2026-2027
Student Health Insurance Plan: Binghamton University

Who can enroll?

All domestic undergraduate students (enrolled in 12 or more credit hours) will automatically be enrolled in the Student Health Insurance Program unless they waive this plan online through Haylor, Freyer, & Coon, an Alera Group Company. Plans is optional to part-time undergrad and grad students.

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	**uhcsr.com/myaccount**
Find an in-network provider	**Choice Plus**
Find a prescription drug provider	**Optum Rx**
Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3])	**uhcsr.com/myaccount**
If you need language assistance:	**Language Assistance**

Coverage Periods, Deadline Dates, Plan Cost and Premium Rates

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

HARD WAIVER

Total Plan Cost and Coverage Dates	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/15/2026 – 8/14/2027	8/15/2026 – 1/15/2027	1/16/2027 – 8/14/2027	5/15/2027 – 8/14/2027
Student	$4,451.00	$1,877.95	$2,573.05	$1,121.89

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

*Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium	Summer Premium
Student	$4,003.62	$1,689.20	$2,314.42	$1,009.13

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 $445.00 charged by the school you are receiving coverage through which may, for example, cover your school's administrative costs associated with offering this health plan.

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

VOLUNTARY

Total Plan Cost and Coverage Dates	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/15/2026 – 8/14/2027	8/15/2026 – 1/15/2027	1/16/2027 – 8/14/2027	5/15/2027 – 8/14/2027
Student	$4,006.00	$1,690.20	$2,315.80	$1,009.73

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

*Premium Rates	Annual Premium	Fall Premium	Spring/Summer Premium	Summer Premium
Student	$4,003.62	$1,689.20	$2,314.42	$1,009.13

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.

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

Plan highlights

Metallic Level: Platinum with actuarial value of 92.310%

Benefits	In-Network Preferred Provider Member Cost-Share	In Network Participating Provider Member Cost-Share	Out-of-Network Non-Participating Provider Member Cost-Share
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**		
Plan Deductible	$25 Per Member, Per Plan Year	$50 Per Member, Per Plan Year	$300 Per Member, Per Plan Year
Out-of-Pocket Maximum *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.*	Combined with Participating Provider Out-of-Pocket Limit	$6,850 Per Member, Per Plan Year	$13,700 Per Member, Per Plan Year
Coinsurance *All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.*	0% of Allowed Amount for Covered Medical Expenses	10% of Allowed Amount for Covered Medical Expenses	30% of Allowed Amount for Covered Medical Expenses
Prescription Drugs *Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Maintenance Drugs from a Designated Retail Pharmacy at 2.5 times the retail Copay up to a 90-day supply.*	$10 Copayment for Tier 1 $25 Copayment for Tier 2 $50 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	$10 Copayment for Tier 1 $25 Copayment for Tier 2 $50 Copayment for Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible	Out-of-Network Prescription Drugs are not covered and you pay the full cost.
Preventive Care Services *Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Please see https://www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups..*	Covered in full	Covered in full	30% of Allowed Amount after
The following services have per service copays *This list is not all inclusive. Please read the plan Certificate for complete listing of Copayments.*	Office Visits: 0% Coinsurance after Deductible Other Outpatient Services: Not Covered at SHS	Office Visits: 10% Coinsurance after Deductible Other Outpatient Services: 10% Coinsurance after Deductible	Office Visits: 30% Coinsurance after Deductible Other Outpatient Services: 30% Coinsurance after Deductible

Questions about your plan?

Contact Customer Service at **1-800-767-0700** or at **customerservice@uhcsr.com**

[1]Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. [2]HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-890-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.

United Healthcare