PennState

PLEASE NOTE:

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

2025 - 2026 Student Health Insurance Plan: The Pennsylvania State University – Graduate Assistants and Graduate Fellows

Who can enroll?

Graduate assistants, graduate fellows, and graduate trainees are eligible for subsidized premiums for medical, dental and vision insurance as part of their financial support packages with the University. All elections for insurance are completed in Workday.

Eligible students who do enroll in classes 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 a full refund of premium minus the cost of any claim benefits paid by the plan.

Students (and their covered dependents) cannot remain covered on SHIP for Penn State if they have cancelled their classes and/or lost eligibility for the plan.

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.

Plan resources at your fingertips

Enroll/Waive Coverage	**Graduate Assistants, Graduate Fellows, and Graduate Trainees:** On the date your appointment begins, complete the Elect Student Health Insurance task in **Workday.** If you do nothing, you will automatically be enrolled in single coverage. During open enrollment, you will be able to update your benefit elections and add/remove eligible dependents. Once you are enrolled in the plan, there are no refunds or cancellations.
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], UHC Global[3])	**uhcsr.com/myaccount**
If you need language assistance:	**Language Assistance**
Visit **uhcsr.com/penn** or scan the QR code to see what UnitedHealthcare Student Resources can do for you.	

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Waiver and Open enrollment dates		7/14/25-9/2/25	11/1/25-1/20/26	3/1/26-7/6/26
Coverage dates	08/13/25 to 08/12/26	08/13/25 to 12/31/25	01/01/26 to 08/12/26	05/01/26 to 08/12/26
Student	$4,408.00	$1,702.00	$2,706.00	$1,256.00
Spouse	$4,408.00	$1,702.00	$2,706.00	$1,256.00
One Child	$4,408.00	$1,702.00	$2,706.00	$1,256.00
Two or More Children	$8,816.00	$3,404.00	$5,412.00	$2,512.00
Spouse and Two or More Children	$13,224.00	$5,106.00	$8,118.00	$3,768.00

Rates are subject to regulatory approval and may change.

25COL5051-203281-2

Plan highlights

Metallic Level: Platinum with actuarial value of 94.280%

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:
STUDENTS AT UNIVERSITY PARK CAMPUS ONLY
OUTPATIENT SERVICES ONLY

The student and Spouse must use the services of the University Park Student Health Center first where outpatient treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the University Park Student Health Center for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the University Park Student Health Center must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A University Park Student Health Service referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student must return to University Park Student Health Center for necessary follow-up care.
2. When the University Park Student Health Center is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 25 miles from University Park Student Health Center.
5. Medical care obtained when a student is no longer able to use the University Park Student Health Center due to a change in student status.
6. Maternity, obstetrical and gynecological care.
7. Mental Illness treatment and Substance Use Disorder treatment.

Dependent children are exempt from the above limitations and requirements.

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 *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.*	$1,300 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 *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	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 *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	80% of Allowed Amount after Deductible
The following services have per service copays *This list is not all inclusive. Please read the plan certificate for complete listing of copays.*	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**

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

 This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2025-203281-2. 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. 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. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

United Healthcare

POLICY NUMBER: 2025-203281-2

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 - 07/18/2025
Policy:
N/A

Cert:
N/A

Summary Flyer:

The following was added to the Plan Resources at your fingertips table:
Visit uhcsr.com/penn or scan the QR code to see what UnitedHealthcare Student Resources can do for you.