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2026 - 2027
Student Health Insurance Plan: LaGrange College

Who can enroll?

All Domestic undergraduate students taking nine or more credit hours and graduate students taking six or more credit hours are required to purchase this insurance plan, unless proof of comparable coverage is furnished by the waiver deadline.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
   a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
   b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

Plan resources at your fingertips

Enroll or Waive coverage	**https://www.eiia.org**
View benefits, submit a claim and download your ID card via My Account	**uhcsr.com/ myaccount**
Find an in-network provider	**Choice Plus**
Find a prescription drug provider	**Optum Rx**
Value-added benefits and services (Student Assist[1], HealthiestYou[2], UHC Global[3])	**uhcsr.com/ myaccount**
If you need language assistance:	**Language Assistance**

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

When the Policy includes Dependent coverage, the eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse or a Domestic Partner if Domestic Partner is included as a "Class of Person to be Insured" who meets the specific requirements set forth in the Definitions section of this Certificate.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

Undergraduate	Annual	Spring/Summer	Summer
Deadlines dates	08/30/2026	01/24/2027	
Coverage dates	08/01/26 – 7/31/27	01/01/27 – 7/31/27	05/15/27 –07/31/27
Student	$2,539.00	$1,474.00	$544.00
Spouse	$2,539.00	$1,474.00	$544.00
One Child	$2,539.00	$1,474.00	$544.00
Two or More Children	$5,078.00	$2,948.00	$1,088.00
Spouse and Two or More Children	$7,617.00	$4,422.00	$1,632.00
Graduate	**Annual**	**Spring/Summer**	**Summer**
Deadlines dates	08/30/2026	01/24/2027	
Coverage dates	08/01/26 – 7/31/27	01/01/27 – 7/31/27	05/15/27 –07/31/27
Student	$4,326.00	$2,513.00	$925.00
Spouse	$4,326.00	$2,513.00	$925.00
One Child	$4,326.00	$2,513.00	$925.00
Two or More Children	$8,652.00	$5,026.00	$1,850.00
Spouse and Two or More Children	$12,978.00	$7,539.00	$2,775.00

Rates are subject to regulatory approval and may change.

Plan highlights

Metallic Level: Gold with actuarial value of 85.100%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**	
Plan Deductible	$200 Per Insured Person, per Policy Year	$600 Per Insured Person, per Policy Year
Out-of-Pocket Maximum After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.	$7,500 Per Insured Person, Per Policy Year $13,700 For all Insureds in a Family, Per Policy Year	$15,000 For all Insureds in a Family, Per Policy Year
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90-day supply.	$25 Copay for Tier 1 $60 Copay for Tier 2 $75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	$25 Copay per prescription generic drug $60 Copay per prescription brand-name drug 100% of billed charge Up to a 31-day supply per prescription not subject to Deductible
Preventive Care Services Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit **www.healthcare.gov/preventive-care-benefits/** for a complete list of the services provided for specific age and risk groups.	100% of Allowed Amount	50% of Allowed Amount
Physiotherapy Benefits for physical therapy, occupational therapy, and manipulative therapy will have a cost-sharing no greater than the cost-sharing for Outpatient Physician's Visits.	80% of Allowed Amount after Deductible	50% of Allowed Amount after Deductible
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Medical Emergency: $150 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Medical Emergency: $150 not subject to Deductible The Copay will be waived if admitted to the Hospital.

Questions about your plan?

Contact Customer Service at **1-800-505-4160** or at **customerservice@uhcsr.com**

[1]Student Assist services are provided through Optum Health Behavioral Solutions and Optum Health Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. [2]HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. [3]Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2026-203758-81 For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to https://haylor.com/college/notre-dame-of-maryland-university/. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by UnitedHealthcare. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is a summary only and does not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute the issuance or delivery of a Policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. The rates referenced are applicable to the plan design. UnitedHealthcare Student Resources may require to change the rates and/ or the plan design to comply with federal or state laws, regulations, or direction.