



PLEASE NOTE:
THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS

2026 – 2027 Student Health Insurance Plan Hofstra University - International

Who can enroll?

All F-1 students enrolled in a degree program and J-1 exchange students are automatically enrolled in the health and accident insurance policy offered by Hofstra University, which meets the requirements of government regulations. Covered students may also enroll their lawful spouse, domestic partner (same-sex, opposite sex), and dependent children up to the age of 30.

Plan resources at your fingertips

Enroll or waive coverage	gallagherstudent.com/hofstra
View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount or uhcsr.com
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 or uhcsr.com
If you need language assistance	Language Assistance

Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

The Total Cost of the plan noted below includes premium and fees.

Total Plan Cost and Coverage Dates	Annual	Fall	Spring
Coverage dates	8-1-2026 to 7-31-2027	8-1-2026 to 12-31-2026	1-1-2026 to 7-31-2027
Student	\$2,741.00	\$1,148.97	\$1,592.03
Spouse	\$2,741.00	\$1,148.97	\$1,592.03
One Child	\$2,741.00	\$1,148.97	\$1,592.03
Two or More Children	\$5,482.00	\$2,297.94	\$3,184.06
Spouse and Two or More Children	\$8,223.00	\$3,446.91	\$4,776.09

See the information below for the breakdown of premium and fees.

*Premium Rates	Annual Premium	Fall Premium	Spring Premium
Student	\$2,603.62	\$1,091.38	\$1,512.24
Spouse	\$2,603.62	\$1,091.38	\$1,512.24
One Child	\$2,603.62	\$1,091.38	\$1,512.24
Two or More Children	\$5,207.24	\$2,182.76	\$3,024.48
Spouse and Two or More Children	\$7,810.86	\$3,274.14	\$4,536.72

Rates are subject to regulatory approval and may change.

*The premium is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include the following fees:

- Annual **Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.
- Annual **Service fee of \$135.00 charged by or at the direction of the school you are receiving coverage through to cover the costs of services provided by a non-insurer vendor or consultant.

**Note: Fees are prorated for the coverage dates other than annual.

Hofstra Student Health Services

The Student Health Services is the University's on-campus health facility. It is open Monday – Friday: 9 a.m. to 7 p.m., Saturday & Sunday: 10 a.m. to 6 p.m. You can call to make an appointment or make an appointment through your Hofstra portal. For more information, call the Health Services at 516-463-6745. In the event of an emergency, call 911 or public safety at 516-463-6789.

Plan highlights

Metallic Level: Gold with actuarial value of 85.740%

Benefits	In Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Member, Per Plan Year \$500 For all Members in a Family, Per Plan Year	\$750 Per Member, Per Plan Year \$1,500 For all Members in a Family, Per Plan 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>	\$7,350 Per Member, Per Plan Year \$14,700 For all Members in a Family, Per Plan Year	\$10,000 Per Member, Per Plan Year \$30,000 For all Members in a Family, Per Plan Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	20% of Allowed Amount for Covered Medical Expenses	50% 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.	\$15 Copayment for Tier 1 \$40 Copayment for Tier 2 \$40 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$15 Copayment for Generic Drugs \$40 Copayment for Brand Name Drugs Up to a 30-day supply per prescription not subject to Deductible
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see https://www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	Covered in full	30% of 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 Copayments.</i>	Office Visits: \$30 Copayment not subject to Deductible Urgent Care Center: \$30 Copayment after Deductible Emergency Care in an Emergency Department: \$200 Copayment after Deductible Copayment waived if admitted to Hospital	Urgent Care Center: \$30 Copayment after Deductible Emergency Care in an Emergency Department: \$200 Copayment after Deductible Copayment waived if admitted to Hospital

Questions about your plan?

Contact Customer Service at **1-800-767-0700** or at **www.gallagherstudent.com/hofstra**

¹Student 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. ²HealthiestYou 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. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2026 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 2026-822-4. 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. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

**United
Healthcare**

POLICY NUMBER: 2026-822-4

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 6/22/2026

1. Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

- Annual, Fall and Spring total plan cost rates are updated
- Annual **Service fee updated from \$110.00 to \$135.00