



Middle Georgia
State University

2025 - 2026 Domestic Student Health Insurance Plan: Middle Georgia State University

Who can enroll?

The following students required to enroll in this insurance plan are as follows:

1. All DOMESTIC undergraduate students enrolled in programs that require proof of health insurance.
2. All DOMESTIC graduate students receiving a Full Tuition Waiver as part of their graduate assistantship award.
3. All DOMESTIC graduate students enrolled in programs that require proof of health insurance.
4. All DOMESTIC graduate students receiving fellowships that fully fund their tuition.

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 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 and correspondence 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.
 - 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 |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|
| Waiver dates | | 06/16/25 - 09/13/25 | 10/27/25 - 02/07/26 | 04/06/26 - 06/10/26 |
| Coverage dates | 08/01/25 - 07/31/26 | 08/01/25 - 12/31/25 | 01/01/26 - 07/31/26 | 05/01/26 - 07/31/26 |
| Student | \$2,936.00 | \$1,231.00 | \$1,705.00 | \$741.00 |
| Spouse | \$3,229.00 | \$1,354.00 | \$1,875.00 | \$814.00 |
| One Child | \$3,229.00 | \$1,354.00 | \$1,875.00 | \$814.00 |
| Two or More Children | \$6,457.00 | \$2,708.00 | \$3,750.00 | \$1,628.00 |
| Spouse and Two or More Children | \$9,687.00 | \$4,062.00 | \$5,625.00 | \$2,442.00 |

Rates are subject to regulatory approval and may change.
25COL5051-1225-1

Plan resources at your fingertips

Enroll or Waive coverage: uhcsr.com/mgc

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 Assist¹, HealthiestYou², UHC Global³ uhcsr.com/myaccount

Student Health Center uhcsr.com/mgc

Plan highlights

Metallic Level: Gold with actuarial value of 85.690%

Student Health Center Benefits:

- The Deductible will be waived for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.
- The Deductible will be waived for ambulance services when a referral is initiated by the Student Health Center.
- The Copay will be waived for generic drugs / \$5 Copay per prescription for brand-name drugs / \$10 Copay per prescription for non-formulary drugs / up to a 31-day supply per prescription if prescription is filled at the Student Health Center Pharmacy.

| Benefits | Preferred Providers | Out-of-Network Providers |
|---|--|---|
| Overall Plan Maximum | There is no overall maximum dollar limit on the Policy | |
| Plan Deductible | \$500 Per Insured Person, Per Policy Year \$1,250 For all Insureds in a Family, Per Policy Year | \$800 Per Insured Person, Per Policy Year \$1,450 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> | \$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year | \$10,500 Per Insured Person, Per Policy Year \$33,500 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> | 80% of Allowed Amount for Covered Medical Expenses | 60% 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> | \$25 Copay for Tier 1 \$50 Copay for Tier 2 \$75 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 \$50 Copay for brand name drugs Up to a 31-day supply per prescription 100% 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 | 100% 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 Copay per visit 100% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible | Physician's Visits: 70% of Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible |

Questions about your plan?

Contact Customer Service at **1-866-403-8267**
or at **customerservice@uhcsr.com/mgc**

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, nontherapeutic 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. © 2025 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 2025-200289-1. 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/mgc. 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. 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. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

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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