



2024 - 2025

Student Health Insurance Plan: SUNY - Environmental Science and Forestry



Who can enroll?

Full-time domestic students are automatically enrolled in this insurance Plan at registration, unless proof of comparable coverage is furnished. Part-time students are eligible to enroll in this insurance plan.

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via uhcsr.com/myaccount
My Account

Find an in-network provider [Options PPO](#)

Find a prescription drug provider [Optum Rx](#)

Value-added benefits and services (Student Assist¹, uhcsr.com/myaccount HealthiestYou², UHC Global³)

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	Spring
Coverage dates		08/15/2024 – 08/14/2025	01/15/2025 – 08/14/2025
Student		\$3,557.00	\$2,065.98

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

*Premium Rates	Annual Premium	Spring Premium
Student	\$3,442.62	\$1,999.55

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 **Service fee of \$112.00 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

Metallic Level: Gold with actuarial value of 85.520%

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	None	\$250 Per Member, Per Plan Year	\$500 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>	None	\$8,150 Per Member, Per Plan Year	\$16,300 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>	0% of Allowed Amount for Covered Medical Expenses	20% of Allowed Amount for Covered Medical Expenses	40% 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>	Not Covered at SHC	\$20 Copayment for Tier 1 \$50 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	\$20 Copayment for Generic Drugs \$50 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>	Not Covered at SHC	Covered in full	30% 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>		Office Visits: \$30 Copayment not subject to Deductible Emergency Care in an Emergency Department: \$50 Copayment not subject to Deductible Copayment waived if admitted to Hospital	Emergency Care in an Emergency Department: \$50 Copayment not subject to Deductible Copayment waived if admitted to Hospital

Questions about your plan?

Contact Customer Service at **1-800-767-0700**

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.

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

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