



2024 - 2025 Student Health Insurance Plan: University of Florida



Who can enroll?

All newly admitted or re-admitted students who are enrolled at least half-time* in a degree-seeking program and Health Science students are required to purchase this insurance plan unless proof of comparable coverage is provided. All International students, including ELI, are also required to purchase this insurance plan unless proof of comparable coverage is provided.

All other Domestic Undergraduate students and Unsupported Graduate students enrolled in 6 or more credit hours, Unsupported Graduate students working on a dissertation, Visiting Scholars, Gator Care Ineligibles and Post Doc Fellows are eligible to purchase coverage on a voluntary basis. Study Abroad students are eligible to enroll in this plan on a voluntary basis. Eligible Dependents (including Domestic Partners) of eligible students enrolled in the plan may participate in the plan on a voluntary basis.

University of Florida Graduate students on an appointment as a pre-doctoral fellow may participate in this insurance plan and have the individual premium paid by UF or supporting grant funds. To be eligible, University of Florida Graduate students must be enrolled in a UF graduate degree program, on an appointment through University of Florida, appropriately registered and appointed as a pre-doctoral fellow. In order to ensure that pre-doctoral fellows meet the above eligibility criteria, departments must ensure the following:

The pre-doctoral fellowship appointment must occur via the Letter of Appointment (LOA) process in PeopleSoft, and all Letter of Appointment criteria met. The student receives a stipend as a bi-weekly paycheck from the appropriate UF account. The student receives a tuition waiver from the appropriate UF account.

*Half time is defined as 6 eligible credit hours for undergrads and 5 eligible credit hours (3 credit hours during summer) for grad students. This applies to both Domestic and International students.

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. Students who do enroll may insure their dependents.

Coverage periods, plan cost and deadline date

Rates	Annual	Fall	Spring	Spring/ Summer	Summer 1	Summer 2	Summer 3
Coverage dates	8/16/24 to 8/15/25	8/16/24 to 1/12/25	1/13/25 to 5/11/25	1/13/25 to 8/15/25	5/12/25 to 6/29/25	6/30/25 to 8/15/25	5/12/25 to 8/15/25
Student	\$3,185.00	\$1,308.00	\$1,039.00	\$1,877.00	\$428.00	\$410.00	\$838.00
Spouse	\$3,135.00	\$1,288.00	\$1,022.00	\$1,847.00	\$421.00	\$404.00	\$825.00
One Child	\$3,135.00	\$1,288.00	\$1,022.00	\$1,847.00	\$421.00	\$404.00	\$825.00
Two or More Children	\$6,270.00	\$2,576.00	\$2,044.00	\$3,694.00	\$842.00	\$808.00	\$1,650.00
Spouse and Two or More Children	\$9,405.00	\$3,864.00	\$3,066.00	\$5,541.00	\$1,263.00	\$1,212.00	\$2,475.00

Rates are subject to regulatory approval and may change.

23COL4751-330-2

Plan resources at your fingertips

How do I enroll? www.uhcsr.com/uf

View benefits, submit a claim and download your ID card via My Account www.uhcsr.com/uf

Find an in-network provider **UHC Choice Plus**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

Plan highlights

Metallic Level: Gold with actuarial value of 86.100%

Student Health Center Benefits:

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: 1) Physician's Visits after a \$25 Copay; 2) Prescription Drugs after a \$10 Copay per prescription generic drug and a \$25 Copay per prescription brand-name drug.
- The Deductible and Copay will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: Laboratory Services.
- The Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: all other services listed on the Schedule of Benefits.

Dermatology Services: No SHCC Referral is required for the first 5 visits.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$200 Per Insured Person, Per Policy 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>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
Coinsurance <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
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 3 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Self injectables are covered.	No Benefits
Preventive Care Services <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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	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 Copays.</i>	Physician's Visits: \$25 not subject to Deductible Lab: \$25 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Physician's Visits: \$25 not subject to Deductible Lab: \$25 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 **1-800-996-4698**
or at customerservice@uhcsr.com

*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. †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. ‡Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2024 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2024-330-2. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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.

注意：免費提供語言協助服務。請致電 1-866-260-2723。

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