



# 2024 - 2025 Student Health Insurance Plan: University of St. Thomas

## Who can enroll?

All International students who are registered for classes and all OPT students are required to purchase this insurance Plan at registration unless proof of comparable coverage is furnished.

All J-1 Visa students are automatically enrolled in this insurance Plan at registration. Eligible students who do enroll may also insure their Dependents.

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.
  - 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

Rates	Fall	Spring/Summer	Summer
Waiver end dates	September 28, 2024	February 28, 2025	June 20, 2025
Coverage dates	08/01/24 - 01/14/25	01/15/25 - 07/31/25	05/21/25 - 07/31/25
Student	\$1,226.00	\$1,457.00	\$ 530.25
Spouse	\$1,226.00	\$1,457.00	\$ 530.25
One Child	\$1,226.00	\$1,457.00	\$ 530.25
Two or More Children	\$2,452.00	\$2,914.00	\$1,060.50
Spouse and Two or More Children	\$3,678.00	\$4,371.00	\$1,590.75

Rates are subject to regulatory approval and may change.  
23COL4751-758-61

## Plan resources at your fingertips

Enroll or Waive coverage <https://studentcenter.uhcsr.com/stthomas>

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

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)

Student Healthcenter <https://studentcenter.uhcsr.com/stthomas>

## Plan highlights

**Metallic Level:** Gold with actuarial value of 84.800%

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>	\$250 Per Insured Person, per Policy Year	\$600 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>	\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 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	50% 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>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 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	No Benefits
<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	No benefits
<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: \$25 not subject to Deductible  Medical Emergency: \$150 not subject to Deductible  The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 not subject to Deductible  The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-800-505-4160**  
or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

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ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

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

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