



2025 - 2026

Student Health Insurance Plan: Bennett College



Who can enroll?

Full-time students enrolled in six (6) or more credit hours are automatically enrolled in this insurance plan, the cost of which will be added to their tuition bill. Students not wishing to be enrolled in this plan may complete the online waiver demonstrating proof of comparable insurance.

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.

Open Enrollment Period: When the Open Enrollment period closes, no further enrollments are allowed until the following school year. Spring and summer Open Enrollment periods, only apply to new or renewing students, starting in the spring or summer respectively.

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, 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 the 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.
 - c. On the date the Named Insured is required by court or administrative order to provide health coverage of a dependent child without regard to any enrollment season restrictions.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Spring/Summer
Coverage dates	08/15/2025 – 08/14/2026	01/08/2026 – 08/14/2026
Student	\$2,340.00	\$1,403.00
Spouse	\$2,340.00	\$1,403.00
One Child	\$2,340.00	\$1,403.00
Two or More Children	\$4,680.00	\$2,806.00
Spouse and Two or More Children	\$7,020.00	\$4,209.00

Rates are subject to regulatory approval and may change.

25COL5051-306-61

Plan resources at your fingertips

Enroll or Waive coverage	https://www.eiia.org/institution/bennett-college/
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 Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount

Plan highlights

Metallic Level: Gold with actuarial value of 87.490%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, per Policy Year	\$500 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>	\$6,000 Per Insured Person, Per Policy Year \$12,000 For all Insureds in a Family, Per Policy Year	\$12,000 Per Insured Person, 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>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.</i>	\$15 Copay for Tier 1 \$35 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	\$15 Copay for generic drugs \$35 Copay for brand name drugs Up to a 31-day supply per prescription 100% of billed charge not subject to 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	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: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital	Physician's Visits: 70% of Allowed Amount after Deductible Medical Emergency: \$150 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**

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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.

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