium Cost</b>	<b>Premium</b>	<b>Non-Premium Cost</b>	<b>Premium</b>	<b>Non-Premium Cost</b>
Student	954.00	50.00	1,677.00	90.00	723.00	40.00
Spouse	954.00	0.00	1,677.00	0.00	723.00	0.00
One Child	954.00	0.00	1,677.00	0.00	723.00	0.00
Two or more Children	1,908.00	0.00	3,354.00	0.00	1,446.00	0.00
Spouse and 2 or more Children	2,862.00	0.00	5,031.00	0.00	2,169.00	0.00

	<b>Monthly</b>	
	<b>Premium</b>	<b>Non-Premium Cost</b>
Student	220.00	12.00
Spouse	220.00	0.00
One Child	220.00	0.00
Two or more Children	440.00	0.00
Spouse and 2 or more Children	660.00	0.00

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

## Effective/Expiration Dates

### Basic

GTA/Fellowship/Research Assistant	
Annual	08/25/2022 through 08/24/2023
Special Cov Period	07/18/2022 through 08/24/2022
Fall	08/25/2022 through 01/04/2023
Spring	01/05/2023 through 05/16/2023
Spring/Summer	01/05/2023 through 08/24/2023
Summer	05/17/2023 through 08/24/2023
Monthly	