

# Notre Dame of Maryland

2026 - 2027

## Student Health Insurance

### Who is eligible?

The student health insurance plan is mandatory for all full time undergraduate students taking at least 12 credits, graduate studies students taking at least 9 credits, School of Pharmacy taking at least 10 credits, and Occupational Therapy, Physician Assistant, Nursing, and Art Therapy students. Domestic students may submit a waiver if they maintain comparable, comprehensive coverage that meets Notre Dame of Maryland University's requirements. International students are automatically enrolled and not eligible to waive coverage. Domestic students can have the charge removed upon successful submission of an online waiver, link below:

<https://haylor.com/college/notre-dame-of-maryland-university/>

**Fall deadline:** August 31, 2026

**Spring deadline:** February 5, 2027

#### Annual Undergraduate Rate:

August 1, 2026 – July 31, 2027  
\$2,556.00

#### Annual Graduate Rate:

August 1, 2026 – July 31, 2027  
\$4,239.00

Rates pending state approval

All other undergraduate and graduate students enrolled full-time who are not included in the required populations are eligible to enroll on a voluntary basis.

For more details regarding the Notre Dame of Maryland University Health Insurance Program please visit:

<https://haylor.com/college/notre-dame-of-maryland-university/>

833.401.3408

[student@haylor.com](mailto:student@haylor.com)



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NOTRE DAME  
OF MARYLAND  
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: \$25 copay for tier 1 drugs, a \$60 copay for tier 2 drugs and a \$75 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 Notre Dame of Maryland Summary of Benefits

Benefit	In-Network	Out-of-Network
<b>Deductible</b>	\$200	\$600
<b>Coinsurance</b>	20% Coinsurance	50% Coinsurance
<b>Out-of-pocket Maximum</b>	\$7,500	\$15,000
<b>Office Visit</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Specialist Copay</b>	20% coinsurance after deductible	50% coinsurance after deductible
<b>Preventative Care</b>	Covered in full	50% coinsurance
<b>Urgent Care Center</b>	\$50 Copay, then 20% coinsurance after deductible	\$50 Copay, then 50% coinsurance after deductible
<b>Emergency Department</b>	\$150 copay then 20% coinsurance	\$150 copay then 50% coinsurance
<b>Prescription Drug Coverage - 30 Day Supply</b>	Tier 1: \$25 Copayment Tier 2: \$60 Copayment Tier 3: \$75 Copayment	Generic: \$25 Copay Brand-Name: \$60 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.

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