



# 2025-2026 Student Health Insurance Plan: University of Alabama – Birmingham



### Who can enroll?

Undergraduate students taking six or more credit hours and graduate students taking three or more credit hours are eligible to purchase 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.

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                | Fall                   | Spring               | Spring/Summer        | Summer               |
|----------------|-----------------------|------------------------|----------------------|----------------------|----------------------|
| Coverage dates | 8/15/2025 – 8/14/2026 | 8/15/2025 – 12/31/2025 | 1/1/2026 – 4/30/2026 | 1/1/2026 – 8/14/2026 | 5/1/2026 – 8/14/2026 |
| Student        | \$6,059.00            | \$2,307.00             | \$1,992.00           | \$3,752.00           | \$1,760.00           |
| Spouse         | \$7,199.00            | \$2,742.00             | \$2,367.00           | \$4,457.00           | \$2,091.00           |
| One Child      | \$7,199.00            | \$2,742.00             | \$2,367.00           | \$4,457.00           | \$2,091.00           |

Rates are subject to regulatory approval and may change.  
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### Plan resources at your fingertips

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|   |   |
|---|---|
| View benefits, submit a claim and download your ID card via My Account  | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |
| Find an in-network provider   | <b>Choice Plus</b>  |
| Find a prescription drug provider   | <b>Optum Rx</b>   |
| Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> ) | <a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a> |

## Plan highlights

**Metallic Level:** Gold with actuarial value of 85.260%

**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 for the following services: 1) Laboratory procedures performed at the SHC and labs sent to Quest Diagnostic and/or Soltas Lab Partners by the SHC; and 2) all other services listed in the schedule of benefits.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

| Benefits  | Preferred Providers   | Out-of-Network Providers  |
|---|---|---|
| <b>Overall Plan Maximum</b>   | <b>There is no overall maximum dollar limit on the Policy</b>   |   |
| <b>Plan Deductible</b>  | \$250 Per Insured Person, per Policy Year<br>\$500 For all Insureds in a Family, Per Policy Year  | \$500 Per Insured Person, per Policy Year   |
| <b>Out-of-Pocket Maximum</b><br><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>  | \$4,000 Per Insured Person, Per Policy Year<br>\$8,000 For all Insureds in a Family, Per Policy Year  |   |
| <b>Coinsurance</b><br><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  |
| <b>Prescription Drugs</b><br><i>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.</i>  | \$25 Copay for Tier 1<br>\$50 Copay for Tier 2<br>\$60 Copay for Tier 3<br>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy<br>not subject to Deductible | No Benefits   |
| <b>Preventive Care Services</b><br><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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i> | 100% of Allowed Amount  | Allowed Amount after Deductible   |
| <b>The following services have per service copays</b><br><i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>  | Physician's Visits: \$40 after Deductible<br>Medical Emergency: \$100 after Deductible<br>The Copay will be waived if admitted to the Hospital.   | Physician's Visits: \$50 after Deductible<br>Medical Emergency: \$100 after Deductible<br>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**

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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