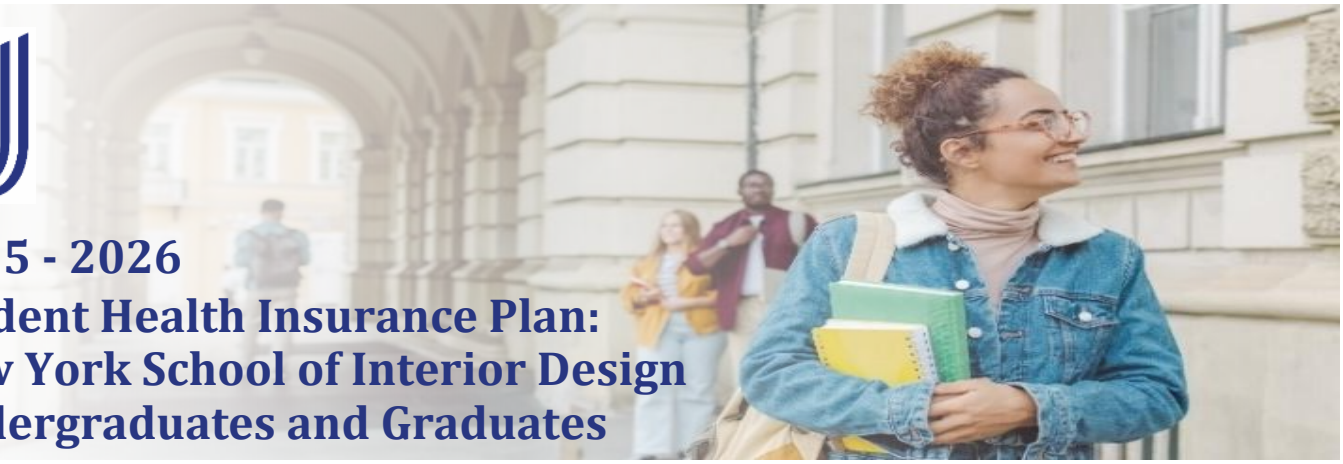

2025 - 2026
Student Health Insurance Plan: New York School of Interior Design Undergraduates and Graduates

Who can enroll?

The New York School of Interior Design requires all undergraduate and graduate students taking 9 or more credits to be covered by a health insurance plan. Students in Distance Learning programs (BIDD, AASD, BFAD, MPS D Programs – program of admission is Distance) are not eligible for the plan.

Eligible students who do enroll 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

Enroll or Waive Coverage	**www.universityhealthplans.com/nysid**
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 Premium Rates

The Total Cost of the plan noted below includes premium and fees.

Undergraduates	Annual	Spring/Summer
Waiver dates	10/26/25	03/15/26
Coverage dates	08/27/25 - 08/26/26	01/18/26 - 08/26/26
Student	$2,606.00	$1,577.88
Spouse	$2,606.00	$1,577.88
One Child	$2,606.00	$1,577.88
Two or More Children	$5,212.00	$3,155.76
Spouse and Two or More Children	$7,818.00	$4,733.64

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

*Premium Rates	Annual Premium	Spring/Summer Premium
Student	$2,464.62	$1,492.88
Spouse	$2,464.62	$1,492.88
One Child	$2,464.62	$1,492.88
Two or More Children	$4,929.24	$2,984.56
Spouse and Two or More Children	$7,393.86	$4,476.84

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 $120.00 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.
- Annual **Service fee of $19.00 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.

Graduates	Annual	Spring/Summer
Waiver dates	10/26/25	03/15/26
Coverage dates	08/27/25 - 08/26/26	01/18/26 - 08/26/26
Student	$4,425.00	$2,679.24
Spouse	$4,425.00	$2,679.24
One Child	$4,425.00	$2,679.24
Two or More Children	$8,850.00	$5,358.48
Spouse and Two or More Children	$13,275.00	$8,037.72

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

*Premium Rates	Annual Premium	Spring/Summer Premium
Student	$4,283.62	$2,593.64
Spouse	$4,283.62	$2,593.64
One Child	$4,283.62	$2,593.64
Two or More Children	$8,567.24	$5,187.28
Spouse and Two or More Children	$12,850.86	$7,780.92

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 $120.00 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.
- Annual **Service fee of $19.00 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 85.310%

Benefits	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	$250 Per Member, Per Plan Year	$600 Per Member, Per Plan 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.*	$7,500 Per Member, Per Plan Year $13,700 For all Members in a Family, Per Plan Year	$15,000 Per Member, Per Plan 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 Maintenance Drugs from a Designated Retail Pharmacy at 2.5 times the retail Copay up to a 90-day supply.*	$20 Copayment for Tier 1 $60 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	$15 Copayment for Generic Drugs $75 Copayment for Brand Name Drugs Up to a 30-day supply per prescription not subject to Deductible
Preventive Care Services *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.*	Covered in full	30% of Allowed Amount after Deductible
The following services have per service copays *This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.*	Office Visits: $25 Copayment not subject to Deductible Emergency Care in an Emergency Department: $150 Copayment not subject to Deductible Health care forensic examinations performed under Public Health Law § 2805-l are not subject to Cost-Sharing; Copayment; Coinsurance	Office Visits: 30% Coinsurance after Deductible Emergency Care in an Emergency Department: $150 Copayment not subject to Deductible Health care forensic examinations performed under Public Health Law § 2805-l are not subject to Cost-Sharing; Copayment; Coinsurance

Questions about your plan?

Contact Customer Service at **1-800-437-6448**
or at **info@univhealthplans.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.**© 2025 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group.* *This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2025-202977-61. 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 www.universityhealthplans.com/nysid. 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.*

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