2026 – 2027
Student Health Insurance Plan
University of Illinois at Urbana-Champaign
Graduate Student

Who can enroll?

Graduate students of the University of Illinois who are taking credit hours are automatically enrolled in this Health Insurance Plan at registration, unless proof of comparable coverage is furnished.

Graduate students (as defined herein) of the University of Illinois who are enrolled, in attendance, and assessed all applicable fees are eligible for the Student Health Insurance Plan.

Dependents (as defined herein) of an Insured are also eligible provided application for coverage is made during Enrollment Periods detailed below.

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 under 26 years of age. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Plan resources at your fingertips

To Waive coverage	**si.illinois.edu**
View benefits, submit a claim and download your ID card via My Account	**uhcsr.com/ myaccount**
Find an in-network provider	**Options PPO**
Find a prescription drug provider	**Optum Rx**
Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3])	**uhcsr.com/ myaccount**
If you need language assistance	**Language Assistance**

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 acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse, Civil Union partner 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 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

	Fall	Spring	Summer
Waiver/Open enrollment dates	8/22/2026 – 9/25/2026	1/16/2027 – 2/19/2027	5/15/2027 – 6/18/2027
Coverage dates	8/22/2026 – 1/15/2027	1/16/2027 – 5/14/2027	5/15/2027 – 8/20/2027
Student	$1,125.00	$1,125.00	$1,125.00
Spouse	$1,110.00	$1,110.00	$1,110.00
One Child	$1,110.00	$1,110.00	$1,110.00
Two or More Children	$2,220.00	$2,220.00	$2,220.00
Spouse and Two or More Children	$3,330.00	$3,330.00	$3,330.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.
Rates are subject to regulatory approval and may change.
26COL5328-1351-2

Plan highlights

Metallic Level: Platinum with actuarial value of 88.940%

Benefits	Preferred Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**
Outpatient Deductible	$300 Per Insured Person, per Policy Year
Out-of-Pocket Maximum 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.	$3,000 Per Insured Person, Per Policy Year $6,000 For all Insureds in a Family, Per Policy Year
Coinsurance 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
Prescription Drugs 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. For insulin drugs, the total amount of Copayments or Coinsurance shall not exceed $35 for an individual prescription of up to a 30-day supply. For a twin-pack of epinephrine injectors, regardless of the type of epinephrine injector, the total amount of Deductible, Copayments, and Coinsurance shall not exceed $60. For prescription inhalers, the total amount of Copayments or Coinsurance shall not exceed $25 for an individual prescription of up to a 30-day supply. No benefits outside of UnitedHealthcare Network Pharmacy.	$20 Copay for Tier 1 $40 Copay for Tier 2 $80 Copay for Tier 3 60% Coinsurance for Tier 4 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible
Preventive Care Services 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.	100% of Allowed Amount
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Medical Emergency: $100 after Deductible

Questions about your plan?

Contact Customer Service at **1-888-224-4883** or at **customerservice@uhcsr.com**

[1]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. [2]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. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-1351-2. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com/illinois. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

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