



2025 - 2026

## Student Health Insurance Plan: Goucher College

### Who can enroll?

All fulltime domestic undergraduate and international undergraduate students taking 12 or more credit hours are automatically enrolled in this insurance plan and the premium for coverage is added to their tuition bill, unless proof of comparable coverage is furnished by the waiver deadline. All Post Bac Pre-Med students taking 8 or more credit hours are automatically enrolled in this insurance plan and the premium for coverage is added to their tuition bill, unless proof of comparable coverage is furnished. All fulltime international graduate students taking 9 or more credit hours are automatically enrolled in this insurance plan and the premium for coverage is added to their tuition bill, unless proof of comparable coverage is furnished. All graduates assistant students regardless of credit hours are automatically enrolled in this insurance plan and the premium for coverage is added to their tuition bill, unless proof of comparable coverage is furnished.

Any policy that limits eligibility to fulltime students will not prohibit enrollment of a student over the age of 18 enrolled less than full-time as a result of a documented disability that prevents the student from maintaining a full-time course load if the student maintains at least seven credit hours per semester.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children under 26 years of age, including a grandchild, a child placed with the Insured for legal adoption, a child of a Domestic Partner, a child for whom the Named Insured is under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, or a child for whom the Named Insured is under a court order to provide coverage. A Dependent shall also mean a Dependent of the Insured, under 26 years of age, as the term is used in 26 U.S.C. §104, 105, 106, and any regulations adopted under those sections. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

The student (Named Insured, as defined in this 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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Coverage periods, plan cost and deadline dates

Undergraduates Rates	Annual	Spring/Summer	Summer
Coverage dates	08/01/25 – 07/31/26	01/26/26 – 07/31/26	06/01/26 - 07/31/26
Student	\$3,758.00	\$1,926.00	\$630.00
Spouse	\$3,758.00	\$1,926.00	\$630.00
One Child	\$3,758.00	\$1,926.00	\$630.00
Two or More Children	\$7,516.00	\$3,852.00	\$1,260.00
Spouse + Two or More Children	\$11,274.00	\$5,778.00	\$1,890.00

Graduate Rates	Annual	Spring/Summer	Summer
Coverage dates	08/01/25 – 07/31/26	01/26/26 – 07/31/26	06/01/26 - 07/31/26
Student	\$5,417.00	\$2,776.00	\$908.00
Spouse	\$5,417.00	\$2,776.00	\$908.00
One Child	\$5,417.00	\$2,776.00	\$908.00
Two or More Children	\$10,834.00	\$5,552.00	\$1,816.00
Spouse + Two or More Children	\$16,251.00	\$8,328.00	\$2,724.00

Rates are subject to regulatory approval and may change.



### Plan resources at your fingertips

Enroll or Waive coverage

<https://rcmdstudentbenefits.com>

View benefits, submit a claim and download your ID card via My Account

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

Find an in-network provider

**Choice Plus**

Find a prescription drug provider

**Optum Rx**

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>)

[uhcsr.com/myaccount](https://uhcsr.com/myaccount)

## Plan highlights

**Metallic Level: Gold with actuarial value of 84.560%**

Benefits	SHC	Preferred Providers	Out-of-Network Provider
<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	\$600 Per Insured Person, 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>		\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
<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>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>	100%	\$25 Copay or Tier 1 \$60 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	\$25 Copay per prescription generic drug \$60 Copay per prescription brand-name drug 100% of billed charge up to a 31-day supply per prescription not subject to Deductible
<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%	100% of Allowed Amount	80% of Allowed Amount
<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>	Physicians Visits: 100%  Medical Emergency: 100%	Physician's Visits: \$25 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible  The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 not subject to Deductible  The Copay will be waived if admitted to the Hospital.

## Questions about your plan?

Contact Customer Service at **1-800-505-4160**  
or at **customerservice@uhcsr.com**

<sup>1</sup>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. <sup>2</sup>HealthiestYou 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. <sup>3</sup>Non-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 2025-20297062. 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。

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