



MMC 2026-2027

STUDENT BENEFITS GUIDE

BENEFITS FOR A HEALTHY LIFE



Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Benefit Plan	Vendor	Website	Contact
Medical / Prescription	United Healthcare (UHC) Student Resources	https://www.uhcsr.com/mmc	800-767-0700
Dental	Delta Dental of Tennessee	www.deltadental.com	800-223-3104
Vision	United Healthcare Vision	http://www.myuhcvision.com	800-638-3120
Life & Disability	American Medical Association	Contact Student Life	Contact Student Life
Needle Stick	UHC Participants Chubb (Non-UHC participants)		800-767-0700
Student Assistance	Well Connect School Code: MMC-STU	wellconnectforyou.com	866-640-4777

Meharry Links

Student Insurance	http://www.mmc.edu/prospectivestudents/student_insurance/index.html
Health Services	www.mmc.edu/prospectivestudents/student-services/student-health-svcs.html
Counseling	www.mmc.edu/prospectivestudents/student-services/counseling-services.html
Nashville General	www.mmc.edu/patientcare/school-of-medicine/nghlanding.html

Plan, Eligibility, Enrollment, Waiver Questions and Benefits Assistance

Meharry Office of Student Life: StudentInsurance@mmc.edu

Returning Students Benefit Open Enrollment:

May 24, 2026 to June 6, 2026

Waiver Deadline for Returning Students: June 30

New Students Benefit Enrollment Period:

July 1 – July 31

Waiver Deadline for New Students: August 15

Graduate Students Benefit Enrollment Period:

August 1 – August 31

Waiver Deadline for Graduate Students: September 15

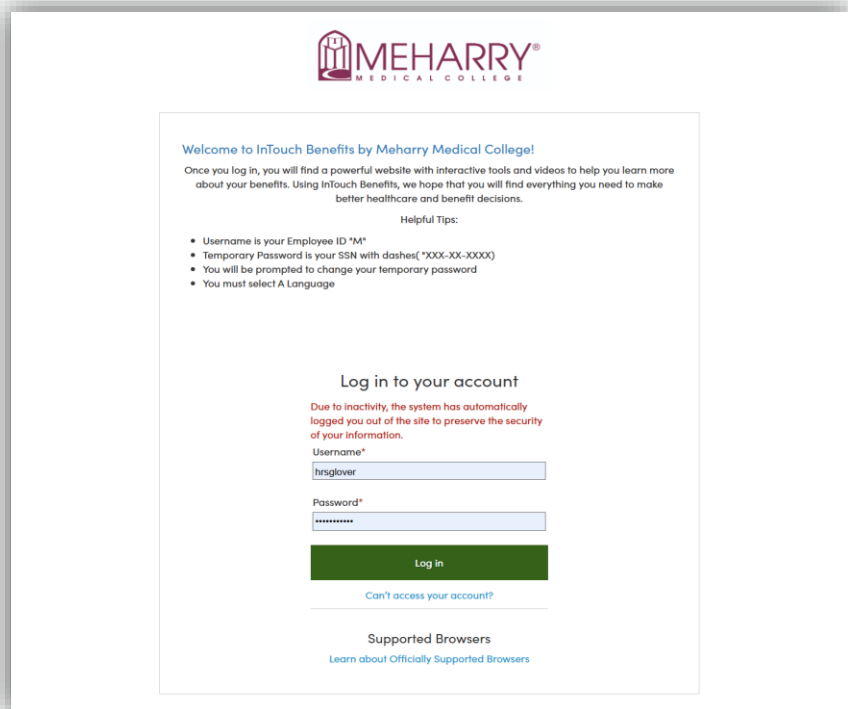
Student Benefits Enrollment Process

WORKDAY



Students will go into Workday to Decide if he or she wants to Enroll or Waive Coverage, System will then link student to Benefitplace.

BENEFITPLACE



Login link: <https://www.secure-enroll.com>

Username: Student M# (M00012345)

Password: SSN without dashes (123456789)

Once you gain access to the Benefitfocus system it will prompt you to change your password. Then you will proceed with selecting coverage plan levels or waive coverage.

Medical Benefits

Quality health coverage is one of the most valuable benefits you enjoy as a Meharry Medical College student. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical Plan

Meharry offers students a healthcare plan through United Healthcare (UHC). Your level of benefit coverage will be determined by your provider choice.

- 1. Meharry Network:** Copays and deductibles waived; coinsurance applies
- 2. UHC Network:** Copays, deductibles, and coinsurance apply
- 3. Out-Of-Network:** Copays, deductibles, and coinsurance apply, and the percentage of costs covered is reduced

Medical Networks 1, 2, 3

Use in-network health care providers for the best benefit. Network providers apply a network discount and file your claims for you. If you choose out-of-network providers, you will be responsible for a higher deductible and a larger percentage of the charges, plus any amount the provider charges over the United Healthcare maximum allowable charge.

- 1. Meharry Network:** all of Meharry clinics, Vanderbilt, and Nashville General
- 2. UHC Network:** Includes St. Thomas and HCA TriStar hospitals and providers
- 3. Out-Of-Network:** Providers that you choose that are not part of the Meharry or UHC networks

Summary Notice

This is just a summary. For complete information, including plan limitations and exclusions, please see your plan documents.

Go Online to Get Your ID Cards

Print or order your ID cards at:

UHC – <https://www.uhcsr.com/mmc>
(or access it online via UHC smart phone app; see UHC Resources page for details)

Delta Dental – www.deltadentalTN.com

UHC Vision -- <http://www.myuhcvision.com>

2026-2027 Student Insurance Fees

Student Only	\$6,140.16
Student + Spouse	\$11,960.04
Student + Child (1 Child)	\$12,101.76
Student + Children	\$17,874.76
Student + Family (Spouse & Children)	\$24,033.76
Fees include medical, dental, & vision coverage	

Medical Benefits continued

The chart below provides a comparison of key coverage features and the costs that you will be responsible for in each network.

	In-Network		Out-of-Network
	Network option 1 Meharry Provider No copays, deductible waived	Network option 2 UHC Choice Plus Network Copays and deductible apply	Network option 3 Out-of-Network Copays and deductible apply, less coverage
Preventive Care	Covered 100%	Covered 100%	40% after deductible
Office Visits/Specialist	No copay; covered 100%	\$10/\$20 copay	40% after deductible
Deductible Ind/Family	Deductible waived	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	Deductible waived; you pay 20%	20% after deductible	40% after deductible
Out-of-Pocket Max Ind/Family	\$2,500/\$5,000		\$5,000/\$10,000
Rx Drugs Tier 1/Tier 2/Tier 3	\$20/\$50/\$75	\$20/\$50/\$75	<u>Not covered</u>
Mail order	2.5 x retail copay	2.5 x retail copay	<u>Not covered</u>
Inpatient Hospital	Deductible waived; you pay 20%	20% after deductible	40% after deductible
Outpatient Facility	Deductible waived; you pay 20%	20% after deductible	40% after deductible
Urgent Care	No copay; covered 100%	\$50 copay	40% after deductible
Emergency Room	No copay; covered 100%	\$200 copay	40% after deductible
Mental Health Substance Abuse	No copay; covered 100%	\$10 copay	40% after deductible
Inpatient	Deductible waived; you pay 20%	20% after deductible	40% after deductible unlimited
Outpatient	No copay; covered 100%	\$20 copay	40% after deductible unlimited
Lifetime Max Benefit	Unlimited		
Pediatric Vision	One preventive exam per year	One preventive exam per year	Not covered

Deductible and Out-of-Pocket maximums accumulate from July 1, 2026 to June 30, 2027



UHC Student Resources

UHC Student Website, App & Discounts:

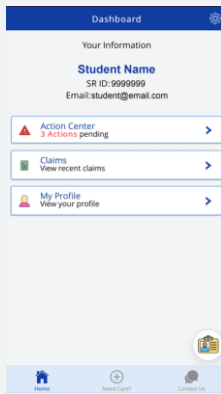
UHC Student Resources Meharry Page

- www.uhcsr.com/mmc

UHC Mobile App

Find the UHC mobile app in the Google Android Market and Apple App Store.

- View Digital ID card
- View Claims
- Find UHC doctors & providers



Google:

<https://play.google.com/store/apps/details?id=com.laser2mail.uhcsrmobile>

iTunes:

<https://itunes.apple.com/us/app/uhc-studentresources/id740854874?mt=8>

Telehealth For Students HealthiestYou	
Telehealth at a Glance	How it benefits students
<ul style="list-style-type: none"> • 24/7/365 access • Board Certified Physicians licensed & residing in the US • Available on many devices (smart phones, tablets) • English & Spanish speaking physicians • Translations for 200+ languages 	<ul style="list-style-type: none"> • No appointments necessary • No consultation fees for UHCSR members • Less than 10 minute average wait time to connect with doctor • 13 minute average consult time • Available while traveling within most US states
*Information will be presented on the ID cards	

Needle Stick Plan

As members of our medical community, Meharry provides needle stick coverage to all clinical students. You are enrolled in the mandatory pathogen exposure/accident coverage which provides a benefit in case you are exposed to blood or other body fluids through a needle stick or body fluid splash/spill event.

For Students Who Elected the Medical Plan

Covered 100% - Use your UHC medical plan ID card. In the event of a needle stick:

- Seek treatment from a MMC or UHC participating provider
- No charge for medical services at point of service
- If prescriptions are needed, you will pay applicable copayment and receive reimbursement from UHC
- Must use UHC participating pharmacy

For Students Who Declined the Medical Plan

Covered 100% - In the event of a needle stick:

- Seek treatment from MMC provider or a provider of your choice
- Notify MMC of incident
- Complete Chubb reimbursement form

PREMIUM & TAX RATE PER STUDENT	\$43.00
MAXIMUM BENEFIT	\$20,000
DEDUCTIBLE	\$0

Dental



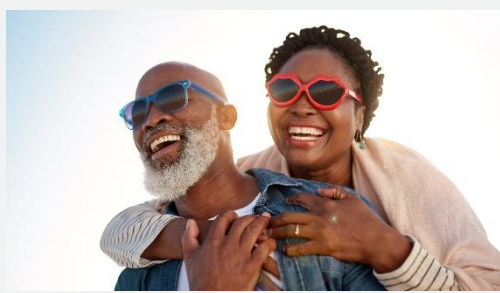
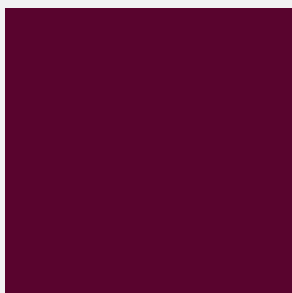
Dental Benefits

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plan available to help you maintain your oral health.

- Dental benefits are provided by Delta Dental of Tennessee. This PPO plan offers a higher level of benefit when you receive services from a participating dentist.
- Participating providers will file claims or you and will accept the plan's payment in full.
- Out-of-network providers may bill you for any balance that remains after Delta Dental has paid your claim.

	PPO Dentists Network	Delta Premier Network	Out-Of-Network
SERVICE	BENEFIT	BENEFIT	BENEFIT
Deductible * Applies to basic and major services only	Individual \$50 Family \$150	Individual \$100 Family \$300	Individual \$100 Family \$300
Annual Maximum* For non-orthodontic services	\$1,500 per person		
Preventative services* Exams, cleanings, x-rays, fluorides	Covered 100% Deductible does not apply		
Basic Services Fillings, simple extractions, repair, endodontics, oral surgery, periodontics	Covered 80% after deductible	Covered 50% after deductible	Covered 50% after deductible
Major Services Crowns, bridges, dentures, implants	Covered 50% after deductible	Covered 25% after deductible	Covered 25% after deductible
Orthodontic Services Braces	Covered 50% up to \$1,000 lifetime No age limit		

* Deductible and annual maximums are applied per calendar year



Vision



Vision Benefits

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

- Vision benefits are available through United Healthcare. This PPO plan offers a higher level of benefit when you receive services from a participating provider.
- Participating providers will file claims for you and will accept the plan's payment in full. Out-of-network providers may bill you for any balance that remains after United Healthcare has paid your claim.

In-Network Vision Providers include:

- VisionWorks
- Eyecare Plus
- Plus many more!
- Find a vision provider in your area on www.myuhcvision.com

Other low-cost providers:

- Wal-Mart
- Sam's Club*
- Costco*
- Payment at the time of service will be required and claim form submitted for In-Network reimbursement

*Memberships may be required to access vision department

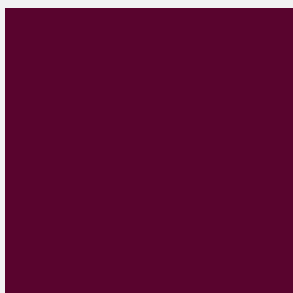
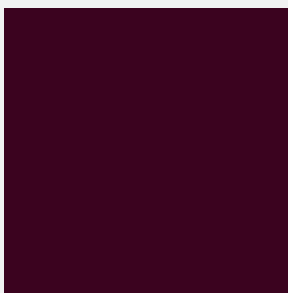
In-Network	PPO Dentists In-Network	Delta Premier In-Network
SERVICE	BENEFIT	FREQUENCY
Eye Exam	\$10 Copay	Once every 12 months
Lenses (Pair) Single Bifocal Trifocal	Standard glass or plastic \$25 copay	Once every 12 months
Contact Lenses In lieu of lenses/frames	Up to 6 boxes included	Once every 12 months
Elective Conventional	100% up to a \$150 allowance	
Elective Disposable	\$150 allowance	
Medically Necessary	Paid in full	
Frames	100% up to a \$150 allowance	Once every 24 months
*Benefits are lower for Out-of-network services and are based on a reimbursement schedule		

HOW TO GET A VISION ID CARD

Register on www.myuhcvision.com

Click – Print ID card

If you don't have an ID card you can always provide your SSN to the In Network vision provider and tell them you have UHC Vision coverage and they will verify your benefit coverage with UHC.



LIFE & ACCIDENT INSURANCE BENEFITS

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Your MMC benefits include insurance to ensure their dreams – like a college education – become reality if the worst does happen to you.

Life

BENEFIT	COVERAGE
Life Insurance	\$50,000
Repatriation	Expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed \$5K or 10% of the Life Insurance Benefit, whichever is less

AD&D

BENEFIT	COVERAGE
AD&D Insurance	Amount payable for certain losses is less than 100% of the AD&D benefit
Career Adjustment	Supplies and other expenses, not to exceed \$5K per year, or cumulative total of \$10K or 25% of AD&D benefit, whichever is less
Child Care	Per year, or cumulative total of \$10K or 25% of AD&D benefit, whichever is less
Higher Education	Tuition expenses for training incurred by your spouse within 36 months after the date of your death, exclusive of board and room, books, fees, supplies and other expenses, not to exceed \$5K per year, or cumulative total of \$20K or 25% of AD&D benefit, whichever is less

Loss	Percentage Payable	No more than 100% of your AD&D Insurance will be paid for all losses resulting from one accident.
Life	100%	
One hand, one foot, or sight of one eye	50%	
Two or more of the Losses listed	100%	

What is AD&D insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.



Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies.



The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit www.amainsure.com to add or change a beneficiary.



Disability Benefits

Meharry provides Long-Term Disability (LTD) coverage for you.

Long-Term Disability Insurance

This coverage helps replace a portion of your income when you face a disabling illness or injury. Disability benefits are offset by any disability or retirement income from Social Security, Workers Compensation or any other insurance made available through an employer.

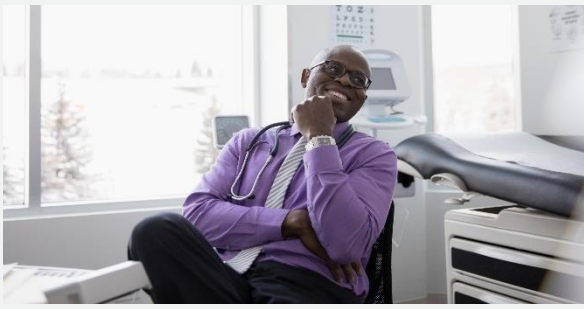
Coverage Includes:

- Medical & Dental students -- \$1,500 monthly benefit
- Graduate Students -- \$750 monthly benefit
- 90 day elimination period
- 6 month/12 month pre-existing condition
- Length of benefit – Social Security Normal Retirement Age \$2,000 - \$2,500 monthly benefit available during residency on guaranteed issue basis
- 24 month limit: mental & nervous disabilities and substance abuse limited to 24 months of benefits
- \$3,000 income offset
- Assisted Living Benefit (ALB)
- \$5,000 lump sum after 12 months of permanent and total disability
- 5 Year Student definition: unable to perform duties of a student in good standing
- School Loan Provision: up to \$250,000 at the end of the 12 months for permanent & total disability
- Stay in School Benefit

IMPORTANT!

If you become disabled, please contact Student Life as soon as possible to discuss your coverage and for assistance in filing your disability claim.





Focus on wellness

Meharry Medical College is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Student Assistance Plan

WELLCONNECT

1. WellConnect offers programs specifically designed to help students manage and improve their mental health as they work to achieve their goals.
2. 24-hour telephonic support from licensed mental health professionals. Phone number is 866-640-4777 or access their website at wellconnectforyou.com. School Code: **MMC-STU**.
3. 5 Free sessions of short-term face to face, telephonic, or video counseling.
4. Professional help to address emotional stressors, test anxiety, relationship issues, and more.

Don't have a personal doctor? You should. Here's why.



- **Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn't cost you anything when you are enrolled in one of the MMC medical plans.
- **A healthier wallet.** A PCP can help you avoid costly trips to the emergency room. Your doctor will also help coordinate specialist care, if needed.
- **Peace of mind.** Advice from someone you trust means a lot when you're healthy, but it's even more important when you're sick.

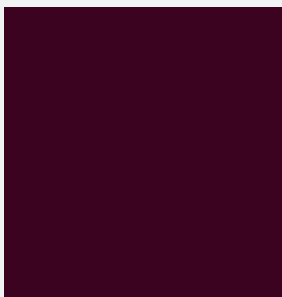
Get care from the comfort of your home!

A virtual consultation, included as a covered service under your MMC UnitedHealthcare Student Resources medical plan, lets you consult with a doctor from the comfort of your home or office 24/7. Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition. To learn more and register for care, go to telehealth4students.com.

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable and less expensive. Most in-network preventive services are covered in full when you are enrolled in one of the MMC medical plans, so there's no excuse to skip it.

- **Have a routine physical exam each year.** You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every two years.** If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.



Frequently Asked Questions

Medical

What are the differences between the networks?

Meharry Network	No copays or deductible
UHC Network	Copays and deductible apply
Out-of-Network	Lower coverage, higher costs, possible balance billing

How do I find a network doctor or provider?

Go to <https://www.uhcsr.com/mmc> or call UHC 800-767-0700.

Nashville General Hospital:

<http://nashvillegeneral.org/>
(615) 341-4000

Who do I contact if I have claims questions?

Contact UHC at <https://www.uhcsr.com/mmc> or 800-767-0700

If I lose my card, how do I request a new one?

Contact UHC at <https://www.uhcsr.com/mmc> or 800-767-0700

For Benefits Assistance please email StudentInsurance@mmc.edu



Additional Definitions:

[Glossary | UnitedHealthcare Student Resources](#)

Glossary

We want you to be a confident health and insurance consumer. Use this chart as a reference for common terms that you should be aware of when making benefits decisions and utilizing your insurance.

Coinsurance	A percentage of costs you pay out-of-pocket for covered expenses after you meet the deductible.
Copay (Copayment)	A fee you have to pay out-of-pocket for certain services, such as a doctor's office visit or prescription drug.
Deductible	The amount you pay out-of-pocket before the health plan will start to pay its share of covered expenses.
Out-of-pocket maximum	The most you pay each year out-of-pocket for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.
Preventive care services	Health care services you receive when you are not sick or injured so that you stay healthy. These include annual checkups, gender and age-appropriate health screenings, well-baby care and immunizations recommended by the American Medical Association.
Network	The plan's preferred doctors, pharmacists, and health care providers. When you use in-network providers, you pay less because they have agreed to pre-negotiated pricing. Also referred to as in-network.

LIFE QUALIFYING EVENTS

It is the student's responsibility to notify Student Health Services within **30 days** of a qualifying event change.

Students who do not notify Student Health Services and complete paperwork with the required 30 days will not be allowed to make a change in coverage until the next open enrollment period or next qualifying event.



Students are not allowed to make benefit changes during the plan year, unless there is a qualifying changes in status. A qualifying event is categorized as follows:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in dependent status
- Death of a qualified dependent
- Change in dependent employment status

Appropriate documentation is required for all qualifying status change requests.

Additional Notices



WHCRA

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Prohibitions of Rescission

Under the Patient Protection and Affordable Care Act (PPACA), a group health plan is prohibited from rescinding coverage except in three circumstances. A rescission is a retroactive termination of coverage. Coverage may be terminated retroactively only in the following circumstances:

- Failure to pay premiums
- Fraud
- Intentional misrepresentations of material fact

If coverage is to be rescinded, you must be given at least 30 days advanced written notice that coverage is being terminated retroactively.

HIPAA Special Enrollment Rights Notice

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for Protecting Your Health Insurance Coverage). These publications and other useful information are also available on the Internet at:

www.dol.gov/ebsa, the DOL's interactive Web pages -Health Elaws, or www.cms.hhs.gov/healthinsreformforconsumer.



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Meharry Medical College. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plans' operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.