PLEASE NOTE:

THIS DOCUMENT HAS CHANGED. PLEASE SEE THE BACK COVER FOR DETAILS

2026 - 2027 Student Health Insurance Plan: Washington University at St. Louis

Who can enroll?

All enrolled degree-seeking undergraduate students in the day program and full-time graduate students on the Danforth Campus are eligible to enroll in this insurance plan on a hard waiver basis. All eligible international students on the Danforth Campus are required to purchase this insurance plan on a mandatory basis.

Students 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 a refund of premium.

Students who do enroll may insure their dependents.

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

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])	**uhcsr.com/ myaccount**
If you need language assistance:	**Language Assistance**

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring
Coverage dates	8/1/2026 – 7/31/2027	8/1/2026 – 12/31/2026	1/1/2027 – 7/31/2027
Student	$2,923.00	$1,225.00	$1,698.00
Spouse	$2,923.00	$1,225.00	$1,698.00
One Child	$2,923.00	$1,225.00	$1,698.00
Two or More Children	$5,846.00	$2,450.00	$3,396.00
Spouse and Two or More Children	$8,769.00	$3,675.00	$5,094.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 87.630%

Student Health Center Benefits:

- The Deductible and Copays will be waived, and benefits will be paid at 100% when treatment is rendered at the Student Health Center – Danforth Campus or referred to LabCorp for the following services: Any routine or preventive care services not covered under the Preventive Care Services benefit.
- The Deductible will be waived, the Copay will be reduced to $10.00, and benefits will be paid at the Preferred Provider Benefit level for Physician Visits at the Student Health Center – Danforth Campus.
- The Deductible will be waived, and benefits will be paid at the Preferred Provider Benefit level for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center – Danforth Campus for the following services: all other services listed in the Schedule of Benefits.
- The Deductible will be waived and benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Center – Danforth Campus for the following services: Laboratory services at SHC and Laboratory services referred to LabCorp.

Expenses incurred for medical treatment rendered outside the Student Health Center for which no prior approval or referral is obtained will be paid at the Out-of-Network level of benefits.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**	
Plan Deductible	$350 Per Insured Person, per Policy Year	$1,000 Per Insured Person, 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.	$5,000 Per Insured Person, Per Policy Year $10,000 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.	80% 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 2.5 times the retail Copay up to a 90-day supply.	$20 Copay for Tier 1 $45 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 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	No Benefits
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: $25 Copay per visit not subject to Deductible	Physician's Visits: Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at **1-866-346-4826** 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. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-1326-1. 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. 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.

United Healthcare

POLICY NUMBER: 2026-1326-1

NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 07/28/2026

Updated SHC wording per below -

FROM:

Student Health Center Benefits:
- The Deductible and Copays will be waived and benefits will be paid at 100% when treatment is rendered at the Student Health Center – Danforth Campus or referred to LabCorp for the following services: Any routine or preventive care services not covered under the Preventive Care Services benefit.
- The Deductible will be waived, the Copay will be reduced to $10.00 and benefits will be paid at the Preferred Provider Benefit level for Physician Visits at the Student Health Center – Danforth Campus.
- The Deductible will be waived and benefits will be paid at the Preferred Provider Benefit level for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center – Danforth Campus for the following services: all other services listed in the Schedule of Benefits.
- The Deductible will be waived and benefits will be paid for Prescription Drugs obtained at the Student Health Center – Danforth Campus Quadrangle Pharmacy as follows:
    - The retail Copay up to a 31-day supply.
    - 2.5 times the retail Copay up to a 90-day supply.
- The Deductible will be waived and benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Center – Danforth Campus for the following services: Laboratory services at SHC and Laboratory services referred to LabCorp.
- Physiotherapy - review of Medical Necessity will not be performed after 12 visits per Injury or Sickness at the Student Health Center – Danforth Campus.

TO:

Student Health Center Benefits:
- The Deductible and Copays will be waived, and benefits will be paid at 100% when treatment is rendered at the Student Health Center – Danforth Campus or referred to LabCorp for the following services: Any routine or preventive care services not covered under the Preventive Care Services benefit.
- The Deductible will be waived, the Copay will be reduced to $10.00, and benefits will be paid at the Preferred Provider Benefit level for Physician Visits at the Student Health Center – Danforth Campus.
- The Deductible will be waived, and benefits will be paid at the Preferred Provider Benefit level for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center – Danforth Campus for the following services: all other services listed in the Schedule of Benefits.

- The Deductible will be waived and benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses incurred when treatment is rendered at or referred by the Student Health Center – Danforth Campus for the following services: Laboratory services at SHC and Laboratory services referred to LabCorp.