



2026-2027

Student Health Insurance Plan: University of Alaska Fairbanks

Who can enroll?

All students who are enrolled in a UA graduate program and are receiving Graduate Assistantships (GA) and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. Graduate students not on GA/Fellowships, but who are receiving tuition and/or fee awards, are eligible to be enrolled in this insurance plan. For GAs and Fellows, the premium is paid by the University on behalf of the student. Plan enrollment is not automatic.

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.

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 **Options PPO**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

If you need language assistance: **Language Assistance**

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	Fall	Spring/Summer	Summer
Coverage dates	8/25/2026 – 8/24/2027	8/25/2026 – 1/4/2027	1/5/2027 – 8/24/2027	5/17/2027 – 8/24/2027
Student	\$5,988.00	\$2,182.00	\$3,806.00	\$1,640.00
Spouse	\$5,818.00	\$2,120.00	\$3,698.00	\$1,594.00
One Child	\$5,818.00	\$2,120.00	\$3,698.00	\$1,594.00
Two or More Children	\$11,636.00	\$4,240.00	\$7,396.00	\$3,188.00
Spouse and Two or More Children	\$17,454.00	\$6,360.00	\$11,094.00	\$4,782.00

Plan highlights

Metallic Level: Gold with actuarial value of **86.100%**

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 Quest Diagnostics or 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 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.	\$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 All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs 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. Prescription Drugs dispensed at the Student Health Center are payable at 100% and are not subject to the Copays. Self-injectables are not covered.	\$50 Prescription Drug Deductible \$50 Copay for Tier 1 \$100 Copay for Tier 2 \$200 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	\$50 Prescription Drug Deductible \$50 Copay for generic drugs \$200 Copay for brand name drugs Up to a 31-day supply per prescription 60% of billed charge
Preventive Care Services 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.	100% of Allowed Amount	60% of Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: \$50 not subject to Deductible Lab: \$50 not subject to Deductible Medical Emergency: \$200 after Deductible The Copay will be waived if admitted to the Hospital Urgent Care Center: \$65 not subject to Deductible	Physician's Visits: \$50 after Deductible Lab: \$50 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 **1-888-344-9025** 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. © 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-335-2. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com/uaf. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.