



2024 - 2025

Student Health Insurance Plan: The Pennsylvania State University – Undergraduate Students

Who can enroll?

All international students (F-1 and J-1 visa holders) and Humphrey fellows are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

All students enrolled in the Intensive English Communication program are required to purchase this insurance plan unless proof of comparable coverage is furnished.

All undergraduates taking 6 or more credit hours, and students who participate in a Co-Op Work Experience program as part of their required academic program and are enrolled at The Pennsylvania State University, are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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.

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 has Dependents and is issued a court or administrative order to provide insurance for those Dependent(s), the Dependents are eligible for insurance without enrollment restrictions:
 - a. On the date the Named Insured is ordered to provide insurance for said Dependent; and
 - b. We receive a copy of the order within 30 days of the date the court order or administrative order is issued.
3. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Waiver and Open enrollment dates	5/1/24-9/3/24	5/1/24-9/3/24	11/1/24-1/21/25	3/1/25-7/7/25
Coverage dates	08/13/23 to 08/12/24	08/13/23 to 12/31/24	01/01/25 to 08/12/25	05/01/25 to 08/12/25
Student	\$3,011.00	\$1,163.00	\$1,848.00	\$858.00
Spouse	\$3,011.00	\$1,163.00	\$1,848.00	\$858.00
One Child	\$3,011.00	\$1,163.00	\$1,848.00	\$858.00
Two or More Children	\$6,022.00	\$2,326.00	\$3,696.00	\$1,716.00
Student, Spouse and Two or More Children	\$9,033.00	\$3,489.00	\$5,544.00	\$2,574.00

Rates are subject to regulatory approval and may change.
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Plan highlights

Metallic Level: Platinum with actuarial value of 93.870%

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 for the following services:

- Laboratory services rendered at and referred by the Student Health Center.
- A 90-day supply of Prescriptions Drugs dispensed at the University Health Center Pharmacy and Hershey Pharmacy.
- All other services listed in the Schedule of Benefits.

Policy Exclusions and Limitations do not apply.

Student Health Center Referral Required: This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the University Park Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 per Insured Person, per Policy Year \$500 For all Insureds in a Family, 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>	\$1,300 Per Insured Person, Per Policy Year \$2,600 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year \$30,000 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	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs	\$10 Copay for Tier 1 \$30 Copay for Tier 2 \$60 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	50% of billed charge after Deductible up to a 31-day supply per prescription
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	80% of Allowed Amount after Deductible
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: \$10 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.

**Contact Customer Service at 1-888-224-4810
or at customerservice@uhcsr.com**

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