



2025 - 2026

Student Health Insurance Plan: Adelphi University



Who can enroll?

All domestic students living in Adelphi University residence halls and all international students will be automatically enrolled in this insurance policy, unless proof of comparable coverage is provided.

Plan resources at your fingertips

Enroll or Waive coverage	gallagherstudent.com/adelphi
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

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/Summer
Coverage dates	8-10-2025 to 8-9-2026	8-10-2025 to 12-31-2025	1-1-2026 to 8-9-2026
Student	\$2,090.00	\$824.55	\$1,265.45

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

*Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium
Student	\$1,959.62	\$773.11	\$1,186.51

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 \$128.00 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.

Plan highlights

Metallic Level: Gold with actuarial value of 78.720%

Benefits	In-Network Preferred Provider Member Cost-Share	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	None	\$250 Per Member, Per Plan Year	\$500 Per Member, 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>	None	\$8,500 Per Member, Per Plan Year	\$17,000 Per Member, 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>	0% of Allowed Amount for Covered Medical Expenses	20% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy at 2 times the retail Copay up to a 90-day supply.</i>	Not Covered at SHC	\$25 Copayment then 20% Coinsurance for Tier 1 \$60 Copayment then 50% Coinsurance for Tier 2 \$75 Copayment for then 50% Coinsurance Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$25 Copayment then 20% Coinsurance for Generic Drugs \$60 Copayment then 50% Coinsurance for Brand Name Drugs Up to a 30-day supply per prescription after 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>	Adult Immunizations: Covered in full	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>	Not Covered at SHC	Office Visits: \$35 after Deductible Laboratory Procedures: \$35 after Deductible Diagnostic X-rays: \$35 after Deductible Emergency Care in an Emergency Department: \$250 after Deductible	Office Visits: \$30 after Deductible Laboratory Procedures: \$30 after Deductible Diagnostic X-rays: \$30 after Deductible Emergency Care in an Emergency Department: \$250 after Deductible

Questions about your plan?

Contact Customer Service at 1-866-948-8472
or at www.gallagherstudent.com/adelphi

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