



**2025-2026**

## **Student Health Insurance Plan: Hobart and William Smith Colleges**



### **Who can enroll?**

All Full-Time Domestic Students are eligible to purchase 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](http://uhcsr.com/myaccount)

Find an in-network provider **Choice Plus**

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](http://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
Coverage dates	8/1/2025 – 7/31/2026	8/1/2025 – 12/31/2025	1/1/2026 – 7/31/2026
Student	\$3,598.00	\$1,508.21	\$2,089.79

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

* Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium
Student	\$3,419.62	\$1,433.43	\$1,986.19

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 \$176 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 93.370%

Benefits	In Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$200 Per Member, Per Plan Year	\$500 Per Member, Per Plan Year
<b>Out-of-Pocket Maximum</b> <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>	\$1,450 Per Member, Per Plan Year	\$10,000 Per Member, Per Plan Year
<b>Coinurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	10% of Allowed Amount for Covered Medical Expenses	30% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>	\$10 Copayment for Tier 1 \$45 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% Coinsurance Up to a 30-day supply per prescription after Deductible
<b>Preventive Care Services</b> <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	30% of Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.</i>	Office Visits: \$25 Copayment not subject to Deductible  Emergency Care in an Emergency Department: \$100 Copayment not subject to Deductible Copayment waived if admitted to Hospital	Emergency Care in an Emergency Department: \$100 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**

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