2026 - 2027 Student Health Insurance Plan: Utah State University

Who can enroll?

USU International F-1 and J-1 Visa students and the WIMU Regional Program in Veterinary Medicine students are required to purchase this insurance Plan, unless proof of comparable coverage is provided. Full-time Graduate Assistants working 20 or more hours per week or a Graduate student receiving Fellowship or Scholarship of $10,000 or more from Utah State University are required to purchase this student insurance plan at a subsidized rate, on a hard waiver basis, unless proof of comparable coverage is furnished. (Or show proof of qualifying comparable coverage each semester in order to waive.)

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 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 or 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.

Plan resources at your fingertips

Enroll or waive coverage	**https://studentcenter.uhcsr.com/usu**
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**
If you need language assistance:	**Language Assistance**

Coverage periods, plan cost and deadline dates

*For Subsidized Graduate Students, rates will be subsidized by USU.	Fall	Spring/Summer
Waiver and Open enrollment dates	September 12, 2026	January 9, 2027
Coverage dates	08/15/2026 – 12/31/2026	01/01/2027 – 08/14/2027
Student	$1,451.00	$2,358.00
Spouse	$4,025.00	$6,544.00
One Child	$4,025.00	$6,544.00
Two or More Children	$8,050.00	$13,088.00
Spouse and Two or More Children	$12,075.00	$19,633.00

Rates are subject to regulatory approval and may change.

26COL5328-5856-91

Plan highlights

Metallic Level: Gold with actuarial value of 85.800%

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. Policy Exclusions and Limitations do not apply. The Deductible and Copays will be waived, and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at Intermountain Central Lab. Policy Exclusions and Limitations do not apply.

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 For all Insureds in a Family, Per Policy Year	$750 Per Insured Person, per Policy Year $1,500 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.	$6,350 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year	$8,000 Per Insured Person, Per Policy Year $16,000 For all Insureds in a Family, 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.	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs 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. The Copay and/or Coinsurance for insulin will not exceed the amount allowed by applicable law.	$20 Copay for Tier 1 $40 Copay for Tier 2 $100 Copay for Tier 3 80% Coinsurance per prescription Specialty Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	$20 Copay for generic drugs $40 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge after Deductible
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	75% of 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 Medical Emergency: $200 not subject to Deductible	Physician's Visits: $35 not subject to Deductible Medical Emergency: $200 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-800-505-4160** or at customerservice@uhcsr.com

[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.

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