



2026 - 2027 Student Health Insurance Plan: Carleton College

Who can enroll?

All registered full-time undergraduate Domestic students and all registered International students taking six or more credit hours are automatically enrolled in the insurance plan at registration on a hard-waiver basis, and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished and a waiver form is completed and submitted.

Students 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.

Eligible students who do enroll may also insure their dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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.
 - 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	Winter	Spring/Summer
Coverage dates	8/15/26 - 8/14/27	8/15/26 – 12/31/26	1/1/27 – 3/31/27	4/1/27 – 8/14/27
Student	\$2,355.00	\$897.00	\$581.00	\$878.00
Spouse	\$2,355.00	\$897.00	\$581.00	\$878.00
One Child	\$2,355.00	\$897.00	\$581.00	\$878.00
Two or More Children	\$4,710.00	\$1,794.00	\$1,162.00	\$1,756.00
Spouse & Two or More Children	\$7,065.00	\$2,691.00	\$1,743.00	\$2,643.00

Rates are subject to regulatory approval and may change.
26COL5328-1531-1

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	Choice Plus
Find a prescription drug provider	Optum Rx
Value-added benefits and services Student Assist ¹ , HealthiestYou ² , UHC Global ³	uhcsr.com/myaccount
If you need language assistance:	Language Assistance

Plan highlights

Metallic Level: Platinum with actuarial value of 92.100%

Student Health Center Benefits:

- The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory services referred to LabCorp. Policy Exclusions and Limitations do not apply.
- The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider level of benefits for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center or referred by the Student Health Center to Homeland Health Specialists for the following services: all other services listed on the Schedule of Benefits.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$200 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.	\$7,900 Per Insured Person, Per Policy Year \$15,800 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	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs Prescriptions must be filled at a UHCP network pharmacy. 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.	\$20 Copay Tier 1 \$50 Copay Tier 2 \$70 Copay Tier 3 Up to a 30-day supply per prescription not subject to Deductible	No Benefits
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.	Medical Emergency: \$250 100% of Allowed Amount The Copay will be waived if admitted to the Hospital	Medical Emergency: \$250 100% of Allowed Amount 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. 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 2026-1531-1. 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/Carleton. 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.

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