



# 2025-2026 Student Health Insurance Plan: Rutgers, The State University



## Who can enroll?

All fulltime domestic and Non F1, F2, J1, J2 Rutgers Visa Sponsored students taking at least: 12 credits for undergraduate, nine credit hours\* for graduate, and ALL F1, F2, J1, J2 Rutgers Visa Sponsored students and ALL Advanced Standing students are automatically enrolled in this insurance plan and the premium contribution amount for coverage is added to their tuition billing, unless proof of comparable coverage is furnished.

\*FullTime students, as defined by the student’s department, could require you to be registered for 12 credit hours. (Example: Rutgers Business School & Rutgers Law School).

Visiting Scholars, EOF, PALS, GAP students, Short Term Non-Degree students and Early Start Programs are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

Ph.D and Ed.D students taking only research credits and part-time considered fulltime by the student’s department are eligible to enroll in this insurance plan.

Summer Coverage: All new full-time undergraduate students registered for six or more credit hours and all new full-time graduate students registered for 4.5 or more credit hours are eligible to enroll in this insurance plan.

Online only degree programs and non-matriculated students registered for online courses only, do not fulfill the eligibility requirements.

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, including any child for which the Named Insured is under court order to provide coverage, up to 26 years of age. Dependent child coverage may continue after age 26 under specific circumstances. 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 contribution amounts.

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

1. If a Named Insured has Dependents, the Dependents become eligible on the date the Named Insured 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 enters into a Civil Union or 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 acquires a dependent child who meets the Definition of a Dependent, or a Newborn Infant or an Adopted or Foster Child.

Dependent eligibility expires concurrently with that of the Named Insured.

## Coverage periods, plan cost and deadline dates

|                                 | Fall              | Spring/Summer     | Summer            |
|---------------------------------|-------------------|-------------------|-------------------|
| Deadline dates                  | 9/25/25           | 2/10/26           | 6/30/26           |
| Coverage dates                  | 8/15/25 – 1/14/26 | 1/15/26 – 8/14/26 | 5/26/26 – 8/14/26 |
| Student                         | \$1,233.00        | \$1,709.00        | \$653.00          |
| Spouse                          | \$1,233.00        | \$1,709.00        | \$653.00          |
| One Child                       | \$1,233.00        | \$1,709.00        | \$653.00          |
| Two or More Children            | \$2,466.00        | \$3,418.00        | \$1,306.00        |
| Spouse and Two or More Children | \$3,699.00        | \$5,127.00        | \$1,959.00        |

Rates are subject to regulatory approval and may change.  
25COL5051-519-2

| Plan resources at your fingertips                                      |                                                               |
|------------------------------------------------------------------------|---------------------------------------------------------------|
| View benefits, submit a claim and download your ID card via My Account | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |
| Find an in-network provider                                            | Choice Plus                                                   |
| Find a prescription drug provider                                      | Optum Rx                                                      |
| Value-added benefits and services (Student Assist1, HealthiestYou2)    | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |

# Plan highlights

**Metallic Level: Platinum with actuarial value of 91.340%**

**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                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100 Per Insured Person, Per Policy Year                                                                                                                                                                        | \$500 Per Insured Person, Per Policy Year                                                              |
| Out-of-Pocket Maximum<br><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>                                                                                                                                                      | \$2,500 Per Insured Person, Per Policy Year<br>\$5,000 For all Insureds in a Family, Per Policy Year                                                                                                             | \$10,000 Per Insured Person, Per Policy Year<br>\$20,000 For all Insureds in a Family, Per Policy Year |
| Coinsurance<br><i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>                                                                                                                                                                                                                                                                                      | 90% of Allowed Amount for Covered Medical Expenses                                                                                                                                                               | 60% of Allowed Amount for Covered Medical Expenses                                                     |
| Prescription Drugs<br><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>                                                                                                                                                                                                                                                                                                 | \$15 Copay for Tier 1<br>\$30 Copay for Tier 2<br>\$50 Copay for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible | 60% of billed charge<br>Up to a 31-day supply per prescription not subject to Deductible               |
| Preventive Care Services<br><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                                                                                                                                                                                           | No Benefits                                                                                            |
| The following services have per service copays<br><i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>                                                                                                                                                                                                                                                                                                      | Physician's Visits: \$ 35<br>not subject to Deductible                                                                                                                                                           |                                                                                                        |

Questions about your plan?

Contact Customer Service at **1-866-599-4427**  
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.

© 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 2025-519-2. 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.