



2025 - 2026

## Student Health Insurance Plan: Colburn School

### Who can enroll?

All full-time Domestic Graduate students and all full-time Domestic Undergraduate students are automatically enrolled in this insurance Plan at registration unless proof of comparable coverage is furnished. All registered international students are required to purchase this insurance plan at registration and the premium for coverage is added to their tuition billing.

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.

The student (Named Insured, as defined in the Certificate) must actively **attend classes in compliance with the Policyholder's attendance** requirements 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. In the absence of fraud or intentional misrepresentation of material fact, if and whenever the Company discovers that the Policy eligibility requirements have not been met, coverage will be cancelled immediately. Unearned premiums will be refunded.

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 enters into a Domestic Partnership with a Domestic Partner who meets the specific requirements set forth in the Definitions section of the 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Coverage periods, plan cost and deadline dates

Undergraduate Rates	Annual	Spring/Summer
Open Enrollment Deadline Date	09/01/2025	02/15/2026
Coverage dates	8/1/2025 – 7/31/2026	1/1/2026 – 7/31/2026
Student	\$2,123.00	\$1,233.00
Spouse	\$2,123.00	\$1,233.00
One Child	\$2,123.00	\$1,233.00
Two or More Children	\$4,246.00	\$2,466.00
Spouse and Two or More Children	\$6,369.00	\$3,699.00

### Plan resources at your fingertips

Enroll coverage	<a href="http://www.gallagherstudent.com/colburn">www.gallagherstudent.com/colburn</a>
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	Choice Plus
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>

Graduate Rates	Annual	Spring/Summer
Open Enrollment Deadline Date	09/01/2025	02/15/2026
Coverage dates	8/1/2025 – 7/31/2026	1/1/2026 – 7/31/2026
Student	\$3,035.00	\$1,763.00
Spouse	\$3,035.00	\$1,763.00
One Child	\$3,035.00	\$1,763.00
Two or More Children	\$6,070.00	\$3,526.00
Spouse and Two or More Children	\$9,105.00	\$5,289.00

Rates are subject to regulatory approval and may change.

## Plan highlights

Metallic Level: Gold with actuarial value of 81.770%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, per Policy Year	\$600 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>	\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, 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>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. 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>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 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	No Benefits
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 not subject to Deductible	No Benefits
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> The Preferred Provider and Out-of-Network Provider Copay will be waived if admitted to the Hospital.	Physician's Visits: \$25 Copay not subject to Deductible Medical Emergency: \$150 Copay not subject to Deductible	Physician's Visits: 50% of Allowed Amount after Deductible Medical Emergency: \$150 Copay not subject to Deductible (The Insured's expense shall not exceed the amount payable for Preferred Provider Medical Emergency Expenses.)

## Questions about your plan?

Contact Customer Service at 1-800-505-4160  
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.

© 2025 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 2025-203258-1 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. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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。

**United  
Healthcare**