



2024 - 2025

# Student Health Insurance Plan: Florida Atlantic University



### Who can enroll?

All international students and scholars with non-immigrant status in the United States (those who have not been granted permanent residency status) while engaged in educational activities at or under the sponsorship of the College are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished on a hard-waiver basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

### Coverage periods and plan cost

	Annual	Fall	Spring/Summer	Summer
Coverage dates	08/14/24 - 08/13/25	08/14/24 – 12/31/24	01/01/25 – 08/13/25	05/08/25 - 08/13/25
Student	\$1,843.00	\$707.00	\$1,136.00	\$495.00
Spouse	\$8,927.00	\$3,424.00	\$5,503.00	\$2,397.00
One Child	\$8,927.00	\$3,424.00	\$5,503.00	\$2,397.00
Two or More Children	\$17,854.00	\$6,848.00	\$11,006.00	\$4,794.00
Spouse and Two or more Children	\$26,781.00	\$10,272.00	\$16,509.00	\$7,191.00

Rates are subject to regulatory approval and may change.  
23COL4751-34-4

### Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account [uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider [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>) [uhcsr.com/myaccount](https://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Gold with actuarial value of 87.170%

**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.

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>	\$400 Per Insured Person, per Policy Year	\$800 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$5,000 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$10,000 for all Insureds in a family, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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.</i>	\$15 Copay for Tier 1 \$40 Copay for Tier 2 \$40 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	70% of billed charge Up to a 31-day supply per prescription after Deductible
<b>Preventive Care Services</b> <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	Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$30 not subject to Deductible  Medical Emergency: \$200 after Deductible  The Copay will be waived if admitted to the hospital.	Medical Emergency: \$200 after Deductible  The Copay will be waived if admitted to the hospital.

## Questions about your plan?

Contact Customer Service at **1-866-948-8472**  
or at **customerservice@uhcsr.com**

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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