2025-2026 Student Health Insurance Plan: Fairleigh Dickinson University

Who can enroll?

All full-time undergraduate students taking 12 credit hours or more, all full-time graduate students taking nine credit hours or more, any graduate student designated as full time by their department, all international students regardless of credit hours (including English as a Second Language, American Studies Program, Exchange Students, and Visiting faculty/Scholars) and those working as an intern are required to purchase this insurance Plan, unless proof of comparable coverage is furnished.

Students 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.

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**

Coverage periods, plan cost and deadline dates

Undergraduate	Annual	Spring/Summer
Waiver deadlines	10/15/25	2/28/26
Coverage dates	8/15/25 – 8/14/26	1/1/26 – 8/14/26
Student	$1,795.00	$1,113.00

Graduate	Annual	Spring/Summer
Waiver deadlines	10/15/25	2/28/26
Coverage dates	8/15/25 – 8/14/26	1/1/26 – 8/14/26
Student	$3,630.00	$2,249.00

Rates are subject to regulatory approval and may change.
25COL5051-200137-2

Plan highlights

Metallic Level: Gold with actuarial value of 83.900%

Student Health Center Benefits: 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 Student Health Center. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**	
Plan Deductible	$350 Per Insured Person, Per Policy Year	$850 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum *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.*	$9,200 Per Insured Person, Per Policy Year	$18,400 Per Insured Person, Per Policy Year
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs *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.*	$20 Copay for Tier 1 70% Copay for Tier 2 70% 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	$20 Copay for generic drugs 50% of billed charge brand name drugs 50% of billed charge Up to a 31-day supply per prescription not subject to Deductible
Preventive Care Services *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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.*	100% of Allowed Amount	No Benefits
The following services have per service copays *This list is not all inclusive. Please read the plan certificate for complete listing of copays.*	Physician's Visits: $35 not subject to Deductible Medical Emergency: $100 not subject to Deductible (The Copay will be waived if admitted to the Hospital.)	Physician's Visits: $35 not subject to Deductible Medical Emergency: $100 not subject to Deductible (The Copay will be waived if admitted to the Hospital.) (The Insured's total out-of-pocket will not exceed the amount the Insured would have paid to a Preferred Provider.)

Questions about your plan?

Contact Customer Service at **1-800-505-4160**
or at **customerservice@uhcsr.com**

[1]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. [2]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. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

 This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2025-200137-2. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

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

注意：免费提供语言协助服务。請致電 1-866-260-2723。

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