



# 2025-2026 Student Health Insurance Plan: Arizona State University

## Who can enroll?

All Undergraduate students if they are enrolled in a program of study taking six or more units or have a consortium agreement to take courses at a qualified college with an overall credit hour total of at least six units. Seniors may enroll with less than six units if they are in their last semester to achieve their final graduation requirements and had the insurance coverage in the prior semester.

Graduate students if they are enrolled in a graduate degree or certificate program and taking at least three units or one dissertation/thesis unit.

Graduate non-degree students must have applied to a degree program and be taking at least six transferable units, be in a certificate program, or be a full-time student taking at least nine units.

Graduate assistants or associates who are officially hired, with a signed and filed notice of appointment, and taking at least six units of graduate credit.

Post-Doctoral Fellows, J-1 Visiting Scholars, or J-1 Student Interns are eligible to enroll in this insurance Plan.

International students on non-immigrant visas, regardless of his or her fitting into one of the above classifications and regardless of the number of units being taken, are automatically enrolled in the Plan.

The student (Named Insured, as defined in this 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.

## Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

## Coverage periods, plan cost and deadline dates

|                | Annual                | Fall                   | Spring               | Summer                |
|----------------|-----------------------|------------------------|----------------------|-----------------------|
| Coverage dates | 8/16/2025 – 8/15/2026 | 8/16/2025 – 12/31/2025 | 1/1/2026 – 8/15/2026 | 5/16/2026 – 8/15/2026 |
| Student        | \$2,765.00            | \$1,045.00             | \$1,720.00           | \$697.00              |

Rates are subject to regulatory approval and may change.  
25COL5051-733-1

## Plan resources at your fingertips

View benefits, submit a claim  
and download your ID card via  
My Account

[www.uhcsr.com/asu](http://www.uhcsr.com/asu)  
or  
[uhcsr.com/myaccount](http://uhcsr.com/myaccount)

Find an in-network provider

**UHC Choice Plus**

Find a prescription drug  
provider

**Optum Rx**

Value-added benefits and  
services (Student  
Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC  
Global<sup>3</sup>)

[www.uhcsr.com/asu](http://www.uhcsr.com/asu)  
or  
[uhcsr.com/myaccount](http://uhcsr.com/myaccount)

If you need language  
assistance:

**[Language Assistance](#)**

## Plan highlights

**Metallic Level:** Platinum with actuarial value of 92.970%

### 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: Travel Immunizations, Well-Woman Care, Preventive Care, and Initial Counseling Assessment for Psychiatric Services.
- The Deductible 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:
  - Counseling and Psychiatric Services: Brief Counseling Treatment after \$15 Copay per visit and Psychiatric Services after \$15 Copay per visit.
  - Lab and X-ray after \$10 Copay per visit.
  - General Medicine after \$15 Copay per visit.
  - Specialist Care and Chiropractic Care after \$25 Copay per day.
  - All other services listed in the Schedule of Benefits.
- The Deductible and Copays will be waived, and benefits will be paid at 100% for Covered Medical Expenses for Laboratory procedures, including routine Laboratory procedures, performed at the SHC and labs sent to LabCorp or Sonora Quest Laboratories by the SHC. SHC referral is not required.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement.

When you need care, make one of the ASU Health Services or Counseling Services locations your first stop. They can provide many of the routine health services you need. If you need care they can't provide, they'll refer you to a Physician or other health care provider who belongs to UnitedHealthcare's Choice Plus network.

A referral from the ASU Health Services or Counseling Services is not necessary only under any of the following conditions:

- Medical Emergency. The student must return to SHC for necessary follow-up care.
- When the Student Health Center is closed.
- Medical care received when the student is more than 50 miles from the Tempe campus. (Upon return to the Tempe campus, you must return to ASU Health Services for necessary follow-up care.)
- Maternity, obstetrical and gynecological care.
- Urgent care expenses. (All follow-up treatment must be obtained through ASU Health Services.)
- Adult vision eye exam.
- Preventive Care Services. (Services considered to be preventive according to Health Care Reform.)
- Routine Physicals / Well Visits.
- Prostate Screening.
- Impacted wisdom teeth.
- Accidental Injury to sound, natural teeth.
- Voluntary sterilization for males.

A referral issued by ASU Health Services or Counseling Services must be submitted prior to treatment. Only one referral is required for each Injury or Sickness per Policy Year. You are responsible for renewing a referral at the beginning of each Policy Year, if continued care is needed during that Policy Year.

If a referral is not obtained, benefits will be reduced and paid at the Out-of-Network Provider benefit level. To learn more about UnitedHealthcare's Preferred Providers, visit [www.uhcsr.com](http://www.uhcsr.com).

| 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>   | \$250 Per Insured Person, per Policy Year  | \$1,000 Per Insured Person, per Policy Year  |
| <b>Out-of-Pocket Maximum</b><br>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.                          | \$1,500 Per Insured Person, Per Policy Year  | \$3,000 Per Insured Person, Per Policy Year  |
| <b>Coinsurance</b><br>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.  | 80% of Allowed Amount for Covered Medical Expenses   | 50% of Allowed Amount for Covered Medical Expenses   |
| <b>Prescription Drugs</b><br>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.<br>Prescription Drugs and contraceptives covered under the Preventive Care Services benefit will be paid at the benefit level shown under Preventive Care Services. | \$125 Deductible (per Policy Year) does not apply to Policy Deductible<br>\$15 Copay for Tier 1<br>\$40 Copay for Tier 2<br>\$80 Copay for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy | \$125 Deductible (per Policy Year) does not apply to Policy Deductible<br>\$15 Copay for generic drugs<br>\$40 Copay for brand name drugs<br>100% of billed charge<br>Up to a 31-day supply per prescription |

|   |  |  |
|---|--|--|
| <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   | 50% of Allowed Amount after Deductible   |
| <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: \$25<br>not subject to Deductible<br>Urgent Care Center: \$25<br>not subject to Deductible<br>Physiotherapy: \$25<br>not subject to Deductible<br>Medical Emergency: \$200<br>not subject to Deductible<br>The Copay will be waived if admitted to the Hospital. | Medical Emergency: \$200<br>not subject to Deductible<br>The Copay will be waived if admitted to the Hospital.   |
| <b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>  | Office Visits:<br>\$25 Copay per visit<br>100% of Allowed Amount<br>not subject to Deductible<br>Other Outpatient Services (including partial hospitalization):<br>100% of Allowed Amount<br>not subject to Deductible   | Office Visits:<br>50% of Allowed Amount after Deductible<br>Other Outpatient Services (including partial hospitalization):<br>50% of Allowed Amount after Deductible |

## Questions about your plan?

Contact Customer Service at **1-866-652-9185** or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

## Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com/ASU](http://www.uhcsr.com/ASU). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2025-733-1. The Policy is a Non-Renewable One-Year Term Policy.

<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. <sup>3</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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