2026 - 2027
Student Health Insurance Plan: Eastern Mennonite

Who Can Enroll?

All traditional Undergraduate students at the Harrisburg and Lancaster campuses taking 12 or more credit hours, all International Students, full-time Seminary, Masters in school counseling and Masters in Education students taking 9 or more credit hours are required to purchase this insurance plan and premium is added to the student's tuition fees unless proof of comparable coverage is furnished.

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. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

Plan resources at your fingertips

Enroll or Waive Coverage that should	**https://rcmdstudentbenefits.com/emu**
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 Assist[1], HealthiestYou[2], UHC Global[3])	**uhcsr.com/myaccount**
If you need language assistance:	**Language Assistance**

Coverage periods, plan cost and deadline dates

UNDERGRADUATE & INTERNATIONAL STUDENTS	Annual	Spring/Summer
Waiver dates	06/01/26 – 08/31/26	12/01/26 – 01/31/27
Coverage dates	08/01/26 – 07/31/27	01/01/27 – 07/31/27
Student	$3,266.00	$1,897.00
Spouse	$3,266.00	$1,897.00
One Child	$3,266.00	$1,897.00
Two or More Children	$6,532.00	$3,794.00
Spouse and Two or More Children	$9,798.00	$5,691.00

GRADUATE STUDENTS	Annual	Spring/Summer
Waiver dates	06/01/26 – 08/31/26	12/01/26 – 01/31/27
Coverage dates	08/01/26 – 07/31/27	01/01/27 – 07/31/27
Student	$5,171.00	$3,003.00
Spouse	$5,171.00	$3,003.00
One Child	$5,171.00	$3,003.00
Two or More Children	$10,342.00	$6,006.00
Spouse and Two or More Children	$15,513.00	$9,009.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 85.010%
Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% 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	$650 Per Insured Person, 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.	$8,700 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year	$17,400 Per Insured Person, 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.	80% 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 2.5 times the retail Copay up to a 90 day supply.	$20 Copay for Tier 1 $75 Copay for Tier 2 $100 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	No Benefits
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	No Benefits
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Medical Emergency: $150 Copay per visit not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: $150 Copay per visit not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-800-505-4160** or at **customerservice@uhcsr.com**

[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 2026-202981-62. 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. 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.

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