

Student Health Insurance Plan Benefits
Academic Year 2021-2022
Undergraduate Students

Eligible to Enroll	Annual Coverage Period 08/22/2021 - 08/20/2022 Premium Rates Per Semester
Student	\$712
Spouse	\$698
One Child	\$698
Two or More Children	\$1,396
Spouse + Two or More Children	\$2,094
Annual rate for Student	\$2,092

General Coverage	Benefits
Deductible	\$250 per insured Person, Per Policy Year
Out of Pocket Max	\$6,850 Per Insured Person, Per Policy Year
Coinsurance	80% of Usual and Customary Charges for Covered Medical Expenses is covered by insurance after your deductible
Prescription Drugs	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 20% Coinsurance for Tier 4 *Up to a 31 day supply per prescription filled at United Healthcare Pharmacy. **Some drugs may be subject to step therapy and/or pre-authorization.
Preventative Care Services Defined by the plan and ACA	100% of Billed Charges
The following Services have per Service Copays/Deductibles	Medical Emergency: \$50
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply)**

**Plan brochures available in August.

Student Health Insurance Plan Benefits
Academic Year 2021-2022
Graduate Students

Eligible to Enroll	Annual Coverage Period 08/22/2020 - 08/20/2021 Premium Rates Per Semester
Student	\$916
Spouse	\$902
One Child	\$902
Two or More Children	\$1,804
Spouse + Two or More Children	\$2,706
Annual rate for Student	\$2,704

General Coverage	Benefits
Deductible	\$150 per insured Person, Per Policy Year
Out of Pocket Max	\$1,800 Per Insured Person, Per Policy Year
Coinsurance	80% of Usual and Customary Charges for Covered Medical Expenses is covered by insurance after your deductible
Prescription Drugs	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 20% Coinsurance for Tier 4 *Up to a 31 day supply per prescription filled at United Healthcare Pharmacy. **Some drugs may be subject to step therapy and/or pre-authorization.
Preventative Care Services Defined by the plan and ACA	100% of Billed Charges
The following Services have per Service Copays/Deductibles	Medical Emergency: \$50
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply)**

**Plan brochures available in August.