Stony Brook University

2025 - 2026

Student Health Insurance

Who is eligible?

All full-time, matriculated domestic Stony Brook students are automatically enrolled onto the student health insurance plan.

Students have the option to waive the student health insurance plan if they have comparable coverage that meets the required standards of the University. To file a waiver the student must go to the SOLAR main page, and click on "Student Financial Services," and then on "Health Insurance Waivers."

Fall deadline: August 25, 2025

Spring deadline: January 26, 2026

Fall rate:

August 16, 2025 - January 15, 2026 \$5,701.00

Spring Rate:

January 16, 2026 - August 15, 2026 \$3,311.26

Rates pending state approval

Dependent coverage is also available to all eligible students that enroll in the student health insurance plan.

For more details regarding the Stony Brook University Student Health Insurance Program please visit:

> www.haylor.com/stonybrook 833.401.8830 student@haylor.com





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 at: https://connect.werally.com/partner-login

To create or login to your UHC student account, please visit 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 800.767.0700

UnitedHealthcare

This plan is underwritten by United Healthcare. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in for force, please refer to the Certificate, available at:

www.haylor.com/stonybrook

2025-2026 Stony Brook University Summary of Benefits

| Benefit | In Network | Out of Network |
|---|--|--|
| Deductible | \$500 | \$1,000 |
| Coinsurance | 20% Coinsurance | depends on benefit- please refer to overview policy |
| Out-of-pocket Maximum | \$6,850 | \$13,700 |
| Office Visit | \$50 Copay not subject to deductible | \$50 Copay, then 30% coinsurance not subject to deductible |
| Specialist Copay | \$50 Copay not subject to deductible | \$50 Copay then 30% coinsurance not subject to deductible |
| Preventative Care | Covered in full | 30% of Allowed amount not subject to deductible |
| Urgent Care Center | \$35 Copay after deductible | \$35 Copay then 30% coinsurance after deductible |
| Emergency Department | \$100 Copay, 20% coinsurance after deductible | \$100 Copay, 20% coinsurance after deductible |
| Prescription Drug Coverage 30 Day Supply not subject to deductible* | Tier 7: \$30 Copayment Tier 2: \$50 Copayment Tier 3: \$75 Copayment | Generic: \$30 Copayment Brand name: \$50 Copayment |

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, \$75) 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.