



2025 - 2026

## Student Health Insurance Plan: St. Bonaventure University - Undergraduates

### Who can enroll?

All full-time registered undergraduate and international students are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents.

Eligible Dependents are the student's spouse or domestic partner and dependent children under 26 years of age. See the Who is Covered section of the Certificate of Coverage for the specific requirements needed to meet domestic partner eligibility.

### Plan resources at your fingertips

Enroll or Waive coverage	<a href="https://www.haylor.com/college/st-bonaventure-university/">https://www.haylor.com/college/st-bonaventure-university/</a>
View benefits, submit a claim and download your ID card via My Account	<a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	Choice Plus
Find a prescription drug provider	<a href="https://healthsmart.com">healthsmart.com</a>
Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> )	<a href="https://uhcsr.com/myaccount">uhcsr.com/myaccount</a>

### Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

The Total Cost of the plan noted below includes premium and fees.

Total Plan Cost and Coverage Dates	Annual	Spring/Summer
Open enrollment end dates	09/30/25	02/15/26
Coverage dates	08/01/25 - 7/31/26	01/16/26 - 07/31/26
Student	\$2,642.00	\$1,425.94
Spouse	\$2,546.00	\$1,374.13
One Child	\$2,546.00	\$1,374.13
Two or More Children	\$5,092.00	\$2,748.26
Spouse and Two or More Children	\$7,638.00	\$4,122.39

See the information below for the breakdown of premium and fees.

*Premium Rates	Annual Premium	Spring/Summer Premium
Student	\$2,464.62	\$1,330.22
Spouse	\$2,464.62	\$1,330.22
One Child	\$2,464.62	\$1,330.22
Two or More Children	\$4,929.24	\$2,660.44
Spouse and Two or More Children	\$7,393.86	\$3,990.66

Rates are subject to regulatory approval and may change.

\*The premium is for the insurance coverage underwritten by UnitedHealthcare Insurance Company of New York and does not include the following fees:

- Annual \*\*Service fee of \$2.38 for UHC Global administration of the Assistance and Evacuation Benefits.
- Annual \*\*Administrative fee of \$9.00 charge both school years receiving coverage through which may for example cover your school's administrative costs associated with offering this health plan
- Annual \*\*Service fee of \$6.00 charge both school years receiving coverage through to cover the cost of service provided by a non-insurer vendor or consultant.

\*\*Note: Fees are prorated for the coverage dates other than annual.

## Plan highlights

Metallic Level: GOLD with actuarial value of 85.310%

Benefits	In Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$250 Per Member, Per Plan Year	\$600 Per Member, Per Plan Year
<b>Out-of-Pocket Maximum</b> <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>	\$7,500 Per Member, Per Plan Year \$13,700 For all Members in a Family, Per Plan Year	\$15,000 Per Member, Per Plan Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a HealthSmart Rx network pharmacy. U Mail order through HealthSmart RX at 2 times the retail Copay up to a 90-day supply.</i>	\$20 Copayment for Tier 1 \$60 Copayment for Tier 2 \$75 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	\$15 Copayment for Generic Drugs \$75 Copayment for Brand Name Drugs Up to a 30-day supply per prescription not subject to Deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see <a href="https://www.healthcare.gov/preventive-care-benefits/">https://www.healthcare.gov/preventive-care-benefits/</a> for complete details of the services provided for specific age and risk groups.</i>	Covered in full	30% of Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.</i>	Office Visits: \$25 Copayment not subject to Deductible  Emergency Care in an Emergency Department: \$150 Copayment after Deductible	Office Visits: \$25 Copayment not subject to Deductible  Emergency Care in an Emergency Department: \$150 Copayment after Deductible

Contact Customer Service at **1-866-535-0456**

or at **student@haylor.com**

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