

Student Coverage With Care



Eligibility

All undergraduate students who are registered for 12 or more credit hours, all graduate students taking nine (9) or more credit hours, and all international students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Matriculating part-time students are eligible to enroll in this insurance plan.

Eligible Dependents, including Domestic Partners, of enrolled students may participate in the plan on a voluntary basis.

For more information, visit uri.myahpcare.com.

Coverage Periods & Rates*

	ANNUAL 09/01/2026 - 08/31/2027	SPRING/SUMMER 01/01/2027 - 08/31/2027
Enrollment Periods	07/02/2026 - 09/01/2026	12/14/2026 - 01/08/2027
Student	\$3,512	\$2,343
Spouse	\$3,512	\$2,343
Each Child	\$3,512	\$2,343
Two or More Children	\$7,009	\$2,343

*Rates are subject to regulatory approval and may change.

To view all enrollment and coverage periods available, please visit uri.myahpcare.com

WHAT'S INCLUDED?

Telehealth solutions through UHC's HealthiestYou

Access to 24/7 Student Assistance Program

Coverage while traveling with UHC's Global Assistance

UnitedHealthcare Choice Plus PPO network



Questions

To view Frequently Asked Questions or submit a request, please visit help.ahpcare.com



ID Cards

To access your ID Card, please visit uri.myahpcare.com

University of Rhode Island 2026-2027

Benefits*

(Deductible applies unless otherwise stated below)

University of Rhode Island (URI) Health Services: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred at the URI Health Services for the following services: Physician's Visits.

	PREFERRED PROVIDER Payments are based on the Allowed Amount	OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount
Benefit Maximum Per Insured Person, Per Policy Year	Unlimited	
Deductible Per Insured Person, Per Policy Year	\$200	\$400
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$9,200	N/A
Family Out-of-Pocket Maximum For all Insureds in a Family, Per Policy Year	\$18,800	N/A
Room and Board Expense	90%	60%
Inpatient/Outpatient Surgery	90%	60%
Outpatient Physician's Visits	90% after a \$30 Copay per visit	60% after a \$30 Copay per visit
Diagnostic X-Ray Services & Laboratory Procedures	90%	60%
Medical Emergency Expenses Copay waived if admitted	90% after a \$150 Copay per visit	90% after a \$150 Copay per visit
Urgent Care Center	90%	60%
Prescription Drugs Up to 31-day supply (Deductible waived)	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$20 Copay Tier 2: \$20 Copay Tier 3: \$20 Copay	No Benefits
Preventive Care Services For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	100% (Deductible waived)	No Benefits

*Benefits are subject to regulatory approval and may change.

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at uri.myahpcare.com upon approval by federal and state authorities.