



**2026 - 2027**

# Student Health Insurance Plan: Roseman University of Health Sciences

## Who can enroll?

All students at the University who are registered and attending classes in a program that has an Experiential component remaining to be completed are automatically enrolled in this insurance plan at the start of their program, or the start of the plan year, unless proof of comparable coverage is provided via the Student Waiver Portal.

Students who do enroll may insure their dependents on a voluntary basis. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. 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.

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 acquires a Dependent after the Effective Date, such Dependent becomes eligible:
  - a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - 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.

## Coverage periods, plan cost and deadline dates

	Annual
Coverage dates	8/01/2026 – 7/31/2027
Student	\$3,768.00
Spouse	\$3,768.00
One Child	\$3,768.00
Two or More Children	\$7,536.00
Spouse and Two or More Children	\$11,349.00

Rates are subject to regulatory approval and may change.

26COL5328-202868-1

## Plan resources at your fingertips

Enroll/Waive coverage **studentcenter.uhcsr.com/ruhs**

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 UHC Global<sup>3</sup> **uhcsr.com/myaccount**

If you need language assistance: **Language Assistance**

## Plan highlights

**Metallic Level: Gold with actuarial value of 86.260%**

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>	\$450 Per Insured Person, Per Policy Year	\$800 Per Insured Person, Per Policy Year
<b>Out-of-Pocket Maximum</b> 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.	\$6,850 Per Insured Person, Per Policy Year \$12,000 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year \$22,000 For all Insureds in a Family, Per Policy Year
<b>Coinsurance</b> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> 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.	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$55 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	\$20 Copay for generic drugs \$40 Copay for brand name drugs 60% of billed charges Up to a 31-day supply per prescription not subject to Deductible
<b>Preventive Care Services</b> 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	100% of Allowed Amount not subject to Deductible
<b>The following services have per service copays</b> This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: \$30 not subject to Deductible Consultant Physician Visit: \$15 not subject to Deductible Urgent Care Center: \$50 not subject to Deductible Ambulance Services: \$100 not subject to Deductible Medical Emergency: \$100 not subject to Deductible (The Copay will be waived if admitted to the Hospital.)	Physician's Visits: \$45 not subject to Deductible Consultant Physician Visit: \$30 not subject to Deductible Urgent Care Center: \$75 not subject to Deductible Ambulance Services: \$100 not subject to Deductible Medical Emergency: \$100 not subject to Deductible (The Copay will be waived if admitted to the Hospital.)

## Questions about your plan?

Contact Customer Service at **1-800-767-0700** or at **customerservice@uhcsr.com**

<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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