Union College

2024 - 2025 Student Health Insurance

Who is eligible?

All students must enroll in or waive the Student Health Insurance Plan by September 20, 2024. All full-time students are automatically billed for the Student Health Insurance Plan. This charge will be removed upon successful submission of the online waiver form submitted at www.haylor.com/union

Fall deadline: September 20, 2024 Winter deadline: January 17, 2025

All International students are automatically enrolled in the plan.

enrolled in the plan.			
Domestic			
Annual Coverage:	August 1, 2024 - July 31, 2025 \$2,699.67		
Winter Coverage:	January 3, 2025- July 31, 2025 \$1,574.79		
Spring Coverage:	April 1, 2025 - July 31, 2025 \$899.88		
International			
Annual Coverage:	Jul y 1, 2024 - June 30, 2025 \$2,699.67		
Winter Coverage:	January 3, 2025 - June 30, 2025 \$1,349.82		
Spring Coverage:	April 1, 2025 - June 30, 2025 \$674.91		

Rates pending state approval

For more details regarding the Union College Student Health Insurance Program please visit:

> www.haylor.com/union 866.535.0456 student@haylor.com





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What does the plan feature?

The Student Health Insurance Plan offers you:

- Affordable, comprehensive insurance benefits
- Access to MVP's nationwide network of health care professionals, including primary care, specialists and mental health at www.mvphealthcare.com
- Plan includes: Emergency Medical Evacuation, and Travel Assistance Services
- Visit www.mvphealthcare.com to download a copy of your ID card, access to providers, claims, deductibles & limits and member details or through the myMVP Mobile App, available on the App Store or Google Play



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 Union College Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$0	\$500
Coinsurance	10% Coinsurance	30% Coinsurance
Out-of-pocket Maximum	\$5,000	\$10,000
Office Visit	\$25 Copay	30% Coinsurance
Specialist Copay	\$25 Copay	30% Coinsurance
Preventative Care	Covered in full	Well Child Care & Immunizations Covered in full; subject to out-of-network cost share for all other services
Urgent Care Center	\$25 Copay	\$25 Copay
Emergency Department	\$100 Copay	\$100 Copay
Prescription Drug Coverage - 30 Day Supply	Tier 1: \$10 Copayment Tier 2: \$45 Copayment Tier 3: \$75 Copayment	Not covered

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.