



2025-2026

## Student Health Insurance Plan: Drexel University – Quarter Students

### Who can enroll?

#### University City (Main Campus) and Center City Campus:

All full-time undergraduate international students holding a J-1 visa are automatically enrolled in this insurance plan on a mandatory basis unless other coverage is verified with another Embassy-sponsored Health Insurance coverage.

All Visiting Faculty Scholars are required to purchase this insurance plan on a mandatory basis.

International graduate students holding a F-1 visa are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Enrolled full-time domestic undergraduate and full-time domestic graduate students (including online students) are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Currently enrolled domestic part-time undergraduate, domestic part-time graduates, and online degree seeking students are eligible to enroll in this insurance plan on a voluntary basis.

#### College of Medicine:

All full-time matriculated students are automatically enrolled in this insurance plan unless proof of comparable is furnished.

All qualifying part-time students (undergraduate six or more credit hours) and part-time graduate students (four and a half credit hours or more) who actively attend classes for the first 31 days after the date when coverage becomes effective are eligible to enroll in this insurance plan on a voluntary basis.

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.

### Coverage periods, plan cost and deadline dates

Rates	Annual	Winter	Spring	Summer
Waiver and Open Enrollment Deadline	September 30, 2025	January 31, 2026	April 30, 2026	July 15, 2026
Coverage dates	09/01/25 - 08/31/26	01/01/26 - 08/31/26	03/30/26 - 08/31/26	06/22/26 - 08/31/26
Student	\$3,035.00	\$2,037.00	\$1,318.00	\$631.00

Rates are subject to regulatory approval and may change.

25COL5051-195-1

### Plan resources at your fingertips

Enroll or Waive coverage

<https://studentcenter.uhcsr.com/drexel>

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

**Choice Plus**

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)

If you need language assistance:

**Language Assistance**

## Plan highlights

**Metallic Level:** Gold with actuarial value of 86.790%

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: e.g., any services listed in the schedule of benefits. Labs referred by the SHC to Quest/LabCorp will be paid at 80%. Policy Exclusions and Limitations do not apply.

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>	\$100 Per Insured Person, per Policy Year	\$350 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>	\$5,000 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, 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	60% 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 \$80 Copay for Tier 2 \$150 Copay for Tier 3 80% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$40 Copay per prescription generic drug \$150 Copay per prescription brand-name drug 60% of billed charge generic drug 60% of billed charge brand-name drug up to a 31-day supply per prescription not subject to Deductibles
<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	80% of Allowed Amount after Deductible
<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: \$20 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 **1-888-265-0117**  
or at **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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**United  
Healthcare**

POLICY NUMBER: 2025-195-1

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 - 07/10/2025

The rates in the summary flyer has been corrected to include a \$50 admin fee.

Summary Flyer – Quarter Students

Annual

From: 9/1/25 – 8/31/26                \$2,985

To: 9/1/25 – 8/31/26                \$3,035

Winter

From: 1/1/26 – 8/31/26                \$1,987

To: 1/1/26 – 8/31/26                \$2,037

Spring

From: 3/30/26 – 8/31/26                \$1,268

To: 3/3/26 – 8/31/26                \$1,318

Summer

From: 6/22/26 – 8/31/26                \$581

To: 6/22/26 – 8/31/26                \$631