



PLEASE NOTE:  
THIS DOCUMENT HAS  
CHANGED. PLEASE SEE THE  
BACK COVER FOR DETAILS

# 2025 - 2026

## Student Health Insurance Plan: Brown University



### Who can enroll?

All registered part-time and full-time undergraduate and graduate students enrolled in a degree granting program are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Students enrolled in exclusively online classes are not eligible except for those enrolled in select Masters programs.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse, Civil Union partner or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - b. On the date the Named Insured enters into a Civil Union with the Dependent.
  - c. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Coverage periods, plan cost and deadline dates

	Early Arrival	Annual	Spring/Summer	Summer
Waiver/Open enrollment dates	August 29, 2025	August 29, 2025	January 30, 2026	July 15, 2026
Coverage dates	7/15/25 – 8/14/26	8/15/25 – 8/14/26	1/1/26 – 8/14/26	6/1/26 – 8/14/26
Early Arrival Student	\$5,367.00			
Student Only		\$4,944.00	\$3,060.00	\$1,014.00
One Dependent	\$5,342.00	\$4,919.00	\$3,048.00	\$1,010.00
Two or More Children	\$10,603.00	\$9,768.00	\$6,050.00	\$2,006.00

Rates are subject to regulatory approval and may change.

25COL5051-464-1

## Plan highlights

**Metallic Level:** Platinum with actuarial value of 93.420%

### University Health Services Benefits:

The Deductible will be waived when treatment is referred by the Brown University Student Health Services for the following services: Diagnostic Tests and Procedures, X-ray Services, and Laboratory Procedures when treatment is rendered at any Brown University Health Lab (DBA for Lifespan Labs location), Rhode Island Medical Imaging, or at any facility when ordered by Brown University Health Services.

- The Deductible will be waived when treatment is rendered at the Brown University Student Health Services for the following services: Prescription Drugs after a \$15 Copay per prescription Tier 1, \$30 Copay per prescription Tier 2, and \$50 Copay per prescription Tier 3 up to a 31-day supply per prescription. A 90-day supply may be dispensed at 2.5 times the 31-day supply Copays.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Brown University Student Health Services for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	<b>\$300 Per Insured Person, per Policy Year</b>	
<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>	\$8,100 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy 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>	100% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>  <i>For Prescription Insulin Drugs, the total amount of Deductible, Copayments, or Coinsurance shall not exceed \$40 for an individual prescription of up to a 30-day supply.</i>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$15 Copay for generic drugs \$30 Copay for brand name drugs Up to a 31-day supply per prescription 70% of billed charge not subject to Deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	70% of Allowed Amount
<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 copays.</i>	Physician's Visits: \$15 not subject to Deductible Medical Emergency: \$100 not subject to Deductible	Physician's Visits: \$15 not subject to Deductible Medical Emergency: \$100 not subject to Deductible

## Questions about your plan?

Contact Customer Service at **1-800-767-0700**  
or at **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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**United  
Healthcare**

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 - 07/17/2025

Student Health Center information has been updated.

From:

University Health Services Benefits:

The Deductible will be waived when treatment is referred by the Brown University Health Services for the following services: Diagnostic Tests and Procedures, X-ray Services, and Laboratory Procedures when treatment is rendered at any LifeSpan Labs location, Rhode Island Medical Imaging, Brown Dermatology Inc., or at any facility when ordered by Brown University Health Services.

- The Deductible will be waived when treatment is rendered at the Brown University Health Services for the following services: Prescription Drugs after a \$15 Copay per prescription Tier 1, \$30 Copay per prescription Tier 2, and \$50 Copay per prescription Tier 3 up to a 31-day supply per prescription. A 90-day supply may be dispensed at 2.5 times the 31-day supply Copays.
- The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Brown University Health Services for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

To:

University Health Services Benefits:

The Deductible will be waived when treatment is referred by the Brown University Student Health Services for the following services: Diagnostic Tests and Procedures, X-ray Services, and Laboratory Procedures when treatment is rendered at any Brown University Health Lab (DBA for Lifespan Labs location), Rhode Island Medical Imaging, or at any facility when ordered by Brown University Health Services.

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