2026 – 2027
Student Health Insurance Plan
Tulane University

Who can enroll?

All degree seeking undergraduate and graduate students (except executive program students) and all Tulane University sponsored students in J-1 status are automatically enrolled in this insurance plan on a hard waiver basis. Degree seeking Super Seniors are enrolled in the plan on a hard waiver basis, but not required to use the SHC and the referral will be waived. All other students taking at least three credit hours are eligible to enroll in this insurance plan on a voluntary basis and are not required to use the SHC and the referral will be waived. The three hour requirement is not applicable to students classified as dissertation students, graduate assistants, teaching assistants, research assistants or students having less than three hours to complete their degree requirements. Students enrolled only as distance learning students (internet, etc.) are not eligible for this insurance plan. All J-1 scholars and J-2 dependents are eligible to purchase this insurance plan on a voluntary basis and are not required to use the SHC and the referral will be waived.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse or Domestic Partner and dependent children or grandchildren who meet the limits of a Dependent set forth in the Dependent definition. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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	**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**

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, 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 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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the 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 and plan cost

	Annual	Fall	Spring/Summer
Coverage dates	8/10/2026 – 8/9/2027	8/10/2026 – 12/31/2026	1/1/2027 - 8/9/2027
Student	$4,347.00	$1,715.00	$2,632.00
Spouse	$4,347.00	$1,715.00	$2,632.00
One Child	$4,347.00	$1,715.00	$2,632.00
Two or More Children	$8,694.00	$3,430.00	$5,264.00
Spouse and Two or More Children	$13,041.00	$5,145.00	$7,896.00

Rates are subject to regulatory approval and may change.
26COL5328-54-1

Plan highlights

Metallic Level: Platinum with actuarial value of 88.620%

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.
- A SHC referral is waived for Routine physical exam and related services and Mammography.

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 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.	$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 All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	90% 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 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. For insulin drugs, the total amount of Cost-Sharing shall not exceed $75 for an individual prescription of up to a 30-day supply. For oral chemotherapeutic agents, the amount of any applicable Deductibles, Copayments or Coinsurance combined shall not exceed $100 per Prescription Order or Refill up to a 31-day supply, regardless of tier placement.	$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 not subject to Deductible	$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 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	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: $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**

[1]Student 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. [2]HealthiestYou 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. [3]Non-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 2026-54-1. 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. 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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