

University of Bridgeport

2024-2025

Student Health Insurance

Who is eligible?

The University of Bridgeport Health Insurance Policy is mandatory for full-time undergraduates, international students, Physician Assistant Students and all residential students, unless they submit an online waiver and provide proof of alternate equal or better US based coverage. In order to waive the insurance, students must fill out a waiver application online at www.haylor.com/bridgeport by the waiver deadline date. Inbound international students are automatically enrolled in the student health insurance plan.

Fall deadline: September 15, 2024

Spring deadline: February 15, 2025



UNIVERSITY OF BRIDGEPORT

What does the plan feature?

- Unlimited coverage for primary care providers, psecialists, emergency visits and hospitals
- Unlimited coverage for preventative care, GYN exams, routing screenings and immunizations
- Prescription Drug Coverage
- Unlimited coverage for mental health
- Evacuation and Repatriation Services
- Tel-A-Doc Service

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

To contact the carrier:

800.767.0700

customerservice@uhcsr.com

Fall: August 1, 2024 - July 31, 2025

\$1,795.00

Spring: January 1, 2025 - July 31, 2025

\$1,043.00

Rates pending state approval

For more details regarding the University of Bridgeport Student Health Insurance Program please visit:

www.haylor.com/bridgeport

866.535.0456

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.

2024-2025 University of Bridgeport Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$100	\$100
Coinsurance	20% Coinsurance	40% Coinsurance
Out-of-pocket Maximum	\$4,500	\$9,000
Office Visit	\$10 Copay not subject to deductible	40% Coinsurance after deductible
Specialist Copay	\$10 Copay not subject to deductible	40% Coinsurance after deductible
Preventative Care	Covered in full	40% Coinsurance after deductible
Urgent Care Center	\$10 Copay not subject to deductible	40% Coinsurance after deductible
Emergency Department	\$25 Copay per visit not subject to deductible	\$25 Copay per visit
Prescription Drug Coverage - 31 Day Supply	Tier 1: \$5 Copayment Tier 2: \$25 Copayment Tier 3: \$25 Copayment not subject to deductible	40% of billed charge after deductible

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.

The 2024-2025 benefits listed above are a brief summary of the University of Bridgeport Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Overview Policy.