



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

# 2026 – 2027 Student Health Insurance Plan San Jose State University

## Who can enroll?

All California State University international students, scholars, visiting faculty or other students with a current passport or non-immigrant visa are eligible and required to enroll in coverage under the Policy, provided that they are temporarily located outside their home country or country of residence and have not been granted permanent residency status in the U.S. and are engaged in educational activities through the University.

Participants engaged in Optional Practical Training (OPT) or Academic Training (A/T), are eligible for coverage on a voluntary basis, if the OPT/AT training follows a course of study, the Participants enroll in the plan no later than 30 days after the previous insurance coverage period ends, the Participants maintain their valid visa status, and the coverage period is no longer than 12 months in duration (24 months for STEM OPT).

A once per lifetime medical withdrawal exception may be granted to students on school-approved medical leave during the first 31 days of coverage.

The student (Named Insured, as defined in the Certificate) must actively attend classes in compliance with the Policyholder's attendance requirements for at least the first 31 days after the date for which coverage is purchased. Home study, and 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. In the absence of fraud or intentional misrepresentation of material fact, if and whenever the Company discovers that the Policy eligibility requirements have not been met, coverage will be cancelled immediately. Unearned premiums will be refunded.

## Limited Termination Privilege

The Named Insured has the right to request termination of their coverage during the Policy Year if the Named Insured:

1. Graduates.
2. Takes a leave of absence.
3. Is no longer enrolled as a student at the school (i.e. the Policyholder) that purchased this Policy from the Company.

The Named Insured must request termination from the Policyholder at least 30 days before the effective date of the termination. The Policyholder shall terminate coverage during the same calendar month as the request, if feasible, but no later than the last day of the calendar month in which the 30 day period ends. The Named Insured is only responsible for premium through the date of termination. If the Named Insured has paid premium for the full Policy Year, they will receive a pro rata refund for any time they are not enrolled under the plan.

## Coverage periods and plan costs

|                | Fall                | Spring/Summer       |
|----------------|---------------------|---------------------|
| Coverage dates | 08/01/26 - 12/31/26 | 01/01/27 - 07/31/27 |
| Student        | \$845.00            | \$1,161.00          |

Rates are subject to regulatory approval and may change.  
26COL5328-323-41

## Plan resources at your fingertips

|                                                                                                                         |                                                               |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| View benefits, submit a claim and download your ID card via My Account                                                  | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |
| Find an in-network provider                                                                                             | Select 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> ) | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |
| If you need language assistance:                                                                                        | Language Assistance                                           |

## Plan highlights

**Metallic Level: Platinum with actuarial value of 95.600%**

| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$100 Per Insured Person, per Policy Year                                                                                                                                                                        | \$200 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.                                                                                                                                                      | \$5,000 Per Insured Person, Per Policy Year                                                                                                                                                                      | \$5,000 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.                                                                                                                                                                                                                                                                                      | 100% of Allowed Amount for Covered Medical Expenses                                                                                                                                                              | 80% 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.                                                                                                                                                                                                                                                                                                 | \$10 Copay for Tier 1<br>\$20 Copay for Tier 2<br>\$40 Copay for Tier 3<br>Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible | \$10 Copay for generic drugs<br>\$20 Copay for brand name drugs<br>Up to a 30-day supply per prescription<br>80% of billed charge<br>not subject to Deductible |
| <b>Preventive Care Services</b><br>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. | 100% of Allowed Amount                                                                                                                                                                                           | 80% of Allowed Amount after Deductible                                                                                                                         |
| <b>The following services have per service copays</b><br>This list is not all inclusive. Please read the plan certificate for complete listing of copays.                                                                                                                                                                                                                                                                                                      | Physician's Visits: \$10<br><br>Medical Emergency: \$250<br><br>The Copay will be waived if admitted to the Hospital.                                                                                            | Medical Emergency: \$250<br><br>The Copay will be waived if admitted to the Hospital.                                                                          |

## Questions about your plan?

Contact Customer Service at **1-833-789-8051** or at **customerservice@uhcsr.com**

<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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United  
Healthcare

POLICY NUMBER: 2026-2193-41

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.

NOC2 - 09/03/2026  
2026-2193-41 NOC2

This NOC applies to ALL MEMBERS: San Jose State Univ. (323-41); Sacramento (491-41)

Bid Policy: n/a

Certificate: n/a

Summary Flyer: REMOVED the following wording from 'Who can enroll?' section: ', are not U.S. Citizens (Dual Citizenship excluded)'