



2025-2026

# Student Health Insurance Plan: University of South Alabama – International Students



## Who can enroll?

All international students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

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	8/1/2025 to 7/31/2026	8/1/2025 to 12/31/2025	1/1/2026 to 5/31/2026	1/1/2026 to 7/31/2026	6/1/2026 to 7/31/2026
Student	\$3,457.00	\$1,449.00	\$1,430.00	\$2,008.00	\$578.00
Spouse	\$3,457.00	\$1,449.00	\$1,430.00	\$2,008.00	\$578.00
One Child	\$3,457.00	\$1,449.00	\$1,430.00	\$2,008.00	\$578.00
Two or More Children	\$6,878.00	\$2,883.00	\$2,845.00	\$3,995.00	\$1,150.00
Spouse and Two or More Children	\$10,299.00	\$4,317.00	\$4,260.00	\$5,982.00	\$1,722.00

Rates are subject to regulatory approval and may change.

**Other Coverage:** Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2025-91-8. Contact the company at 1-800-767-0700 for information on the Intercollegiate Sports plan. Plan information is also available at [www.uhcsr.com/southalabama](http://www.uhcsr.com/southalabama).

### Plan resources at your fingertips

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View benefits, submit a claim and download your ID card via My Account [uhcsr.com/myaccount](http://uhcsr.com/myaccount)

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Find an in-network provider [Choice Plus](#)

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Find a prescription drug provider [Optum Rx](#)

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Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>) [uhcsr.com/myaccount](http://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level:** Gold with actuarial value of 84.160%

### Student Health Center Benefits:

- The Deductible and Copays will be waived and benefits will be paid at 100% of Allowed Amount when treatment is rendered at the Student Health Center for the following services: Physician's Visits.
- The Deductible will be waived and benefits will be paid at 100% of Allowed Amount when treatment is rendered at the Student Health Center for the following services: Laboratory services referred to Synergy.
- 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: all other services listed in the Schedule of Benefits.

**Student Health Center – Additional Benefits:** Benefits will be paid for the following routine/screening services and immunizations not covered by the Preventive Care Services Benefits provided that the treatment is rendered at the Student Health Center : 1) Routine immunizations; 2) blood titers for Hepatitis B, MMR and varicella; 3) TB tests , including Quatiferon Gold tests; 4) Travel immunizations not to exceed \$1000 Maximum; 5) Routine/Screening services rendered at the Student Health center and Laboratory referred to Synergy.

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>	\$300 Per Insured Person, per Policy Year	\$900 Per Insured Person, per Policy Year \$2,300 For all Insureds in a Family, Per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$8,150 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	There is no Out-of- Pocket Maximum for Out-of-Network benefits.
<b>Coinsurance</b> <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> <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. For insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$100 for an individual prescription of up to a 30-day supply.</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$100 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
<b>Preventive Care Services</b> <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	No Benefits
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$150 not subject to Deductible	Medical Emergency: \$150 not subject to Deductible

## Questions about your plan?

Contact Customer Service at **1-800-767-0700** or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com) or Rhonda Baxter, USA Student Health Center, 5870 USA South Drive, Mobile, AL 36688. Email: [studentinsurance@southalabama.edu](mailto:studentinsurance@southalabama.edu). Telephone: 251-460-6022.

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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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