

# St. Bonaventure University

2026 - 2027

## Student Health Insurance

### Who is eligible?

All full-time registered undergraduate and international students will be automatically enrolled in this insurance plan and premium for coverage will be added to their tuition bill unless proof of comparable coverage is furnished. In order to be considered for a waiver a student must have equal or better health coverage from a US-based company insurance, students must fill out a waiver form online at [www.haylor.com/sbu](http://www.haylor.com/sbu) by the waiver deadline date. All full-time registered graduate students can enroll onto this plan and premium will be paid directly at the time of enrollment to Haylor, Freyer & Coon, Inc.

**Fall deadline:** September 11, 2026

### Undergraduate Students

**Annual rate:** August 1, 2026 - July 31, 2027  
\$2,646.00

### Graduate Students

**Annual rate:** August 1, 2025 - July 31, 2026  
\$4,779.00

Rates pending state approval

Dependent coverage is also available to all eligible students that enroll in the student health plan.



### What does the plan feature?

The Student Health Insurance Plan offers you:

- Affordable, comprehensive insurance benefits
- ACA Compliant Plan (Patient Protection and Affordable Care Act)
- Access to a nationwide network of healthcare providers including primary care, specialists and mental health services at:  
<https://connect.werally.com>

To create or login to your UHC student account, please visit [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) or download UHCSR's Mobile App from your smartphone available on the App Store or Google Play



For more details regarding the St. Bonaventure University Student Health Insurance Program please visit:

**[www.haylor.com/sbu](http://www.haylor.com/sbu)**  
**833.401.2304**  
**[student@haylor.com](mailto:student@haylor.com)**

For further details of the coverage including cost, benefits, exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the overview policy.

## 2026-2027 St. Bonaventure University Summary of Benefits

| Benefit                                           | In-Network                                                                 | Out-of-Network                                |
|---------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|
| <b>Deductible</b>                                 | \$250                                                                      | \$600                                         |
| <b>Coinsurance</b>                                | 20% Coinsurance                                                            | 50% Coinsurance                               |
| <b>Out-of-pocket Maximum</b>                      | \$7,500                                                                    | \$15,000                                      |
| <b>Office Visit</b>                               | \$25 Copay                                                                 | 50% Coinsurance after deductible              |
| <b>Specialist Copay</b>                           | \$25 Copay                                                                 | 50% Coinsurance after deductible              |
| <b>Preventative Care</b>                          | Covered in full                                                            | 50% Coinsurance after deductible              |
| <b>Urgent Care Center</b>                         | \$50 Copayment then 20% coinsurance                                        | \$50 Copayment then 50% coinsurance           |
| <b>Emergency Department</b>                       | \$150 Copayment then 20% coinsurance                                       | \$150 Copayment then 20% coinsurance          |
| <b>Prescription Drug Coverage - 30 Day Supply</b> | Tier 1: \$20 Copayment<br>Tier 2: \$60 Copayment<br>Tier 3: \$75 Copayment | Generic: \$15 Copay<br>Brand-Name: \$75 Copay |

**Disclaimer:** This summary is intended to provide an overview of benefits only and does not include all coverage details, limitations, or exclusions. It is not a contract of insurance. For complete benefit information and coverage provisions, please refer to the official plan documents. In the event of a conflict, the Certificate of Coverage and policy documents will govern.

**Annual Deductible:** An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

**Copay:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance **plus** any deductibles you owe.

The 2026 - 2027 benefits listed above are a summary of the St. Bonaventure University Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Overview Policy.