



Carleton



2026-2027 Student Health Insurance Plan

Policy Number: 2026-1531-1 | Effective 8/15/2026 – 8/14/2027

Welcome to the UnitedHealthcare Student Resources Student Health Insurance Plan for Carleton College.

This plan is underwritten by UnitedHealthcare Insurance Company.

Who is Covered?

The Master Policy covers students who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All students who are registered are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Dependents are eligible to enroll in this insurance plan.

The student 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 the refund of premium.

Where can I get more information?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage can be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number **2026-1531-1**. The policy is a Non-Renewable One-Year Term Policy.

Please contact Customer Service with any questions about the plan at **800-767-0700**. The Insured can also write to the Company at:

UnitedHealthcare Student Resources
P.O. Box 809025
Dallas, TX 75380-9025

Or by email: customerservice@uhcsr.com



Who is Eligible?

All registered full-time students are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan.

Students who do not take action to **Waive** before the waiver deadline will be **automatically** enrolled in the Student Health Insurance Plan and the premium will be added to the student’s tuition fees.

For students who would like to enroll in the plan:

Step 1: Opt-in, wait to receive an email from UHCSR to register (Link to opt-in)
<https://studentcenter.uhcsr.com\carleton>

Step 2: Complete the registration process to create an account and access your electronic I.D. card and plan details (Link to registration) <https://www.uhcsr.com/myaccountlanding>

Dependents

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.

Coverage Dates and Plan Costs		
Coverage Start Date	Coverage End Date	Waiver/Enrollment Deadline
08/15/2026	08/14/2027	08/15/2026
Effective Date	08/15/2026 – 08/14/2027	
Tier	Annual Rates	
Student	\$2,355.00	
Spouse	\$2,355.00	
One Child	\$2,355.00	
Two or More Children	\$4,710.00	
Spouse & two or more Children	\$7,065.00	

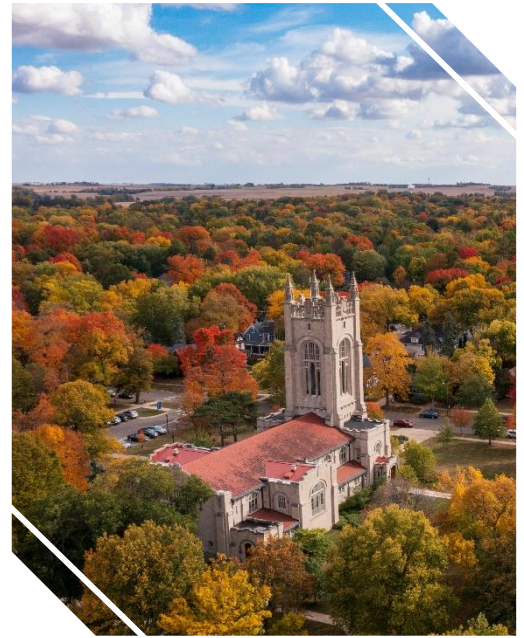
*Rates are subject to change due to state approval. The plan costs for dependent are in addition to the plan costs for student.

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

Waiving Coverage

Carleton College requires all registered full-time students to carry personal health insurance. If you are currently covered by comparable health insurance coverage until the end of the academic year, you may be able to waive automatic enrollment in the school-sponsored plan. To waive your school's coverage, follow these simple steps:

1. Have your school ID number and current insurance information available
2. Go to studentcenter.uhcsr.com
3. Follow the prompts and fill out your information



Key Plan Benefits



United Healthcare Student Resources

Metallic Level – Platinum

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

Student Health Center Benefits: The Deductible 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 Student Health Center.

	Preferred Providers	Out-of-Network Providers
Plan Maximum		
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Coinsurance	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Annual Deductible		
Individual	\$200 Per Insured Person, Per Policy Year	
Maximum Out-of-Pocket		
Individual/Family	\$7,900 Per Insured Person, Per Policy Year \$15,800 for all insureds in a Family, Per Policy Year	
Physician Office Visit		
Primary Care	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Specialty Care	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Telehealth	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Allergy Testing	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Preventive Care		
Adult Periodic Exams	100% of Allowed Amount (dw)	60% of Allowed Amount after Deductible
Well-Child Care	100% of Allowed Amount (dw)	60% of Allowed Amount after Deductible
Other Services		
X-ray and Lab Tests	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Complex Radiology	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Urgent Care Facility	100% of Allowed Amount after deductible	
Emergency Room Facility Charges	\$250 copay per visit; then plan pays 100% of the allowed amount after deductible	
Inpatient Facility Charges	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Outpatient Facility and Surgical Charges	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Mental Health		
Inpatient	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Outpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Substance Use Disorder		
Inpatient	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Outpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible

*Benefits are subject to change and pending state approval

Other Benefits

	Preferred Providers	Out-of-Network Providers
Gender Affirming Benefit (pre-certification required)	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Home Health Care Expenses (pre-certification required)	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Home Health Care Expenses Maximum Visits Per Policy Year	120	120
Hospice Care Coverage	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Chiropractic Care Benefit	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Chiropractic Care Benefit Maximum visits per Policy Year	30	30
Physiotherapy	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
Physiotherapy Maximum visits per Policy Year	30	30
Retail Pharmacy (up to 31 Day Supply)		
Tier 1	\$20 Copay	Not Covered
Tier 2	\$50 Copay	Not Covered
Tier 3	\$70 Copay	Not Covered

*Benefits are subject to change and pending state approval

Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

Please note that the following list is not exhaustive and it is intended to be for illustrative purposes only. See the Certificate of Coverage for the exhaustive list.

- 1- Acne.
- 2- Acupuncture.
- 3- Addiction, such as:
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
- 4- Alternative treatments such as:
 - Hypnosis.
 - Other forms of alternative treatment as defined by the National Center for Complementary and Integrative Health (NCCIH) of the National Institutes of Health.
- 5- Behavioral problems, except as defined as a Mental Illness. Developmental delay or disorder or intellectual disability. Learning disabilities. This exclusion does not apply to benefits specifically provided for the treatment of a Mental Illness or Substance Use Disorder as defined in the Policy in the Definitions section.
- 6- Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Remove port wine stains.
 - As described under Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.

This exclusion does not apply to Medical Emergency complications from cosmetic surgery.
- 7- Custodial Care or domiciliary care provided in any type of facility.
- 8- Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As specifically provided in the Schedule of Benefits under Dental Treatment.
 - As described under Dental Treatment in the Policy in the Medical Expense Benefits section. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
- 9- Elective surgery or Elective Treatment as defined in the Policy in the Definitions section. This exclusion does not apply to:
 - Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.
 - Cosmetic procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy where the primary result of the procedure is not a changed or improved physical appearance.
 - Removal of port wine stains.
- 10- Foot care for the following:

- Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.

- 11- Genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
- 12- Health spa or similar facilities. Strengthening programs.
- 13- Treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process
This exclusion does not apply to:
 - Hearing defects or hearing loss as a result of a Congenital Condition, infection, or Injury.
 - External hearing aids or bone anchored hearing aids once every three years for an Insured Person with a hearing loss that is not correctable by other services provided in the Policy.
 - Benefits specifically provided in the Policy in the Schedule of Benefits.
- 14- Immunizations that are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section. Medicines or vaccines that are not required for the treatment of a covered Injury or are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
- 15- Injury sustained from playing, practicing, traveling to or from, or participating in, or conditioning for any intercollegiate sport for which benefits are paid under a sports accident policy issued to the Policyholder, or for which coverage is paid by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletics (NAIA) or any other sports association.

Additional Medical Assistance Services

Worldwide Medical and Dental Referrals: Upon an Insured Person's request, the Company's affiliate or authorized vendor will provide referrals to physicians, hospitals, dentists, and dental clinics in the area the Insured Person is traveling in order to assist the Insured Person in locating appropriate treatment and quality care.

Monitoring of Treatment: As and to the extent permissible, the Company's affiliate or authorized vendor will continually monitor the Insured Person's medical condition. Third-party medical providers may offer consultative and advisory services to the Company's affiliate or authorized vendor in relation to the Insured Person's medical condition, including review and analysis of the quality of medical care received by the Insured Person.

Facilitation of Hospital Admittance Payments: The Company's affiliate or authorized vendor will issue a financial guarantee (or wire funds) on behalf of Company up to five thousand dollars (US\$5,000) to facilitate admittance to a foreign (non-US) medical facility.

Relay of Insurance and Medical Information: Upon an Insured Person's request and authorization, the Company's affiliate or authorized vendor will relay the Insured Person's insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. The Company's affiliate or authorized vendor will also assist with hospital admission and discharge planning.

Medication and Vaccine Transfers: In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, the Company's affiliate or authorized vendor will coordinate the transfer of the medication or vaccine to Insured Persons upon the prescribing physician's authorization, if it is legally permissible.

Updates to Family, Employer, and Home Physician: Upon an Insured Person's approval, the Company's affiliate or authorized vendor will provide periodic case updates to appropriate individuals designated by the Insured Person in order to keep them informed.

Hotel Arrangements: The Company's affiliate or authorized vendor will assist Insured Persons with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

Replacement of Corrective Lenses and Medical Devices: The Company's affiliate or authorized vendor will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

WORLDWIDE DESTINATION INTELLIGENCE

Destination Profiles: When preparing for travel, an Insured Person can contact the Company's affiliate or authorized vendor to have a pre-trip destination report sent to the Insured Person. This report draws upon an intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. The global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.

TRAVEL ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: The Company's affiliate or authorized vendor will assist the Insured Person in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements: The Company's affiliate or authorized vendor will make new reservations for airlines, hotels, and other travel services for an Insured Person in the event of a Sickness or Injury, to the extent that the Insured Person is entitled to receive Assistance and Evacuation Benefits.

Transfer of Funds: The Company's affiliate or authorized vendor will provide the Insured Person with an emergency cash advance subject to the Company's affiliate or authorized vendor first securing funds from the Insured Person (via a credit card) or his/her family.

Legal Referrals: Should an Insured Person require legal assistance, the Company's affiliate or authorized vendor will direct the Insured Person to a duly licensed attorney in or around the area where the Insured Person is located.

Language Services: The Company's affiliate or authorized vendor will provide immediate interpretation assistance to an Insured Person in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, the Company's affiliate or authorized vendor will provide the Insured Person with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

Message Transmittals: Insured Persons may send and receive emergency messages toll-free, 24-hours a day, through the Company's affiliate or authorized vendor.

HOW TO ACCESS ASSISTANCE AND EVACUATION SERVICES

Assistance and Evacuation Services are available 24 hours a day, 7 days a week, 365 days a year.

To access services, please refer to the phone number on the back of the Insured Person's ID Card or access My Account at www.uhcsr.com/MyAccount and select My Benefits/Additional Benefits/UHC Global Emergency Services.

UnitedHealthcare Student Resources

Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.*

By visiting www.telehealth4students.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with Student Resources, there is no consultation fee for this service. Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

**Available to Insured students; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.*

HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service. Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

As an insured with Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during the policy period.

**Available to Insured students; age restrictions may apply, depending on your state.*

24/7 Student Assist

Insureds have immediate access to StudentAssist, a service that coordinates care using a network of resources. Services available include:

- **24/7 Crisis Support** - access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- **Financial and Legal Counseling** - two 30-minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- **Mediation services** - one 30 minute telephonic or face-to-face consultation per issue per year available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- **Living Well Portal** - access to liveandworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
- **CollegeLife** - direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- **Self Care** - access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

ID Cards

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the uhcsr.com/myaccount website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

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 may 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. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.

This Summary Brochure is based on Policy **#2026-1531-1**



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