

2024 - 2025

Student Health Insurance Plan: Worcester Polytechnic Institute



Who can enroll?

All registered full-time and part-time students are automatically enrolled in this insurance plan, this includes students enrolled in a full-time internship approved by WPI, unless proof of comparable coverage is furnished.

Eligible students 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 enrollment in exclusively 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

| | Annual | Spring |
|---------------------------------|-----------------------|----------------------|
| Coverage dates | 8/12/2024 – 8/11/2025 | 1/1/2025 – 8/11/2025 |
| Student | \$2,186.00 | \$1,336.00 |
| Spouse | \$2,186.00 | \$1,336.00 |
| One Child | \$2,186.00 | \$1,336.00 |
| Two or More Children | \$4,372.00 | \$2,672.00 |
| Spouse and Two or More Children | \$6,558.00 | \$4,008.00 |

Rates are subject to regulatory approval and may change.
23HPHCCOL4751-209-1

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

HPHC Company Network

Find a prescription drug
provider

Optum Rx

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

uhcsr.com/myaccount

Plan highlights

Metallic Level: Platinum with actuarial value of 90.440%

Student Health Center Benefits:

- The 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. Policy Exclusions and Limitations do not apply.
- Benefits will be paid at the Preferred Provider Benefit level when treatment is referred by the Student Health Center for the following services: Routine and Preventive Care laboratory services rendered at the SHC and referred to Quest Diagnostics for processing. 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 | \$0 Per Insured Person, per Policy Year | \$0 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> | \$4,500 Per Insured Person, Per Policy Year \$9,000 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> | \$10 Copay for Tier 1 \$55 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy | 50% of billed charge for generic drugs 50% of billed charge for brand name drugs Up to a 31-day supply per prescription |
| 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 | 80% OF Allowed Amount |
| 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: \$10 Lab: \$10 X-rays: \$10 Medical Emergency: \$100 The Copay will be waived if admitted to the Hospital. | Lab: \$10 X-rays: \$10 Medical Emergency: \$100 The Copay will be waived if admitted to the Hospital. |

Questions about your plan?

Contact Customer Service at 1-800-977-4698
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 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。請致電 1-866-260-2723。



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HealthCare