



SUNY International Student Health Insurance Program

Student Pricing

2025/2026



| International Program (Option 41, 42, 44) | Period of Coverage | Total Cost To Student |
|---|--------------------|-----------------------|
| Annual | 8/15/25-8/14/26 | \$2,164.37 |
| Fall | 8/15/25-1/14/26 | \$906.45 |
| Spring | 1/15/26-6/14/26 | \$896.35 |
| Spring/Summer | 1/15/26-8/14/26 | \$1,257.92 |
| Summer/Short Term | 5/15/26-8/14/26 | \$544.88 |
| Monthly | | \$180.36 |
| 16 Day Rate | | \$95.07 |
| Daily | | \$5.94 |

| Stand-Alone Evacuation Program | Period of Coverage | Total Cost To Student |
|--------------------------------|------------------------------------|-----------------------|
| 12 Months | 8/15/25-8/14/26 | \$90.00 |
| 6 Months | 8/15/25-2/15/26 or 2/15/26-8/14/26 | \$45.00 |
| Monthly | | \$7.50 |

Benefits and rates are subject to state and federal requirements and New York state approval. UHC reserves the right to make any changes necessary to meet such requirements

Inbound International Students (41/42) – those students enrolled in the SUNY program and traveling from another country to the US (41 - SHC Billing To UHC/42 - No SHC Billing To UHC)

Optional Practical Training, Scholars, or Visitors (44) – those students that may be taking part in practical training or a designated school program.



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| International Program (Option 41, 42, 44) | Period of Coverage | UHC Premium | Reliance Standard Dental | Medical & Dental Premium | SUNY Admin Fee | Total Cost To Student |
|--|--------------------|-------------|--------------------------|--------------------------|----------------|-----------------------|
| Annual | 8/15/25-8/14/26 | \$1,590.00 | \$321.12 | \$1,911.12 | \$253.25 | \$2,164.37 |
| Fall | 8/15/25-1/14/26 | \$666.49 | \$133.80 | \$800.29 | \$106.16 | \$906.45 |
| Spring | 1/15/26-6/14/26 | \$657.78 | \$133.80 | \$791.58 | \$104.77 | \$896.35 |
| Spring/Summer | 1/15/26-8/14/26 | \$923.51 | \$187.32 | \$1,110.83 | \$147.09 | \$1,257.92 |
| Summer/Short Term | 5/15/26-8/14/26 | \$400.77 | \$80.28 | \$481.05 | \$63.83 | \$544.88 |
| Monthly | | \$132.50 | \$26.76 | \$159.26 | \$21.10 | \$180.36 |
| 16 Day Rate | | \$69.70 | \$14.27 | \$83.97 | \$11.10 | \$95.07 |
| Daily | | \$4.36 | \$0.89 | \$5.25 | \$0.69 | \$5.94 |

| Stand-Alone Evacuation Program | Period of Coverage | Assist America Premium | No Dental Coverage for Evac Only | SUNY Admin Fee | Total Cost To Student |
|--------------------------------|------------------------------------|------------------------|----------------------------------|----------------|-----------------------|
| 12 Months | 8/15/25-8/14/26 | \$75.12 | | \$14.88 | \$90.00 |
| 6 Months | 8/15/25-2/15/26 or 2/15/26-8/14/26 | \$37.56 | | \$7.44 | \$45.00 |
| Monthly | | \$6.26 | | \$1.24 | \$7.50 |

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SUNY International Student Health Insurance Program

Dependent Pricing

2025/2026



Medical Administered by United Health Care

| Inbound International Program (Option 41/42/44) Dependent Rates | Annual (8/15/25-8/14/26) | Fall (8/15/25-1/14/26) | Spring (1/15/26-6/14/26) | Spring/Summer (1/15/26 to 8/14/26) | Summer/Short Term (5/15/26-8/14/26) |
|--|-----------------------------|---------------------------|-----------------------------|---------------------------------------|--|
| Spouse | \$1,590.00 | \$666.50 | \$657.78 | \$923.50 | \$400.77 |
| One Child | \$1,590.00 | \$666.50 | \$657.78 | \$923.50 | \$400.77 |
| Two or more Children | \$3,180.00 | \$1,333.00 | \$1,315.56 | \$1,847.00 | \$801.54 |
| Spouse and 2 or more Children | \$4,770.00 | \$1,999.50 | \$1,973.34 | \$2,770.50 | \$1,202.31 |

Dental Plan Administered by Reliance Standard

| Inbound International Program (Option 41, 42, 44) Dependent Rates | Annual (8/15/25-8/14/26) | Fall (8/15/25-1/14/26) | Spring (1/15/26-6/14/26) | Spring/Summer (1/15/26 to 8/14/26) | Summer/Short Term (5/15/26-8/14/26) |
|---|-----------------------------|---------------------------|-----------------------------|---------------------------------------|--|
| Spouse | \$357.60 | \$141.55 | \$141.55 | \$198.17 | \$86.13 |
| One Child | \$413.16 | \$163.55 | \$163.55 | \$228.97 | \$98.13 |
| Two or more Children | \$413.16 | \$163.55 | \$163.55 | \$228.97 | \$98.13 |
| Spouse and 1 or more children | \$769.20 | \$304.50 | \$304.50 | \$426.30 | \$182.70 |
| The Reliance dental plan is optional for dependents. Enrollees should review the UHC pediatric dental benefits for minor dependents age 18 and under. | | | | | |