## Clarkson University

2023 - 2024 Student Health Insurance

## Who is eligible?

All full time students with 12 or more credits are automatically enrolled and billed for the student health insurance. Students can be excused from the insurance if they have equal or better health coverage. In order to waive the insurance, students must fill out a waiver form online at https://www.haylor.com/clarkson by the waiver deadline date:

Fall deadline: September 17, 2023 Spring deadline: January 28, 2024

**Annual rate**: August 1, 2023 - July 31, 2024

Undergraduate: \$2,569.00 Graduate: \$4.181.00

**Spring Rate**: January 1, 2024 - July 31, 2024

**Undergraduate**: \$1,494.85 **Graduate**: \$2,432.99

Rates pending state approval

For more details regarding the Clarkson University Health Insurance Program please visit:

> www.haylor.com/clarkson 866.535.0456 student@haylor.com





## 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
- 24/7 Access to Telehealth Medicine by downloading app or calling 855-870-5858
- To locate a doctor go to https://connect.werally.com/plans/uhc

To create or login to your UHC student ccount, please visit myaccount.uhcsr.com 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.

## 2023-2024 Clarkson University Summary of Benefits

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

**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.

**Annual Out of Pocket Maximum:** The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount.

**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.