



2024 - 2025 Student Health Insurance Plan: Central Washington University

Who can enroll?

All registered undergraduate students taking six (6) or more credit hours of in-person classes, graduate students without an assistantship taking three (3) or more credit hours, post graduate students taking one or more credit hours, pre-doctoral interns, visiting scholars and research scholars are eligible to enroll in this insurance plan. All International students are automatically enrolled in this insurance plan, 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 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 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

Coverage is effective the date of payment received and cannot be backdated to start of the semester.						
	Annual	Fall	Winter	Spring	Summer	Spring/ Summer
Coverage dates	09/16/2024-09/15/2025	09/16/2024-01/06/2025	01/07/2025-03/31/2025	04/01/2025-06/22/2025	06/23/2025-09/15/2025	04/01/2025-09/15/2025
Student	\$2,661.00	\$824.00	\$612.00	\$605.00	\$620.00	\$1,225.00
Student and Spouse	\$2,661.00	\$824.00	\$612.00	\$605.00	\$620.00	\$1,225.00
Student and One Child	\$2,661.00	\$824.00	\$612.00	\$605.00	\$620.00	\$1,225.00
Student and Two or More Children	\$5,322.00	\$1,648.00	\$1,224.00	\$1,210.00	\$1,240.00	\$2,450.00
Student, Spouse and One Child	\$7,983.00	\$2,472.00	\$1,860.00	\$1,815.00	\$1,860.00	\$3,675.00

Rates are subject to regulatory approval and may change.
23COL4751-686-1

Plan resources at your fingertips

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) uhcsr.com/myaccount

Plan highlights

Metallic Level: Gold with actuarial value of 85.60%

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.

Overall Plan Maximum		
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$500 Per Insured Person, per Policy Year	\$1,000 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>	\$5,000 Per Insured Person, Per Policy Year \$9,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$18,000 For all Insureds in a Family, Per Policy Year
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>	\$15 Copay for Tier 1 \$35 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	\$15 Copay for generic drugs \$35 Copay for brand name drugs Up to a 31-day supply per prescription 50% of billed charge after Deductible
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	60% of Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays. The Copay will be waived if admitted to the Hospital.</i>	Medical Emergency: \$200 100% of Allowed Amount after Deductible	Medical Emergency: \$200 100% of Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at 1-800-767-0700
or at customerservice@uhcsr.com

*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. †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

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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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