

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

# 2025-2026 Student Health Insurance Plan: Williams College



## Who can enroll?

All students enrolled at least 75% of full-time will be automatically enrolled in and billed for the SHIP if you are attending classes on campus or studying remotely unless you waive coverage. This includes students who are studying abroad. Students who withdraw before the first day of classes are not eligible to be enrolled in SHIP.

Eligible students who do enroll may also insure their Dependents. **Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age.** See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

Home study, correspondence and enrollment in exclusively 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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.
  - 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

## Coverage periods, plan cost and deadline dates

	Annual	Spring/Summer
Coverage dates	8/15/2025 to 8/14/2026	1/1/2026 to 8/14/2026
Student	\$3,124.00	\$1,934.00
Spouse	\$3,124.00	\$1,934.00
One Child	\$3,124.00	\$1,934.00
Two or more Children	\$6,248.00	\$3,868.00
Spouse and 2 or more Children	\$9,372.00	\$5,802.00

Rates are subject to regulatory approval and may change.  
25HPHCCOL5051-1659-1

Plan resources at your fingertips	
View benefits, submit a claim and download your ID card via My Account	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	UHC Choice Plus Harvard Pilgrim Joint Venture
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> )	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
If you need language assistance	Language Assistance

# Plan highlights

Metallic Level: Platinum with actuarial value of 94.640%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$0 Per Insured Person, per Policy Year	\$250 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>	\$4,000 Per Insured Person, Per Policy Year \$4,000 For all Insureds in a Family, Per Policy 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>	100% of Allowed Amount for Covered Medical Expenses	80% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90 day supply. Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services.</i>	\$10 Copay for Tier 1 \$25 Copay for Tier 2 \$45 Copay for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	\$20 Copay for generic drugs \$50 Copay for brand name drugs Up to a 30-day supply per prescription 80% of billed charge after Deductible
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 <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	Allowed Amount after Deductible
COVID-19 Vaccine and Administration Cost <i>No Deductible, Copays, or Coinsurance will be applied for the vaccine or for the cost to administer the vaccine. Please visit <a href="http://www.uhcsr.com">www.uhcsr.com</a> to locate a provider.</i>	100% of Allowed Amount	100% of Allowed Amount
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: \$20 Urgent Care Center: \$20 Medical Emergency: \$200 The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$200 not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at 1-866-948-8472 or at [customerservice@uhcsr.com](mailto: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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POLICY NUMBER: 2025-1659-1

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.

NOC2 – 2/9/2026

Summary Flyer:

Benefits table:

1. Added benefit:

COVID-19 Vaccine and Administration Cost: 100% of Allowed Amount / 100% of Allowed Amount

No Deductible, Copays, or Coinsurance will be applied for the vaccine or for the cost to administer the vaccine.

Please visit [www.uhcsr.com](http://www.uhcsr.com) to locate a provider.

Certificate: N/A

Policy: N/A

NOC1 – 11/6/2025

Summary Flyer: N/A

Certificate:

Exclusions section:

- deleted preventive medicines or vaccines exclusion:

11. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.

- deleted preventive care services exclusion:

21. Preventive care services which are not specifically provided in the Preventive Care Services benefits or except as specifically provided in the Policy, including:

- Routine physical examinations and routine testing.
- Preventive testing or treatment.
- Screening exams or testing in the absence of Injury or Sickness.

This exclusion does not apply to titer screenings related to immunizations.

Policy: N/A