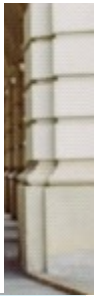




2024-2025

Student Health Insurance Plan: State University of New York



Who can enroll?

All international student and scholars, all student and scholar traveling abroad to approve SUN academi program an exchange an student participatin i Optiona Practica Trainin program ar eligibl an mus b enrolle i th pla ma enrol o a voluntar basis Eligibl Dependent ar th student's spouse o domesti partne an dependen childre unde 2 year o age Se th Wh i Covere sectio o th Certificat o Coverag fo th specifi requirement neede t mee domestic partner eligibility.

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Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	Options PPO
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount

Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

The Total Cost of the plan noted below includes premium and fees.

Total Plan Cost and Coverage Dates	Annual	Fall	Spring	Spring/Summer	Summer
Coverage dates	8/15/2024 - 8/14/2025	8/15/2024 - 1/14/2025	1/15/2025 - 6/14/2025	1/15/2025 - 8/14/2025	5/15/2025 - 8/14/2025
Student	\$2,194.28	\$919.79	\$907.77	\$1,274.49	\$553.08
Spouse	\$1,946.00	\$815.72	\$805.06	\$1,130.28	\$490.50
One Child	\$1,946.00	\$815.72	\$805.06	\$1,130.28	\$490.50
Two or More Children	\$3,892.00	\$1,631.44	\$1,610.12	\$2,260.56	\$981.00
Spouse and Two or More Children	\$5,838.00	\$2,447.16	\$2,415.18	\$3,390.84	\$1,471.50

See the information below for the breakdown of premium and fees

*Premium Rates	Annual Premium	Fall Premium	Spring Premium	Spring/Summer Premium	Summer Premium
Student	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
Spouse	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
One Child	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
Two or More Children	\$3,887.24	\$1,629.44	\$1,608.16	\$2,257.80	\$979.80
Spouse and Two or More Children	\$5,830.86	\$2,444.16	\$2,412.24	\$3,386.70	\$1,469.70

Rates are subject to regulatory approval and may change.

*The premium is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include the following fees:

Annual **Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.

Annual **Administrative fee of \$248.28 charged by the school you are receiving coverage through which may, for example, cover your school's administrative costs associated with offering this health plan.

**Note: Fees are prorated for the coverage dates other than annual.

Plan highlights

Metallic Level: Platinum with actuarial value of 96.380%

In-Network Benefits

In-Network benefits apply when your care is provided by Participating Providers in our UnitedHealthcare Options PPO network. Participating Providers can be found using the following link: [UHC Options PPO](#)

In-Network Preferred Provider Benefits

In-Network Preferred Provider benefits apply when your care is provided by the Student Health Center.

Benefits	In-Network Preferred Provider Member Cost-Share	In-Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy		
Plan Deductible	\$0 Per Member, Per Plan Year	\$200 Per Member, Per Plan Year	\$400 Per Member, Per Plan 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>	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$14,700 Per Member, Per Plan Year \$28,400 For all Members in a Family, Per Plan 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>	0% of Allowed Amount for Covered Medical Expenses	0% of Allowed Amount for Covered Medical Expenses	10% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Maintenance Drugs from a Designated Retail Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>	\$10 Copayment for Generic Drug \$20 Copayment for Brand Name Drug Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$10 Copayment for Tier 1 \$20 Copayment for Tier 2 \$20 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$10 Copayment for Generic Drugs \$30 Copayment for Brand Name Drugs Up to a 30-day supply per prescription not subject to Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see https://www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	Covered in full	Covered in full	10% of Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.</i>	Covered in full	Office Visits: 0% Coinsurance after Deductible	Office Visits: \$50 Copayment then 10% Coinsurance after Deductible

Contact Customer Service at **1-888-714-6544**

or at customerservice@uhcsr.com

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. © 2024 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2024-203415-. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefit which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefit and restrictions/exclusion associated with the relevant Policy or insurance. This document is not an insurance Policy document and you receipt of this document does not constitute the issuance or delivery of a Policy or insurance. Neither you nor UnitedHealthcare has any right or responsibility associated with you receipt of this document. Change in federal state or other applicable legislative or regulatory or change in Plan design require by the applicable state regulator authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

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