



2025 - 2026

Student Health Insurance Plan: Tulane University

Who can enroll?

Distance learning students only, which are enrolled at Tulane University taking three or more credit hours are eligible to enroll in this insurance plan on a voluntary basis.

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.

Students who do enroll may insure their dependents.

Plan resources at your fingertips

How do I enroll or waive coverage? www.gallagherstudent.com/Tulane

View benefits, submit a claim and download your ID card via My Account www.gallagherstudent.com/Tulane

Find an in-network provider [UHC Choice Plus](#)

Find a prescription drug provider [Optum Rx](#)

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

Coverage periods and plan cost

New Students	Annual	Fall	Spring/Summer
Coverage dates	8/10/25 – 8/9/26	8/10/25 – 12/31/25	1/1/26 - 8/9/26
Student	\$3,615.00	\$1,426.00	\$2,189.00
Spouse	\$3,615.00	\$1,426.00	\$2,189.00
One Child	\$3,615.00	\$1,426.00	\$2,189.00
Two or More Children	\$7,230.00	\$2,852.00	\$4,378.00
Spouse and Two or More Children	\$10,845.00	\$4,278.00	\$6,567.00

Returning Students	Annual	Fall	Spring/Summer
Coverage dates	8/19/25 – 8/9/26	8/19/25 – 12/31/25	1/1/26 - 8/9/26
Student	\$3,526.00	\$1,337.00	\$2,189.00
Spouse	\$3,526.00	\$1,337.00	\$2,189.00
One Child	\$3,526.00	\$1,337.00	\$2,189.00
Two or More Children	\$7,052.00	\$2,674.00	\$4,378.00
Spouse and Two or More Children	\$10,578.00	\$4,011.00	\$6,567.00

Rates are subject to regulatory approval and may change.
25COL5051-54-2

Plan highlights

Metallic Level: PLATINUM WITH ACTUARIAL VALUE OF 88.000%

Student Health Center Benefits:

- The Deductible and Copay will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: 1) Outpatient Physician's Visits. Policy Exclusions and Limitations do not apply.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: 1) immunizations for Hepatitis A & B, Meningitis, Human Papilloma Virus (HPV) and HIV testing; 2) travel immunizations that are not covered by the Preventive Care Services Benefit are also covered after a \$15 Copay per vaccine; 3) TB testing that is not covered by the Preventive Care Services Benefit is also covered after a \$15 Copay, including a second test for first year medical students during hospital rotations; 4) Labs referred by the SHC to Labcorp; and 5) all other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.
- No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, Per Policy Year \$750 For all Insureds in a Family, Per Policy Year	\$500 Per Insured Person, Per Policy Year \$1,500 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	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 3 times the retail Copay up to a 90 day supply. Includes prescription pre-natal vitamins. Prescription Drugs dispensed at Tulane Student Health Center are paid at 100% following a \$15 Copay per prescription for Tier 1, \$15 Copay for Tier 2 and \$15 Copay for Tier 3.</i>	\$20 Copay for Tier 1 \$50 Copay for Tier 2 \$80 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	\$20 Copay for generic drugs \$50 Copay for brand name drugs 100% of billed charge Up to a 31-day supply per prescription 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	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: \$30 after Deductible Medical Emergency: \$100 after Deductible	

Questions about your plan?

Contact Customer Service at **1-866-808-8266**
or at **www.gallagherstudent.com/Tulane**

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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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