



2025-2026

Student Health Insurance Plan: University of Miami

Policy No. 2025-203591-1
(833) 931-0533
customerservice@uhcsr.com

Who can enroll?

All domestic undergraduate students actively enrolled in 6 or more credit hours and domestic graduate students with full-time enrollment status per semester, will be charged the annual student health insurance unless proof of comparable coverage to waive this insurance requirement is submitted through the waiver portal. All International students, regardless of credit hours, are required to be enrolled in the Student Health Insurance Plan unless Embassy sponsored.

Students must actively attend classes for at least the first 31 days (unless an official medical withdrawal has been approved by the Student Health Service) after the date for which coverage is purchased. Non-Degree seeking, non-credit courses, certificate programs, online-or weekend only programs or courses do not fulfill the eligibility requirements.

Dependent Eligibility

Enrolled students may also insure their eligible dependents at the time the student is first able to enroll in the plan (within 14 days of the start of the semester). Eligible dependents are the spouse and children. Students who enroll for a qualifying life event do not have the option to enroll dependents until the following academic year. Current students also have the option of enrolling their newborn or adopted child as a qualifying life event if enrollment is within thirty-one (31) days of the date of birth or adoption. Enrollment must be for the same coverage period as that of the enrolled student.

Coverage periods and plan cost

	Annual	Fall	Spring/ Summer	Summer	Intl LLM	Intl LLM Fall	Intl LLM Spring
Coverage dates	8/15/2025 – 8/14/2026	8/15/2025 – 1/4/2026	1/5/2026 – 8/14/2026	5/10/2026 – 8/14/2026	8/01/2025 – 6/30/2026	8/01/2025 – 12/31/2025	1/1/2026 – 6/30/2026
Student	\$4,230.00	\$1,699.00	\$2,609.00	\$1,169.00	\$4,022.00	\$1,814.00	\$2,137.00
Spouse	\$4,230.00	\$1,699.00	\$2,609.00	\$1,169.00	\$4,022.00	\$1,814.00	\$2,137.00
One Child	\$4,230.00	\$1,699.00	\$2,609.00	\$1,169.00	\$4,022.00	\$1,814.00	\$2,137.00
Two or More Children	\$8,434.00	\$3,372.00	\$5,192.00	\$2,312.00	\$8,018.00	\$3,602.00	\$4,248.00
Spouse and Two or More Children	\$12,638.00	\$5,045.00	\$7,775.00	\$3,455.00	\$12,014.00	\$5,390.00	\$6,359.00

Rates are subject to regulatory approval and may change.
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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, UHC Global³) uhcsr.com/myaccount

NOTE: UnitedHealthcare reserves the right to adjust the terms of the policy (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable state regulatory authority; and (iii) as otherwise permitted in the our policy.

Plan highlights

Metallic Level: Platinum with actuarial value of 89.830%

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.

Benefits	Select Provider Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy		
Plan Deductible	\$300 Per Insured Person, per Policy Year		\$750 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>	\$5,500 Per Insured Person, Per Policy Year \$11,000 For all Insureds in a Family, Per Policy Year		\$6,000 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>	90% of Allowed Amount for Covered Medical Expenses	70% 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 times the retail Copay up to a 90-day supply.</i>	\$10 Copay for Tier 1 \$35 Copay for Tier 2 \$70 Copay for Tier 3 Up to a 30-day supply per prescription not subject to Deductible	\$20 Copay for Tier 1 \$45 Copay for Tier 2 \$85 Copay for Tier 3 \$150 Copay for Specialty drugs Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$45 Copay for generic drugs \$85 Copay for brand name drugs 100% of billed charge Up to a 30-day supply per prescription 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	100% of Allowed Amount	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: 100% of Allowed Amount not subject to Deductible Lab: \$50 not subject to Deductible X-rays: \$50 not subject to Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital	Physician's Visits: \$40 after Deductible Lab: \$50 not subject to Deductible X-rays: \$50 not subject to Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital	Physician's Visits: 60% of Allowed Amount, after Deductible Lab: 60% of Allowed Amount, after Deductible X-rays: 60% of Allowed Amount, 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 **1-833-931-0533**
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. ³Nor-Insurance Travel Assistance services are provided by or through United Healthcare 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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