



2024-2025

Student Health Insurance Plan: Rutgers Post Doctorate, Grad Fellows, and Partial TA's & GA's



Who can enroll?

All full-time Postdoctoral Fellows and less than full appointment Teaching and Graduate Assistants (upon determination by University Human Resources) and Graduate Fellows who have been awarded a Full Fellowship from internal or external sources (upon determination by the Graduate School Dean's Office) are eligible to enroll in this insurance plan.

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 provider 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. 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 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 this 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

	Annual	Fall	Spring/Summer
Coverage dates	9/1/24 - 8/31/25	9/1/24 - 1/31/25	2/1/25 - 8/31/25
Student	\$2,942.00	\$1,233.00	\$1,709.00
Spouse	\$2,942.00	\$1,233.00	\$1,709.00
One Child	\$2,942.00	\$1,233.00	\$1,709.00
Two or More Children	\$5,884.00	\$2,466.00	\$3,418.00
Spouse and Two or More Children	\$8,826.00	\$3,699.00	\$5,127.00

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)	uhcsr.com/myaccount

Plan highlights

Metallic Level: Platinum with actuarial value of 91.260%

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.

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 <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 \$5,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$20,000 For all Insureds in a Family, Per Policy Year
Coinsurance <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 <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 \$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	60% of billed charge Up to a 31-day supply per prescription not subject to Deductible
Preventive Care Services <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 www.healthcare.gov/preventive-care-benefits/ 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 <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$ 35 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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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。

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