



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



# 2024-2025 Student Health Insurance Plan: Rutgers, The State University

## Who can enroll?

All part-time degree seeking students taking at least one credit hour are eligible to enroll in this insurance plan.

Summer Coverage: All new part-time degree seeking students taking at least one credit hour are eligible to enroll in this insurance plan. F1, F2, J1, J2 Rutgers Visa Sponsored students are not eligible.

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 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 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                  | 9/25/24           | 2/10/25           | 6/30/25           |
| Coverage dates                  | 8/15/24 - 1/14/25 | 1/15/25 - 8/14/25 | 5/26/25 - 8/14/25 |
| Student                         | \$3,032.50        | \$4,201.50        | \$1,606.00        |
| Spouse                          | \$3,032.50        | \$4,201.50        | \$1,606.00        |
| One Child                       | \$3,032.50        | \$4,201.50        | \$1,606.00        |
| Two or More Children            | \$6,065.00        | \$8,403.00        | \$3,212.00        |
| Spouse and Two or More Children | \$9,097.50        | \$12,604.50       | \$4,818.00        |

Rates are subject to regulatory approval and may change.  
23COL4751-5193

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account [uhcsr.com/myaccount](https://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>) [uhcsr.com/myaccount](https://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Gold with actuarial value of 87.650%

**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  |
|---|--|---|
| <b>Overall Plan Maximum</b>   | <b>There is no overall maximum dollar limit on the Policy</b>  |   |
| <b>Plan Deductible</b>  | \$300 Per Insured Person, Per Policy Year  | \$1,000 Per Insured Person, Per Policy Year   |
| <b>Out-of-Pocket Maximum</b><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>  | \$4,000 Per Insured Person, Per Policy Year<br>\$8,000 For all Insureds in a Family,<br>Per Policy Year  | \$10,000 Per Insured Person, Per Policy Year<br>\$20,000 For all Insureds in a Family,<br>Per Policy Year |
| <b>Coinsurance</b><br><i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>  | 80% of Allowed Amount for Covered Medical Expenses   | 60% of Allowed Amount for Covered Medical Expenses  |
| <b>Prescription Drugs</b><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>\$45 Copay for Tier 2<br>\$60 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                  |
| <b>Preventive Care Services</b><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   |
| <b>The following services have per service copays</b><br><i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>  | Physician's Visits: \$40<br>not subject to Deductible  |   |

## Questions about your plan?

Contact Customer Service at **1-866-599-4427**  
or at **customerservice@uhcsr.com**

\*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. †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.

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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：免費提供語言協助服務。請致電 1-866-260-2723。

**United  
Healthcare**

POLICY NUMBER: 2024-519-3

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.

NOC1 - 08/08/2024

1. Updated the Deadline dates per below -

Fall 9/25/24

Spring/Summer 2/10/25

2. Added the following wording to the SHC wording in the SOB header -

Policy Exclusions and Limitations do not apply.