



2024 - 2025

# Student Health Insurance Plan: Florida Institute of Technology



## Who can enroll?

All registered Undergraduate students taking twelve (12) or more credit hours and graduate students taking nine (9) or more credits are automatically enrolled in the Student Health Insurance Plan, unless proof of other comparable coverage can be provided. All registered International students taking at least 1 credit hour unless the student is officially sponsored by their home government or agency that guarantees the student’s health insurance fees as part of the student’s contract with the Policyholder. All international students are required to have a J-1 or F-1 and their eligible dependents (who are not U.S. citizens) are required to have a J-2 or F-2 visa to be eligible for this insurance plan. All other degree-seeking Domestic students taking a minimum of 6 credit hours may participate in the plan on a Voluntary basis.

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. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. 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 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.

Dependent eligibility expires concurrently with that of the Named Insured

## Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring	Spring/Summer	Summer
Coverage dates	08/10/24 - 08/09/25	08/10/24 - 02/09/25	02/10/24 - 08/09/25	01/04/24 - 08/09/25	05/03/25 - 08/09/25
Student	\$1,595.00	\$804.00	\$791.00	\$953.00	\$432.00
Spouse	\$1,595.00	\$804.00	\$791.00	\$953.00	\$432.00
One Child	\$1,595.00	\$804.00	\$791.00	\$953.00	\$432.00
Two or More Children	\$3,190.00	\$1,608.00	\$1,582.00	\$1,906.00	\$864.00
Spouse and Two or More Children	\$4,785.00	\$2,412.00	\$2,373.00	\$2,858.00	\$1,296.00

Rates are subject to regulatory approval and may change.  
23COL4751-1116-1

## Plan resources at your fingertips

Enroll or Waive coverage	<a href="http://www.uhcsr.com/floridatech">www.uhcsr.com/floridatech</a>
View benefits, submit a claim and download your ID card via My Account	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> )	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>

## Plan highlights

**Metallic Level:** Gold with actuarial value of 85.270%

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$75 Per Insured Person, per Policy Year	\$250 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% for Covered Medical Expenses	60% for Covered Medical Expenses
<b>Prescription Drugs</b> <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>	\$25 Copay for Tier 1 \$40 Copay for Tier 2 \$50 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	\$25 Copay for generic drugs \$40 Copay for brand name drugs Up to a 31-day supply per prescription 60% of billed charge not subject to Deductible
<b>Preventive Care Services</b> <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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
<b>The following services have per service copays</b> <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: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 not subject to Deductible The Copay will be waived if admitted to the Hospital.

## 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. ‡Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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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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