

# Fairfield University

2026 - 2027

## Student Health Insurance

### Who is eligible?

Fairfield University requires that all full-time undergraduate students maintain or purchase a health insurance policy. Under Fairfield University's "hard waiver" program, these students will see an insurance charge on their tuition bill for a health insurance policy for the upcoming academic year. However, if the student has access to comparable or better health insurance through other means (e.g. parents' coverage) and does not wish to be enrolled in the University-sponsored plan, the student must complete an online waiver to provide proof of coverage. Students completing the waiver to decline the University-sponsored plan will receive full credit on their tuition bill. Waivers can be completed at the following link:

<https://haylor.com/college/fairfield-university/>

**Fall deadline:** September 18th, 2026

**Annual Undergrad Rate:**  
August 15, 2026 – August 14, 2027  
**\$3,360.00**

Rates pending state approval

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

<https://haylor.com/college/fairfield-university/>

**833.641.6489**

**student@haylor.com**



**Fairfield**  
UNIVERSITY

### What does the plan feature?

- Unlimited coverage for primary care providers, specialists, emergency visits and hospitals
- Unlimited coverage for preventative care, including annual physicals, GYN exams, routine screenings and immunizations
- Prescription Drug Coverage: \$5 copay for tier 1 drugs, a \$40 copay for tier 2 drugs and a \$40 copay for tier 3 drugs
- Unlimited coverage for mental health
- Evacuation and Repatriation Services
- Teladoc Service for minor sickness, injury & mental health
- 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](http://www.uhcsr.com/myaccount) or download UHCSR's Mobile App from your smartphone available on the App Store or Google Play

### To contact the carrier:



[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

800.767.0700

### You can browse providers at:

<https://connect.werally.com/partner-login>

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.

## 2026-2027 Fairfield University Summary of Benefits

| Benefit                                           | In-Network                                                                | Out-of-Network                        |
|---------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------|
| <b>Deductible</b>                                 | \$250                                                                     | \$500                                 |
| <b>Coinsurance</b>                                | 20% Coinsurance                                                           | 50% Coinsurance                       |
| <b>Out-of-pocket Maximum</b>                      | \$6,350                                                                   | \$6,350                               |
| <b>Office Visit</b>                               | \$40 Copay, deductible does not apply                                     | 50% coinsurance                       |
| <b>Specialist Copay</b>                           | \$40 Copay, deductible does not apply                                     | 50% coinsurance after deductible      |
| <b>Preventative Care</b>                          | Covered in full                                                           | 50% coinsurance                       |
| <b>Urgent Care Center</b>                         | \$75 Copay, deductible does not apply                                     | \$75 Copay, deductible does not apply |
| <b>Emergency Department</b>                       | \$175 Copay                                                               | \$175 Copay                           |
| <b>Prescription Drug Coverage - 30 Day Supply</b> | Tier 1: \$5 Copayment<br>Tier 2: \$40 Copayment<br>Tier 3: \$40 Copayment | 50% coinsurance                       |

**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.

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