



How to Accept Insurance Coverage

The University of Nebraska-Lincoln's student insurance plan is provided by UnitedHealthcare StudentResources. Though international undergraduates on F-1 or J-1 visas are automatically charged for the insurance, students still need to officially accept or waive the insurance. To accept the insurance, follow the steps in this tutorial.



1. Log in to MyRed
2. Click the "Student Accounts" tab.

MESSAGE CENTER

Holds

Messages

My Notifications

To Dos

I OWE

Amount Due On:

11-12-2016

\$ 0.00

PAY BILL

DEGREE AUDIT

DEGREE AUDIT

RESIDENCE HALLS

ACCESS THE HOUSING PORTAL

*Access will be granted 24 hours after admissions enrollment deposit is paid.

SCHEDULE

FALL 2018

You have no enrollment Data



UNL MyRED Portal

Home Page > Student Accounts

- ENROLLMENT
- STUDENT ACCOUNTS**
- FINANCIAL AID
- ACADEMICS
- ADMISSIONS
- PROFILE
- 

MY ACCOUNT INFORMATION

I Owe

Amount Due On:

04-12-2015

\$ 0.00

[PAY BILL](#)

View My Bill

Most Recent

[UNL STU 0001506433](#)

[VIEW PRIOR BILLS/INVOICE](#)

IMPORTANT LINKS

- [View 1098-T Form](#)
- [Supplemental 1098-T Details](#)
- [Ncard Activity](#)
- [Enroll in Direct Deposit](#)
- [Waive International Student Health Insurance](#)
- [I want my UNL Health Insurance](#)

1. Click "I want my health insurance" to begin the acceptance process.



Important Announcement: You were automatically billed in MyRED for this plan. You should either waive or enroll now. All enrollment or waiver selections must be completed by **February 12th, 2019.**

International students may waive coverage under this plan [if you have health insurance that is approved by the University of Nebraska Lincoln](#)

Domestic graduate assistants may waive coverage without any proof of coverage

[More information](#)

Get started here.

WAIVE COVERAGE **ENROLL NOW**

1. Click "Enroll Now."



Enrollment Information

Enroll Now

Step 1 - Student Validation

Hi there! Tell us a little bit about yourself.

Birthday *

Apr 08 1998

Student ID *

NEXT

1. Select the month, date, and year of your birth.
2. Type your NUID number.

Type here to search

10:37 AM 1/10/2019



Enrollment Information

Enroll Now [Close]

Step 2 - Select a Policy Term

Student Plan / Basic / UnitedHealthcare Insurance Company

[Brochure](#)

Select Policy	Term	Student	Price	
Spring/Summer	1/1/2019-7/31/2019	\$1507.77	\$1507.77	<input checked="" type="checkbox"/>

[BACK](#) [NEXT](#)

1. This page displays the dates during which your insurance is valid and the price for the term. If it is correct, click "Next."



Enroll Now

Step 3 - Personal Information

Personal Information

First Name *	Last Name *	Middle Initial	Gender *
John	Doe		MALE
Mailing Address *	City *	State *	Zip Code *
811 N St	Lincoln	NE	68508-2208
Email *	Phone Number		
Johndoe@Hotmail.com			

Permanent Address is same as above

1. Some of your information will automatically show on the screen. Confirm that it is correct.
2. Make sure your email address is correct, and type in your U.S. phone number, if you have one.



University of Nebraska - Lincoln

First Name *	Last Name *	Middle Initial	Gender * MALE
Mailing Address * 811 N St	City * Lincoln	State * NE	Zip Code * 68508-2208
Email *	Phone Number		
<input type="checkbox"/> Permanent Address is same as above			
Permanent Address	City	State	Zip Code
Student ID *	Birthday *	SSN/ITIN	
	(E.g. mm/dd/yyyy)	Privacy policy	Why provide this?
BACK		NEXT	

1. If you do not have a U.S. permanent address (for example, where your parents or guardians live), click the "Permanent Address is the same as above" button. The system does not permit you to type in a permanent address outside of the U.S.

2. Click "Next."



Step 4 - Sign and Submit



Selected Coverage

Policy Number: 2018-5508-1
School/Association Name: University of Nebraska - Lincoln
Product Name: Student Plan
Coverage Type: Student
Effective Date: 1/1/2019
Expiration Date: 7/31/2019

NOTICE TO STUDENTS Coverage will be effective on the effective date of the coverage period, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) Premium is collected by the student's school and remitted to the Company on the student's behalf; 4) He/She meets the eligibility requirements for this coverage as described in the brochure; and 5) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Confirm Purchase

I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made.

1. Click the box to confirm that you are accepting the insurance plan.



University of Nebraska - Lincoln

SECURE EMAIL

Selected Coverage

Policy Number: 2018-5508-1
School/Association Name: University of Nebraska - Lincoln
Product Name: Student Plan
Coverage Type: Student
Effective Date: 1/1/2019
Expiration Date: 7/31/2019

NOTICE TO STUDENTS Coverage will be effective on the effective date of the coverage period, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) Premium is collected by the student's school and remitted to the Company on the student's behalf; 4) He/She meets the eligibility requirements for this coverage as described in the brochure; and 5) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Confirm Purchase

I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made.

Payer Signature*

John Doe

01/10/2019

1. Type your first and last name(s) to sign the form.

BACK

SUBMIT



Thank you. The information you entered is displayed below. It is important you maintain this information. Before you exit this page, please [PRINT](#) or [SAVE](#) this document for your records.

Please note if you enrolled in a policy that includes pharmacy benefits, your benefits will not be active until you receive confirmation of your enrollment.

Insured Information

Primary Insured: (Male)
Date Of Birth:
Phone Number:
Email Address:
Mailing Address:

Plan: Lincoln NE 68508-2208
Spring/Summer (1/1/2019-7/31/2019)

Total: \$1507.77

[GO TO MYACCOUNT](#)

1. When you see this page, you have successfully accepted the insurance. To find more details about your coverage and to download your insurance card, click "Go to MyAccount" and create an online account.

[CLOSE](#)