2026 – 2027
Student Health Insurance Plan
Louisiana State University - Baton Rouge
International Students

All non-immigrant international students with F or J Visa status enrolled in any amount of credit hours at LSU Baton Rouge are automatically enrolled in this insurance plan at registration unless proof of comparable coverage is furnished. All eligible Graduate Assistants and Fellows will be enrolled 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 or grandchildren who meet the limits of a Dependent set forth in the Dependent definition.

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.

Plan resources at your fingertips

How do I waive coverage?	**www.gallagherstudent.com/LSU-BatonRouge**
View benefits, submit a claim and download your ID card via My Account	**www.gallagherstudent.com/LSU-BatonRouge**
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**
If you need language assistance	**Language Assistance**

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, plan cost and deadline dates

	Annual
Waiver deadline	September 11, 2026

Rates	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/14/2026 – 8/13/2027	8/14/2026– 1/5/2027	1/6/2027 - 8/13/2027	5/22/2027 - 8/13/2027
Student	$3,880.00	$1,541.00	$2,339.00	$893.00
Spouse	$3,880.00	$1,541.00	$2,339.00	$893.00
One Child	$3,880.00	$1,541.00	$2,339.00	$893.00
Two or More Children	$7,760.00	$3,082.00	$4,678.00	$1,786.00
Spouse and Two or More Children	$11,640.00	$4,623.00	$7,017.00	$2,679.00

Rates are subject to regulatory approval and may change.
26COL5328-201720-4

Plan highlights

Metallic Level: Gold with actuarial value of 80.260%

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

Student Health Center Referral Required: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center and for lab work rendered at LABCORP / Medical Diagnostic Lab / Pathology Group of Louisiana. No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

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 $1,500 For all Insureds in a Family, Per Policy Year	$1,000 Per Insured Person, Per Policy Year $3,000 For all Insureds in a Family, Per Policy Year
Out-of-Pocket Maximum 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.	$10,600 Per Insured Person, Per Policy Year $14,700 For all Insureds in a Family, Per Policy Year	$25,000 Per Insured Person, Per Policy Year
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	75% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 3 times the retail Copay up to a 90 day supply.	$100 Prescription Drug Deductible (per Policy Year) does not apply to Policy Deductible $20 Copay for Tier 1 $50 Copay for Tier 2 $75 Copay for Tier 3 20% Coinsurance per prescription Specialty Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	No Benefits
Preventive Care Services 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.	100% of Allowed Amount	Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: $35 not subject to Deductible Urgent Care: $50 not subject to Deductible Medical Emergency: $250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Urgent Care: $50 not subject to Deductible Medical Emergency: $250 not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-844-288-4920** or at **www.gallagherstudent.com/LSU-BatonRouge**

[1]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. [2]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. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2026 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 2026-201720-4. 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. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

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