



# 2025 - 2026

## Student Health Insurance Plan: Saint Leo University

### Who can enroll?

All undergraduate students taking 12 or more credit hours and graduate students living on campus are automatically enrolled on a hard waiver 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 refund of premium.

### Plan resources at your fingertips

Waive coverage	<a href="https://studentcenter.uhcsr.com/saintleo">studentcenter.uhcsr.com/saintleo</a>
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>

### Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer
Waiver dates	9/15/2025	9/15/2025	
Coverage dates	8/01/2025 – 7/31/2026	8/01/2025 – 12/31/2025	1/01/2026 – 7/31/2026
Student	\$1,845.00	\$773.00	\$1,072.00

Rates are subject to regulatory approval and may change.  
25COL5051-200904-2

Plan highlights

Metallic Level: Gold with actuarial value of 86.970%

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.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$150 For each Injury or Sickness	\$300 For each Injury or Sickness
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	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
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 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 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	50% of billed charge not subject to Deductible Up to a 31-day supply per prescription
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 <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
The following service has a per service copay <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  Other Outpatient Services: Allowed Amount after Deductible	Physician's Visits: Allowed Amount after Deductible  Other Outpatient Services: Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at 1-800-767-0700 or at [customerservice@uhcsr.com/saintleo](mailto:customerservice@uhcsr.com/saintleo)

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