

SUNY ESF

2026 - 2027

Student Health Insurance

Who is eligible?

All full-time domestic students are eligible to participate in the Student Health Insurance Plan. Students have the opportunity to enroll in this program and may do so by the deadline of September 25, 2026. Students can enroll at the following link:

www.haylor.com/suny-esf:

Fall deadline: September 25, 2026

Annual rate:

August 15, 2026 - August 14, 2027
\$3,840.00

Rates pending state approval

For more details regarding the SUNY ESF Student Health Insurance Program please visit:

www.haylor.com/suny-esf

833.401.3787

student@haylor.com



State University of New York
College of Environmental Science and Forestry

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/partner-login>

To create or login to your UHC student account, please visit

www.uhcsr.com/myaccount or download UHCSR's Mobile App from your smartphone available on the App Store or Google Play



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.

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Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$250	\$500
Coinsurance	20% Coinsurance	30% Coinsurance
Out-of-pocket Maximum	\$8,150	\$16,300
Office Visit	\$30 Copay, then 20% coinsurance	40% coinsurance after deductible
Specialist Copay	\$30 Copay, then 20% coinsurance	40% coinsurance after deductible
Preventative Care	Covered in full	30% Coinsurance after deductible
Urgent Care Center	\$30 Copay, then 20% coinsurance	\$30 Copay, then 40% coinsurance
Emergency Department	\$50 Copayment	\$50 Copayment
Prescription Drug Coverage – 30 Day Supply	Tier 1: \$20 Copayment Tier 2: \$50 Copayment Tier 3: \$80 Copayment	Generic: \$20 Copay Brand-Name: \$50 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.