



2025 - 2026

Student Health Insurance Plan: California State University – East Bay



Who can enroll?

All California State University international students, scholars, visiting faculty or other students with a current passport or non-immigrant visa are eligible and required to enroll in coverage under the Policy, provided that they are temporarily located outside their home country or country of residence and have not been granted permanent residency status in the U.S., are not U.S. Citizens (Dual Citizenship excluded), and are engaged in educational activities through the University.

Participants engaged in Optional Practical Training (OPT) or Academic Training (A/T), are eligible for coverage on a voluntary basis, if the OPT/AT training follows a course of study, the Participants enroll in the plan no later than 30 days after the previous insurance coverage period ends, the Participants maintain their valid visa status, and the coverage period is no longer than 12 months in duration (24 months for STEM OPT).

A once per lifetime medical withdrawal exception may be granted to students on school-approved medical leave during the first 31 days of coverage.

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 in compliance with the Policyholder's attendance requirements for at least the first 31 days after the date for which coverage is purchased. Home study, and 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. In the absence of fraud or intentional misrepresentation of material fact, if and whenever the Company discovers that the Policy eligibility requirements have not been met, coverage will be cancelled immediately. Unearned premiums will be refunded.

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 enters into a Domestic Partnership with 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	Summer	Fall	Spring
Coverage dates	06/01/25 – 05/31/26	06/01/25 – 07/31/25	08/01/25 – 12/31/25	01/01/26 – 5/31/26
Student	\$1,566.00	\$262.00	\$656.00	\$648.00
Spouse	\$1,566.00	\$262.00	\$656.00	\$648.00
One Child	\$1,566.00	\$262.00	\$656.00	\$648.00
Two or more Children	\$3,132.00	\$524.00	\$1,312.00	\$1,296.00
Spouse and 2 or more Children	\$4,698.00	\$786.00	\$1,968.00	\$1,944.00

Rates are subject to regulatory approval and may change.

25COL5051-171-46

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

[Select Plus](#)

Find a prescription drug provider

[Optum Rx](#)

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

uhcsr.com/myaccount

Plan highlights

Metallic Level: Platinum with actuarial value of 88.090%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$100 Per Insured Person, per Policy Year \$500 For all Insureds in a Family, Per Policy Year	\$500 Per Insured Person, per Policy Year \$1,000 For all Insureds in a Family, 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>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$5,000 Per Insured Person, Per Policy Year \$10,000 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>	90% of Allowed Amount for Covered Medical Expenses	70% 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>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	\$20 Copay for generic drugs \$40 Copay for brand name drugs Up to a 30-day supply per prescription 70% 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	70% 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: \$20 Medical Emergency: \$250 The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$250 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**

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.

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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