



2025 - 2026

Student Health Insurance Plan: Texas Southern University International Students

Who can enroll?

All registered International students must enroll in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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.

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.
 - 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods and plan cost

	Annual	Fall	Spring/Summer
Coverage dates	08/11/2025 – 08/10/2026	08/11/2025 – 01/07/2026	01/08/2026 – 08/10/2026
Student	\$2,400.00	\$986.00	\$1,414.00
Spouse	\$6,891.00	\$2,832.00	\$4,059.00
One Child	\$6,891.00	\$2,832.00	\$4,059.00
Two or More Children	\$13,784.00	\$5,665.00	\$8,119.00
Spouse and Two or More Children	\$20,765.00	\$8,534.00	\$12,231.00

Rates are subject to regulatory approval and may change.
25COL5051-1350-4

Plan resources at your fingertips

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

Plan highlights

Metallic Level: Gold with actuarial value of 84.190%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year	\$1,000 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>	\$7,900 Per Insured Person, Per Policy Year \$15,800 For all Insureds in a Family, Per Policy Year	There is no Out-of- Pocket Maximum for Out-of-Network benefits
Coinsurance <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
Prescription Drugs <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>	\$10 Copay for Tier 1 \$35 Copay for Tier 2 \$60 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$35 Copay for generic drug \$60 Copay for brand name drug 100% of billed charge up to a 31-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. 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.</i>	100% of Allowed Amount	60% 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 copays.</i>	Physician's Visits: \$35 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Preferred Provider Copay will be waived if admitted to the Hospital	Physician's Visits: \$35 not subject to Deductible Medical Emergency: \$150 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-888-799-7716**
or at **customerservice@uhcsr.com**

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