



2025-2026

Student Health Insurance Plan: University of Alaska Anchorage

Who can enroll?

All students who are enrolled in a UAA or UAS graduate program and are receiving Research, Teaching, and/or Service Assistantships and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. WWAMI students are also eligible to be enrolled in this insurance plan. For GAs and Fellows, the premium is paid by the University on behalf of the student. WWAMI students are billed for their premiums by UAA. Plan enrollment is not automatic. UAA or UAS graduate students must contact the UAA Graduate School and complete the Assistant/Fellowship enrollment form to finalize their enrollment process. WWAMI students have a separate enrollment form.

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 the 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 45 days after the date for which coverage is purchased. 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring	Spring/Summer	Summer	Monthly
Coverage dates	8/25/2025 – 8/24/2026	8/25/2025 – 1/4/2026	1/5/2026 – 5/16/2026	1/5/2026 – 8/24/2026	5/17/2026 – 8/24/2026	
Student	\$4,748.00	\$1,729.00	\$1,716.00	\$3,019.00	\$1,302.00	\$396.00
Spouse	\$4,608.00	\$1,679.00	\$1,666.00	\$2,929.00	\$1,262.00	\$384.00
One Child	\$4,608.00	\$1,679.00	\$1,666.00	\$2,929.00	\$1,262.00	\$384.00
Two or More Children	\$9,216.00	\$3,358.00	\$3,332.00	\$5,858.00	\$2,524.00	\$768.00
Spouse and Two or More Children	\$13,824.00	\$5,037.00	\$4,998.00	\$8,787.00	\$3,786.00	\$1,152.00

Rates are subject to regulatory approval and may change.

25COL5051-248-2

Plan resources at your fingertips

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

Options PPO

Find a prescription drug provider

Optum Rx

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³)

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

Plan highlights

Metallic Level: GOLD with actuarial value of **86.760%**

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 and Counseling Center. Policy Exclusions and Limitations do not apply.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$400 Per Insured Person, per Policy Year	\$800 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>	\$3,000 Per Insured Person, Per Policy Year \$6,000 For all Insureds in a Family, Per Policy Year	\$13,700 Per Insured Person, Per Policy Year \$27,400 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> <i>Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-injectable are not covered.</i>	\$35 Copay for Tier 1 \$75 Copay for Tier 2 \$150 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	\$35 Copay for generic drugs \$150 Copay for brand name drugs Up to a 31-day supply per prescription 60% 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	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.</i>	Physician's Visits: \$35 not subject to Deductible Lab: \$35 not subject to Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital Urgent Care Center: \$50 not subject to Deductible	Physician's Visits: \$35 after Deductible Lab: \$35 after Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital

Questions about your plan?

Contact Customer Service at **1-888-344-5989**
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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