



2025-2026

Student Health Insurance Plan: Oklahoma State University

Who can enroll?

All Domestic undergraduate and graduate students taking nine or more credit hours (three hours in summer) and Domestic graduate students enrolled in their last semester are eligible to enroll in this insurance plan on a voluntary basis. Domestic graduate students completing thesis or dissertation are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

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

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 Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

Student Health Center www.uhcsr.com/okstate

Coverage periods, plan cost and deadline dates

| | Annual | Fall | Spring/Summer | Summer |
|---------------------------------|----------------------|-----------------------|----------------------|----------------------|
| Coverage dates | 8/1/2025 – 7/31/2026 | 8/1/2025 – 12/31/2025 | 1/1/2026 – 7/31/2026 | 6/1/2026 – 7/31/2026 |
| Student | \$6,200.00 | \$2,599.00 | \$3,601.00 | \$1,036.00 |
| Spouse | \$6,200.00 | \$2,599.00 | \$3,601.00 | \$1,036.00 |
| One Child | \$6,200.00 | \$2,599.00 | \$3,601.00 | \$1,036.00 |
| Two or More Children | \$12,400.00 | \$5,198.00 | \$7,202.00 | \$2,072.00 |
| Spouse and Two or More Children | \$18,600.00 | \$7,797.00 | \$10,803.00 | \$3,108.00 |

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 86.780%

Student Health Center Benefits:

- The Deductible will be waived, and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: Prescription Drugs at the SHC after a \$10 Copay for Tier 1 Prescription Drugs and a \$25 Copay for Tier 2 Prescription Drugs up to a 31-day supply per prescription. 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 the Student Health Center for the following services: all other services listed in the Schedule of Benefits. 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 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> | \$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year | \$10,000 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 | 60% of Allowed Amount for Covered Medical Expenses |
| Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90-day supply.</i> | \$20 Copay for Tier 1 \$50 Copay for Tier 2 \$50 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 | \$20 Copay for generic drugs \$50 Copay for brand name drugs Up to a 31-day supply per prescription not subject to Deductible |
| 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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i> | 100% of Allowed Amount | 70% of Allowed Amount after Deductible |
| 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> | Physician's Visits: \$30 not subject to Deductible Lab: \$20 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital | Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital |

Questions about your plan?

Contact Customer Service at 1-800-767-0700
or at customerservice@uhcsr.com

¹Student 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. ²HealthiestYou 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. ³Non-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 2025-5348-1. 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：免费提供语言协助服务。請致電 1-866-260-2723。

