



2024-2025

# Student Health Insurance Plan: Utica College



## Who can enroll?

All full-time undergrads enrolled in 12 or more credits including accelerated nursing students & graduate students enrolled in 6 or more credit hours are automatically enrolled in this plan, unless proof of comparable coverage is furnished. Inbound International students are required to purchase this insurance plan on a mandatory basis. All other students are eligible to enroll in this insurance plan on a voluntary basis.

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account [uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider Options PPO

Find a prescription drug provider Optum Rx

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>) [uhcsr.com/myaccount](https://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/Summer	Summer
Coverage dates	8/1/2024 – 7/31/2025	8/1/2024 – 12/31/2024	1/1/2025 – 7/31/2025	5/1/2025 – 7/31/2025
Student	\$2,404.00	\$1,007.71	\$1,396.29	\$605.94

See the information below for the breakdown of premium and fees.

*Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium	Summer Premium
Student	\$2,287.62	\$958.92	\$1,328.70	\$576.61

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 fee[s]:

- Annual \*\*Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.
- Annual \*\*Administrative fee of \$30 **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.**
- Annual \*\*Service fee of \$84 charged by or at the direction of the school you are receiving coverage through to cover the costs of services provided by a non-insurer vendor or consultant.

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

## Plan highlights

Metallc Level: Gold with actuarial value of 84.730%

Benefits	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	\$500 Per Member, Per Plan Year	\$1,000 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>	\$5,000 Per Member, Per Plan Year	\$10,000 Per Member, 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>	20% of Allowed Amount for Covered Medical Expenses	40% 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 Maintenance Drugs from a Designated Retail Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>	\$20 Copayment for Tier 1 \$40 Copayment for Tier 2 \$80 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	Out-of-Network Prescription Drugs are not covered and you pay the full cost.
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups..</i>	Covered in full	0% 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>	Emergency Care in an Emergency Department: \$500 Copayment after Deductible	Emergency Care in an Emergency Department: \$500 Copayment after Deductible

### Questions about your plan?

Contact Customer Service at 1-800-767-0700  
or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

<sup>1</sup>Student 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. <sup>2</sup>HealthiestYou 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. <sup>3</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免費提供語言協助服務。請致電 1-866-260-2723。