



2024 - 2025

Student Health Insurance Plan: Vassar College



Who can enroll?

All registered full-time students are automatically enrolled in the Student Health Insurance Plan unless proof of comparable coverage is furnished by the deadline. All International students are required to participate on a mandatory basis. Eligible students who do enroll may also insure their Dependents on a voluntary basis. Eligible Dependents are the student's spouse or domestic partner and dependent children under 26 years of age. See the Who is Covered section of the Certificate of Coverage for the specific requirements needed to meet domestic partner eligibility.

Plan resources at your fingertips

Enroll or Waive coverage	gallagherstudent.com/vassar
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	Spring/Summer
Coverage dates	8-17-24 to 8-16-25	1-17-24 to 8-16-24
Student	\$3,310.00	\$1,922.52
Spouse	\$3,310.00	\$1,922.52
One Child	\$3,310.00	\$1,922.52
Two or More Children	\$6,620.00	\$3,845.04
Spouse and Two or More Children	\$9,930.00	\$5,767.56

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

*Premium Rates	Annual Premium	Spring/Summer Premium
Student	\$3,202.62	\$1,860.15
Spouse	\$3,202.62	\$1,860.15
One Child	\$3,202.62	\$1,860.15
Two or More Children	\$6,405.24	\$3,720.30
Spouse and Two or More Children	\$9,607.86	\$5,580.45

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 \$114 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: Platinum with actuarial value of 92.360%

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	\$150 Per Member, Per Plan Year	\$300 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>	\$6,350 Per Member, Per Plan Year \$12,700 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>	0% of Allowed Amount for Covered Medical Expenses	20% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy at 2 times the retail Copay up to a 90-day supply.</i>	\$15 Copayment for Tier 1 \$30 Copayment for Tier 2 \$45 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	Out-of-Network Prescription Drugs are not covered and you pay the full cost.
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	20% 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: \$25 Copayment not subject to Deductible Emergency Care in an Emergency Department: \$100 Copayment after Deductible	Office Visits: \$25 Copayment not subject to Deductible Emergency Care in an Emergency Department: \$100 Copayment after Deductible

Questions about your plan?

Contact Customer Service at **1-800-471-6936**
or at www.gallagherstudent.com/vassar

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.

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ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免費提供語言協助服務。請致電 1-866-260-2723。

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