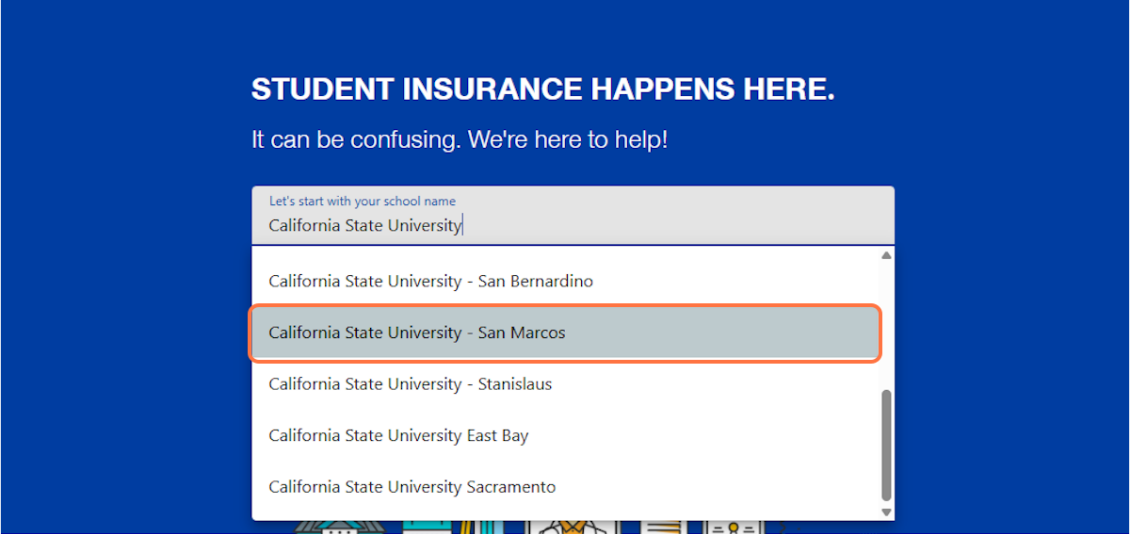


STEP 1

Click on California State University - San Marcos

Visit <https://www.uhcsr.com/> and search for "California State University - San Marcos"



STUDENT INSURANCE HAPPENS HERE.
It can be confusing. We're here to help!

Let's start with your school name
California State University

- California State University - San Bernardino
- California State University - San Marcos**
- California State University - Stanislaus
- California State University East Bay
- California State University Sacramento

STUDENT HELP CENTER
What do you need to get done today?

SCHOOL ADMINS
There's a place here for you too!

STEP 2

Medical - High Plan w/Dep...

All

Important announcement: If no US address, use University address & zip code 92096. For More coverage, click Read More on the Global Travel Services card below.

Medical - High Plan w/Dep
Policy #2025-200168-40

Explore Policy

Global Travel Services

Voluntary Dent:

STEP 3

Click on Explore Policy

Medical - High Plan w/Dep
Policy #2025-200168-40

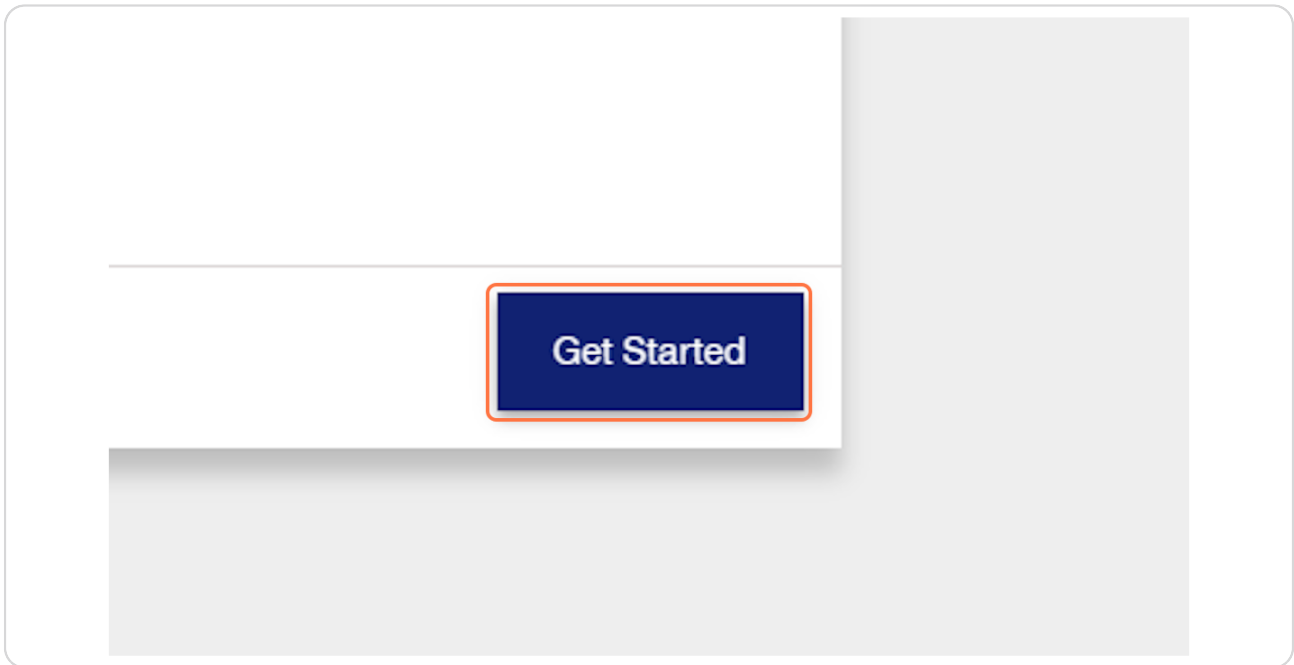
Explore Policy

Global Travel Services

Voluntary Dent:

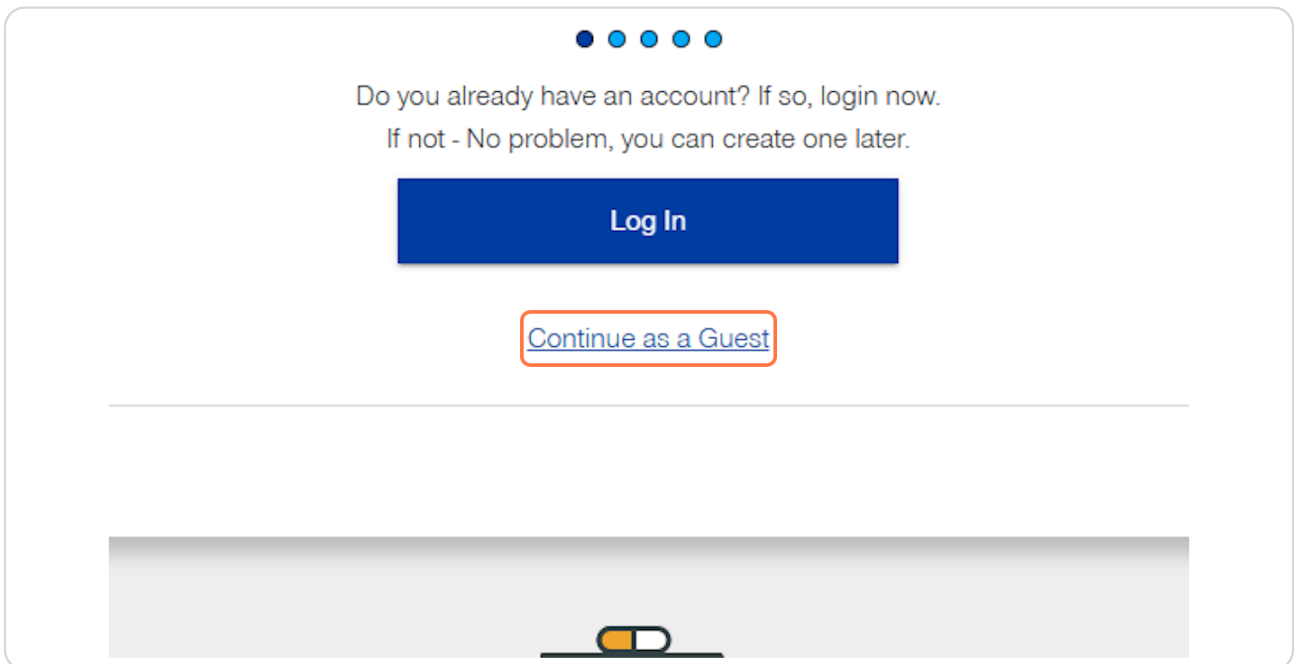
STEP 4

Click on Get Started



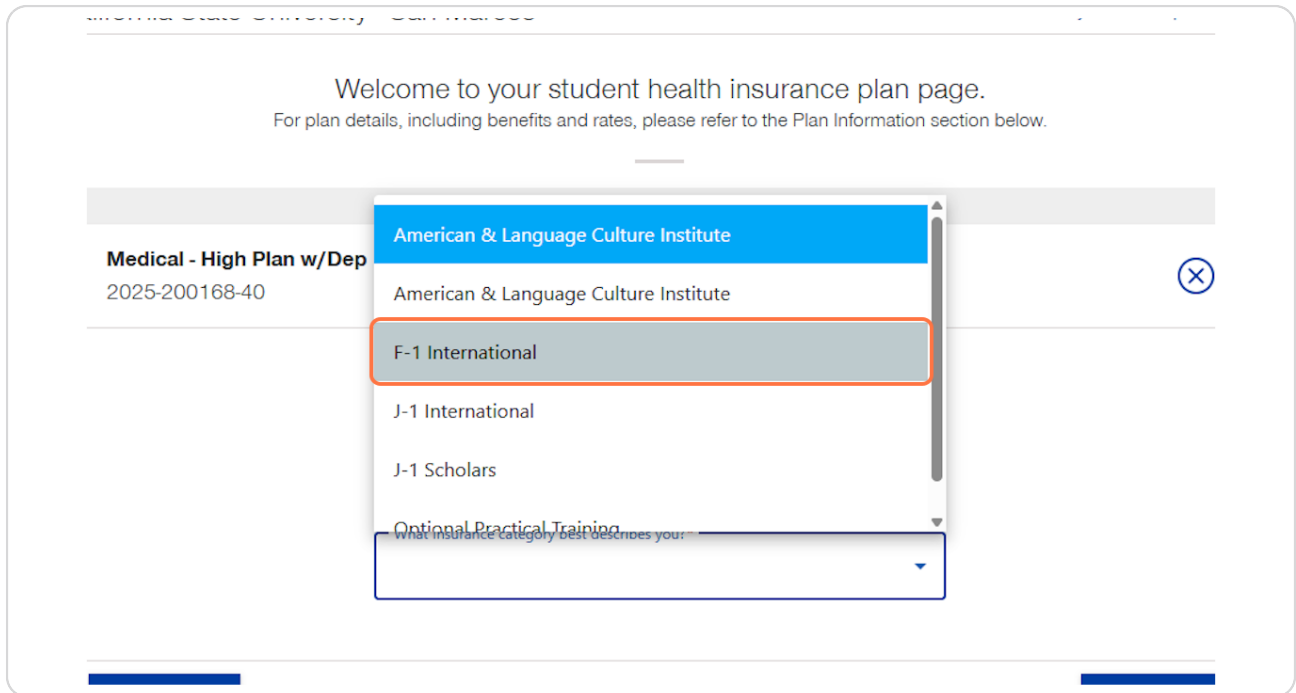
STEP 5

Click on Continue as a Guest



STEP 6

Click on F-1 International



STEP 7

Enter Zip Code

If you have a California Address, enter the Zip Code. If not, type "92096"

Step 2 - Basic Info

● ● ● ● ● ●

Hi there! Tell us a little bit about yourself.

* Indicates required field

What Insurance category best describes you?*

F-1 International

Zip Code*

92096

Spouse Yes No

Number of Children

0

I have read all applicable plan documents.*

STEP 8

Check I have read all applicable plan documents.

Spouse **Yes**

Number of Children

I have read all applicable plan do

Back

Policy underwritten by UnitedHealthcare Insurance Company

STEP 9

Click on Next

Next

STEP 10

Select a Policy Term

California State University - San Marcos

ID Card Find Providers Find Pharmacy Helpful Links

Medical - High Plan w/Dep
2025-200168-40

Step 3 - Select a Policy Term

Nice! We made these just for you.
Choose a policy term from below.

* Indicates required field

| Term | Term Dates | Student | Total Cost | Select * |
|--------|--|------------|------------|-----------------------|
| Annual | Aug 15, 2025 - Aug 14, 2026 (Last day to purchase 09/29/2025) | \$1,788.00 | \$1,788.00 | <input type="radio"/> |
| Fall | Aug 15, 2025 - Jan 14, 2026 (Last day to purchase 09/29/2025) | \$749.50 | \$749.50 | <input type="radio"/> |

Back Next

STEP 11

Click on Next

\$749.50

Next

STEP 12

Fill out your personal details

If you have a California Address, enter it. If not, type "333 South Twin Oaks Valley Rd." under "Permanent Address".

You selected the **Annual Term** for the **High Plan w**

* Indicates required field

Personal Information

| | |
|---|----------------|
| First Name* | Last Name* |
| Permanent Address* | City* |
| Phone Number* | Email Address* |
| <input type="checkbox"/> Mailing Address is same as above | |
| Mailing Address* | City* |

333 South Twin Oaks Valley Rd.

xxx-xxx-xxxx

St
C

St

STEP 13

Enter your "Student ID" under "School Assigned ID"

-XXXX

Billing Address is same as above

Address* City* State* Zip Code*
5 digits

Information Provide your SSN/ITIN OR School Assigned ID, (only one of the two is required). ?

/ITIN* School Assigned ID* Date of Birth*
MM/DD/YYYY

Next

STEP 14

Click on Next

ed). ?

Date of Birth*
MM/DD/YYYY

Next

STEP 15

Check "I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made."

Payment Summary

2025 High Plan w/Dep (F-1 International)

Acknowledgment

I elect to purchase insurance coverage

Payer Signature

Signature*

I have reviewed the application data and verify th

STEP 16

Write your full name under "Signature" and "Verify Signature"

Use your preferred mode of payment to purchase the insurance.

Payment Summary

2025 High Plan w/Dep (F-1 International) \$1,788.00

Total Cost: \$1,788.00

Acknowledgment

I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made. *

Payer Signature

Signature*

have reviewed the application data and verify that is accurate and correct. I understand that clicking the 'Next' button documents (1) my intent to purchase the insurance coverage requested and (2) authorizes the automatic debit of my account for the required premium. I understand that my premium may be deducted prior to the effective date of coverage and that my coverage will be in force on the effective date of the coverage period.

Verify Signature*

Payment

To complete your enrollment, please review and sign the Acknowledgment section above.

[Back](#)

NOTICE TO STUDENTS:

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date