University of Virginia
Student Health Insurance
2026 - 2027

Who is eligible?

All students at the University of Virginia charged the **full comprehensive fees** with their tuition are **required** to have health insurance coverage. By these **key deadlines**. Students must either:

- Enroll in the UVA Student Health Plan, OR
- Submit proof of current health coverage that is comparable to the UVA Student Health Plan and thereby waive the UVA Student Health Plan option.

Students are assigned a "to-do" for insurance verification in SIS for the Fall Term starting **July 15, 2026, through August 31, 2026.**

Dependent coverage is also available to all eligible students that enroll in the student health plan during "open enrollment" timeframes or with a qualifying life event such as marriage, birth, or a move to the U.S.

Fall deadline: August 31, 2026
Spring deadline: January 29, 2027

Annual: August 1, 2026 – July 31, 2027
$4,220.00

Spring: January 1, 2027 - July 31, 2027
$2,451.00

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

www.haylor.com/uva
833.401.3048
uvastudent@haylor.com

HF&C
Haylor, Freyer & Coon, Inc.
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UNIVERSITY of VIRGINIA

The Student Health Insurance Plan offers you:

- Affordable, comprehensive insurance benefits
- ACA Compliant Plan (Patient Protection and Affordable Care Act)
- Prescription Drug Coverage: $10 copay for tier 1 drugs, a $40 copay for tier 2 drugs and a $80 copay for tier 3 drugs
- Access to a nationwide network of healthcare providers including primary care, specialists and mental health services at: https://connect.werally.com/medicalProvider/root

To create or login to your UHC student account, please visit https://www.uhcsr.com/myaccountlanding

or download UHCSR's Mobile App from your smartphone available on the App Store or Google Play.

To contact the carrier:
customerservice@uhcsr.com
800.767.0700

UnitedHealthcare Student Resources

For further details of the coverage including cost, benefits, exclusions and reductions or limitations, please refer to the Plan Highlights or Coverage Details.

2026-2027 University of Virginia Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	$350	$500
Coinsurance	20% Coinsurance	40% Coinsurance
Out-of-pocket Maximum	$5,500	$11,000
Office Visit	$25 Copay then 10% of negotiated charge	$50 Copay then 10% of negotiated charge
Specialist Copay	$25 Copay then 10% of negotiated charge	$50 Copay then 10% of negotiated charge
Preventative Care	Covered in full	$100 Copay then plan pays 90% of allowed amount after deductible
Behavioral Health Office Visits	$20 Copay then 10% of allowed amount after deductible	$20 Copay then 10% of allowed amount after deductible
Inpatient Therapy	$200 Copay per Hospital Confinement, allowed amount after deductible	$200 Copay per Hospital Confinement, allowed amount after deductible
Urgent Care Center	Allowed amount after deductible	Allowed amount after deductible
Emergency Department	$150 Copay then 10% of the negotiated charge	$150 Copay then 10% of the negotiated charge
Prescription Drug Coverage - 30 Day Supply Rx Deductible per policy year: $250	**Tier 1**: $10 Copayment **Tier 2:** $40 Copayment **Tier 3:** $80 Copayment	**Generic**: $10 Copayment **Brand-name:** $40 Copayment

*** The policy year deductible is waived for In-network care for Preventative care and wellness, Family planning services: female contraceptives, and Out-of-network care for Preventative care and wellness services for dependent children to age 7**

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