



2026-2027

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 are automatically enrolled in this insurance plan unless proof of comparable coverage is furnished.

Currently enrolled domestic part-time undergraduate and domestic part-time graduates 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, 2026	January 31, 2027	April 30, 2027	June 30, 2027
Coverage dates	09/01/26 - 07/31/27	01/01/27 - 07/31/27	03/29/27 - 07/31/27	06/21/27 - 07/31/27
Student	\$3,178.00	\$2,035.00	\$1,221.00	\$434.00

Rates are subject to regulatory approval and may change.

26COL5328-195-1

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
Find an in-network provider	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/ myaccount
If you need language assistance:	Language Assistance

Plan highlights

Metallic Level: Gold with actuarial value of 85.680%

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
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, per Policy Year	\$500 Per Insured Person, per Policy Year
Out-of-Pocket Maximum 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.	\$5,000 Per Insured Person, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year
Coinsurance 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
Prescription Drugs 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.	\$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
Preventive Care Services 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.	100% of Allowed Amount	80% of Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of Copays.	Physician's Visits: \$35 after Deductible Medical Emergency: \$150 after Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 after 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

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