



**WILLIAM
& MARY**

CHARTERED 1693



**2024 - 2025
Student Health Insurance Plan:
William & Mary**

Who can enroll?

All international students are eligible and are required to participate in the plan on a mandatory basis. All full-time domestic undergraduate and graduate students will be enrolled in this insurance plan and premium added to their tuition billing unless proof of comparable coverage is provided. All visiting faculty scholars and graduate research and graduate teaching assistants who are approved by the College to pursue academic work are eligible and are required to have the insurance plan unless proof of other insurance has been furnished.

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. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 and correspondence 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/Civil Union partner 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

Rates	Annual	Fall	Spring/Summer	Summer
Waiver Dates		07/01/24 - 09/13/24	12/01/24 - 02/14/25	
Coverage Dates	08/01/24 - 07/31/25	08/01/24 - 12/31/24	01/01/25 - 07/31/25	05/01/25 - 7/31/25
Student	\$3,632.00	\$1,522.00	\$2,110.00	\$915.00
Spouse	\$3,632.00	\$1,522.00	\$2,110.00	\$915.00
One Child	\$3,632.00	\$1,522.00	\$2,110.00	\$915.00
Two or More Children	\$7,264.00	\$3,044.00	\$4,220.00	\$1,830.00
Spouse and 2 or More Children	\$10,896.00	\$4,566.00	\$6,330.00	\$2,745.00

Rates are subject to regulatory approval and may change.
23COL4751-1404-2

Plan resources at your fingertips

Enroll or Waive coverage uhcsr.com/wm

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 uhcsr.com/wm

Plan highlights

Metallic Level: GOLD with actuarial value of 87.220%

Student Health Center Benefits :

- 1) 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: Outpatient Physician's Visits.
- 2) 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:
 - a) Prescription Drugs after a \$5 Copay per prescription for generic and \$15 Copay per prescription for brand-name drugs, up to a 31-day supply per prescription;
 - b) Laboratory Procedures after a \$10 Copay; and
 - c) 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
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$150 Per Insured Person, per Policy Year	\$300 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>	\$7,350 Per Insured Person, Per Policy Year \$14,700 For all Insureds in a Family, 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	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. For insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$50 for an individual prescription of up to a 30-day supply. 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. Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy for insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$150 for an individual prescription of up to a 90-day supply</i>	\$15 Copay per prescription for Tier 1 \$60 Copay per prescription for Tier 2 25% Coinsurance per prescription 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
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	No Benefits
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: \$25 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$100 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 UnitedHealthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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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。请致电 1-866-260-2723。

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