



2025 - 2026

Student Health Insurance Plan: Boston College



Who Can Enroll?

Students must be in a degree-seeking program or enrolled 75% of full-time in courses for credit to be eligible to participate in the insurance.

Seventy-five of full-time enrollment is the following number of credits:

- Morrissey College of Arts and Sciences, Graduate – seven or more
- Lynch School of Education and Human Development, Graduate – seven or more
- Carroll School of Management Graduate Programs – seven or more
- Connell Graduate School of Nursing – seven or more
- School of Social Work – seven or more
- Woods College of Advancing Studies, Undergraduate – nine more
- Woods College of Advancing Studies, Graduate – seven more
- School of Theology and Ministry – seven or more

Non-degree graduate and WCAS students registering at the above credit hours are also automatically enrolled in SHIP unless proof of comparable coverage is provided.

Students who are not citizens or permanent residents of the United States will be automatically enrolled in SHIP unless proof of comparable coverage is provided.

Medical Leave of Absence policy: Boston College allows eligible students who are on an approved medical leave of absence to continue enrollment under the Boston College Student Health Insurance Plan for a maximum of one semester. Student must have been enrolled in the College’s Student Health Insurance Plan for the semester immediately preceding the requested enrollment extension. Eligible students may also insure their Dependents.

Insured students may also cover their eligible Dependents, if the Dependents have been previously insured or if there is a qualifying event. If students are enrolled they need to log into the Gallagher portal to enroll dependents. If students are not enrolled they should contact Boston College’s Office of Student Services to enroll. 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. 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 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, plan cost and deadline dates

	Fall	Spring/Summer
Coverage dates	8/7/2025 to 1/8/2026	1/9/2026 to 8/6/2026
Student	\$1,870.00	\$2,533.00
Spouse	\$1,869.00	\$2,532.00
One Child	\$1,869.00	\$2,532.00
Two or More Children	\$3,738.00	\$5,064.00
Spouse and Two or More Children	\$5,607.00	\$7,596.00

Rates are subject to regulatory approval and may change.

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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

**UHC Choice Plus
Harvard Pilgrim Joint
Venture**

Find a prescription drug provider

Optum Rx

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³)

uhcsr.com/myaccount

Plan highlights

Metallic Level: Platinum with actuarial value of 91.680%

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

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 \$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>	\$2,000 Per Insured Person, Per Policy Year \$4,000 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>	100% of Allowed Amount for Covered Medical Expenses	80% 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>	\$20 Copay for Tier 1 \$40 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	50% of billed charge for generic drugs 50% of billed charge for brand name drugs Up to a 31-day supply per prescription after 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: \$25 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-866-948-8472**
or at **GSHcustomerservice@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.

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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.

注意：免費提供語言協助服務。請致電 1-866-260-2723。



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