


CPELI student health insurance purchase instructions

Website: <https://www.uhcsr.com/school-page>

Step 1: Explore Policy



Maintenance will occur on 07/16/2025 starting at 9:00 PM CST and ending on 10:00 PM CST. Access to UHCSR.com will not be available during this time.


California State Polytechnic University - Pomona

ID CardFind ProvidersFind PharmacyHelpful Links

View Plan
All


Important announcement: If no US address, use University address & zip code 91768. For Med Evacuation & Repatriation coverage, click Read More on the Global Travel Services card below.

Medical - Low Student Only Plan
Policy #2025-171-47




Explore Policy

Voluntary Dental/Vision



Read More

Global Travel Services



Read More

Feedback

Step 2: Get Started

California State Polytechnic University - Pomona

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Welcome to your student health insurance plan page.
For plan details, including benefits and rates, please refer to the Plan Information section below.

Enrollment Info

Medical - Low Student Only Plan
2025-171-47


Policy Documents

Brochures - Certificates


Summary Documents

Value Added Benefits/Services

Brochures - Certificates

Certificate 

Summary Documents

Summary Flyer 

Telehealth Medical

Telehealth Behavioral

StudentAssist

Get Started

Step 3: Continue as a Guest

Welcome to your student health insurance plan page.
For plan details, including benefits and rates, please refer to the Plan Information section below.

Enrollment Info

Medical - Low Student Only Plan
2025-171-47

Step 1 - Account Status

Do you already have an account? If so, login now.
If not - No problem, you can create one later.

Log In

Continue as a Guest

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Step 4: What Insurance category best describes you? – Cal Poly English Language Institute

Medical - Low Student Only Plan
2025-171-47

Step 2 - Basic Info

Hi there! Tell us a little bit about yourself.
* Indicates required field

What Insurance category best describes you?*

Back Next

Policy underwritten by UnitedHealthcare Insurance Company

Medical - Low Student Only Plan
2025-171-47

Step 2 - Basic Info

Hi there! Tell us a little bit about yourself.
* Indicates required field

What Insurance category best describes you?*

Cal Poly English Language Institute

F-1 International Graduate Students

F-1 International Undergraduate Students

J-1 Exchange Students

J-1 Visiting Scholars

Optional Practical Training

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Policy underwritten by UnitedHealthcare Insurance Company

Step 5: Enter your zip code (91768 is CPP's zip code) and check "I have read all applicable plan document."

Medical - Low Student Only Plan
2025-171-47

Step 2 - Basic Info

Hi there! Tell us a little bit about yourself.

* Indicates required field

What Insurance category best describes you? *
Cal Poly English Language Institute

Zip Code*
91768

☒ I have read all applicable plan documents.*

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Policy underwritten by UnitedHealthcare Insurance Company

Step 6: Select coverage dates

Medical - Low Student Only Plan
2025-171-47

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 *
Daily	<div>Daily Coverage Date Range* 8/15/2025 – 12/31/2025 mm/dd/yyyy – mm/dd/yyyy</div>	\$4.44†	\$617.16	<input type="radio"/>

† Daily rate

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Step 7: Enter your personal information (School Assigned ID is your Bronco ID number)

California State Polytechnic University -
Pomona

[ID Card](#)

[Find Providers](#) ▼

[Find Pharmacy](#) ▼

[Helpful Links](#) ›

Medical - Low Student Only Plan

2025-171-47



Step 4 - Tell Us About Yourself



You selected the **Daily Term** for the **Low Student Only Plan**

* Indicates required field

Personal Information

First Name*	Last Name*	Middle Initial	Gender* ▼
Permanent Address*	City*	State* CA ▼	Zip Code* 91768 5 digits
Phone Number* XXX-XXX-XXXX	Email Address*		
<input type="checkbox"/> Mailing Address is same as above			
Mailing Address*	City*	State* ▼	Zip Code* 5 digits
Verify Information Provide your SSN/ITIN OR School Assigned ID, (only one of the two is required). ?			
US SSN/ITIN* XXX-XX-XXXX Privacy Policy ⓘ	School Assigned ID*	Date of Birth* MM/DD/YYYY	

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Step 8: Complete purchase

Medical - Low Student Only Plan
2025-171-47

Step 5 - Complete Purchase

You selected the **Daily Term** for the **Medical - Low Student Only Plan**
Good through: Aug 15, 2025 - Dec 31, 2025
Insurance can be confusing. Please review your coverage to make sure everything looks correct.

* Indicates required field

Selected Coverage

Policy Number: 2025-171-47
School/Association Name: California State Polytechnic
University - Pomona
Product Name: Low Student Only Plan
Coverage Type: Student
Effective Date: Aug 15, 2025
Expiration Date: Dec 31, 2025

Payment Summary

2025 Low Student Only Plan (Cal Poly English Language Institute)

\$617.16

Total Cost: \$617.16

Acknowledgment

☒

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

Payer Signature

Signature*

I 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 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.

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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 of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following:
1) The student has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) The student meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.