



2025-2026

Student Health Insurance Plan: SUNY – Stony Brook University



Who can enroll?

All full-time and all medical students without documented alternate health insurance in place and a completed online waiver are required to purchase this insurance plan on a mandatory basis. Eligible students may also insure their Dependents. Eligible Dependents are the student’s spouse or domestic partner and dependent children under 26 years of age. See the Who is Covered section of the Certificate of Coverage for the specific requirements needed to meet domestic partner eligibility.

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	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount
If you need language assistance:	Language Assistance

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	8/16/2025 – 8/15/2026	8/16/2025 – 1/15/2026	1/16/2026 – 8/15/2026	5/16/2026 – 8/15/2026
Student	\$5,701.00	\$2,389.74	\$3,311.26	\$1,436.96
Spouse	\$5,701.00	\$2,389.74	\$3,311.26	\$1,436.96
One Child	\$5,701.00	\$2,389.74	\$3,311.26	\$1,436.96
Two or More Children	\$11,402.00	\$4,779.48	\$6,622.52	\$2,873.92
Spouse and Two or More Children	\$17,103.00	\$7,169.22	\$9,933.78	\$4,310.88

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

*Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium	Summer Premium
Student	\$5,620.62	\$2,356.04	\$3,264.58	\$1,416.70
Spouse	\$5,620.62	\$2,356.04	\$3,264.58	\$1,416.70
One Child	\$5,620.62	\$2,356.04	\$3,264.58	\$1,416.70
Two or More Children	\$11,241.24	\$4,712.08	\$6,529.16	\$2,833.40
Spouse and Two or More Children	\$16,861.86	\$7,068.12	\$9,793.74	\$4,250.10

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 \$78.00 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: Gold with actuarial value of 82.490%

Benefits	In Network Preferred Provider (SHC) 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	\$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>	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$6,850 Per Member, Per Plan Year \$8,000 For all Members in a Family, Per Plan Year	\$13,700 Per Member, Per Plan Year \$18,000 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	20% of Allowed Amount for Covered Medical Expenses	50% 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)	\$30 Copayment for Tier 1 \$50 Copayment for Tier 2 \$75 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$30 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>	Covered in full	Covered in full	30% of Allowed Amount not subject to 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: \$50 not subject to Deductible Laboratory Procedures: \$15 not subject to Deductible Emergency Care in an Emergency Department: \$100 after Deductible Copayment waived if admitted to Hospital	Office Visits: \$50 not subject to Deductible Laboratory Procedures: \$15 not subject to Deductible Emergency Care in an Emergency Department: \$100 after Deductible Copayment waived if admitted to Hospital

Questions about your plan?

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

or at customerservice@uhcsr.com

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