



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



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	08/13/24 to 08/12/25	08/13/24 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.
23COL4751-203269-1

Plan resources at your fingertips

Enroll/Waive

- Log in to LionPATH.
- Navigate to the Health Insurance page.
- Under the current coverage year, select Waive or Enroll/Purchase.
- Follow additional steps to enroll or waive.

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 Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

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.

Questions about your plan?

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

¹Student 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.²HealthiestYou 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.³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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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: 2024-547-1

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.

NOC 1 - 05/20/2024

Updated the Annual and Fall Coverage dates on the rate table.

Annual

From: 08/13/2023 to 08/12/2024

To: 08/13/2024 to 08/12/2025

Fall

From: 08/13/2023 to 12/31/2024

To: 08/13/24 to 12/31/2024