



2024-2025

## Student Health Insurance Plan: State University of New York



### Who can enroll?

All international students and scholars, all student and scholars traveling abroad on approved SUNY academic programs and exchanges and students participating in Optional Practical Training programs are eligible and must be enrolled in the plan, with the exception of those who meet the SUNY specified mandatory enrollment exemptions. Eligible Dependents of students enrolled in the plan may enroll on a voluntary basis. Eligible Dependents are the student's spouse or domestic partner and dependent children under 26 years of age. See the Who is Covered section of the Certificate of Coverage for the specific requirements needed to meet domestic partner eligibility.

Students 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.

### 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 Options PPO

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)

### Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

The Total Cost of the plan noted below includes premium and fees.

Total Plan Cost and Coverage Dates	Annual	Fall	Spring	Spring/Summer	Summer
Coverage dates	8/15/2024 – 8/14/2025	8/15/2024 – 1/14/2025	1/15/2025 – 6/14/2025	1/15/2025 – 8/14/2025	5/15/2025 – 8/14/2025
Student	\$2,194.28	\$919.79	\$907.77	\$1,274.49	\$553.08
Spouse	\$1,946.00	\$815.72	\$805.06	\$1,130.28	\$490.50
One Child	\$1,946.00	\$815.72	\$805.06	\$1,130.28	\$490.50
Two or More Children	\$3,892.00	\$1,631.44	\$1,610.12	\$2,260.56	\$981.00
Spouse and Two or More Children	\$5,838.00	\$2,447.16	\$2,415.18	\$3,390.84	\$1,471.50

See the information below for the breakdown of premium and fees.

*Premium Rates	Annual Premium	Fall Premium	Spring Premium	Spring/Summer Premium	Summer Premium
Student	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
Spouse	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
One Child	\$1,943.62	\$814.72	\$804.08	\$1,128.90	\$489.90
Two or More Children	\$3,887.24	\$1,629.44	\$1,608.16	\$2,257.80	\$979.80
Spouse and Two or More Children	\$5,830.86	\$2,444.16	\$2,412.24	\$3,386.70	\$1,469.70

Rates are subject to regulatory approval and may change.

\*The premium is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include the following fees:

Annual \*\*Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.

Annual \*\*Administrative fee of \$248.28 charged by the school you are receiving coverage through which may, for example, cover your school's administrative costs associated with offering this health plan.

\*\*Note: Fees are prorated for the coverage dates other than annual.

Plan highlights

Metallic Level: Platinum with actuarial value of 96.380%

In-Network Benefits

In-Network benefits apply when your care is provided by Participating Providers in our UnitedHealthcare Options PPO network. Participating Providers can be found using the following link: [UHC Options PPO](#)

In-Network Preferred Provider Benefits

In-Network Preferred Provider benefits apply when your care is provided by the Student Health Center.

Benefits	In-Network Preferred Provider Member Cost-Share	In-Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy		
Plan Deductible	\$0 Per Member, Per Plan Year	\$200 Per Member, Per Plan Year	\$400 Per Member, Per Plan Year
Out-of-Pocket Maximum <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>	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$14,700 Per Member, Per Plan Year \$28,400 For all Members in a Family, Per Plan Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	0% of Allowed Amount for Covered Medical Expenses	0% of Allowed Amount for Covered Medical Expenses	10% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Maintenance Drugs from a Designated Retail Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>	\$10 Copayment for Generic Drug \$20 Copayment for Brand Name Drug Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$10 Copayment for Tier 1 \$20 Copayment for Tier 2 \$20 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$10 Copayment for Generic Drugs \$30 Copayment for Brand Name Drugs Up to a 30-day supply per prescription not subject to Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	Covered in full	Covered in full	10% of Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.</i>	Covered in full	Office Visits: 0% Coinsurance after Deductible	Office Visits: \$50 Copayment then 10% Coinsurance after Deductible

Questions about your plan?

Contact Customer Service at 1-888-714-6544  
or at [customerservice@uhcsr.com](mailto: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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