

SUNY NEW PALTZ PLAN HIGHLIGHTS

2021-22 STUDENT HEALTH INSURANCE PLAN

Who is eligible?

All registered full-time students are required to carry health insurance. Students who are currently insured under family or private medical insurance may waive the student health insurance plan. Waivers must be processed prior to the deadline of:

Annual waiver deadline: October, 17th 2021

New students beginning in the spring 2021 will have a

waiver deadline: March, 19th 2022

Anticipated Fall (Annual)
August 20, 2021-August 19, 2022 \$3,218.00

Anticipated Spring Semester
January 20, 2021-August 19, 2022 \$1,870.00

Dependent Coverage is also available to all eligible students that enroll in the Student Health Insurance Plan.

For more details regarding the SUNY New Paltz Student Health Insurance Program please visit:

www.haylor.com/newpaltz 866-535-0456 student@haylor.com



What does the plan feature?

The Student Health Insurance Plan offers you:

- Affordable, comprehensive insurance benefits
- This plan is ACA Compliant (Affordable Care
- Act)
- Access to a nationwide network of health care professionals, including primary care, specialists and mental health services.
- Low prescription costs
- 24/7 Access to Telehealth Medicine by downloading app or calling 855-870-5858
- To Locate a Doctor go to: https://connect.werally.com/plans/uhc

Visit the insurer United Healthcare's website at https://www.firststudent.com/





	In-network	Out-of-network
Deductible- Individual	\$250	\$600
Out-of-Pocket Maximum- Individual	\$6,850	\$15,000
Primary Care Office Visit	0% Coinsurance & \$25 copayment not subject to deductible	30% Coinsurance after deductible
Specialist Office Visit	0% Coinsurance & \$25 copayment not subject to deductible	30% Coinsurance after deductible
Preventive Care Services	Covered in full	30% Coinsurance after deductible
Emergency Department	20% Coinsurance & \$150 copayment not subject to deductible	40% Coinsurance & \$150 copayment not subject to deductible
Urgent Care Center	20% Coinsurance & \$50 copayment not subject to deductible	40% Coinsurance & \$50 copayment not subject to deductible
Ambulance Services	20% Coinsurance after deductible	20% Coinsurance after deductible
Surgical Services	20% Coinsurance after deductible	40% Coinsurance after deductible
Advance Imaging Services	20% Coinsurance after deductible	40% Coinsurance after deductible
Inpatient Mental Illness Treatment & Chemical Abuse	20% Coinsurance after deductible	40% Coinsurance after deductible
Diagnostic Testing & Laboratory Procedures	20% Coinsurance after deductible	40% Coinsurance after deductible
Physical Therapy, Speech Therapy & Occupational Therapy	20% Coinsurance after deductible	40% Coinsurance after deductible
Diabetic Equipment, supplies and Insulin	0% Coinsurance & \$20 copayment not subject to deductible	0% Coinsurance & \$20 copayment not subject to deductible
Prescription Drugs (30-day supply) Not subject to plan deductible	Tier 1 \$20, Tier 2 \$40 & Tier 3 \$70	\$20 Copayment Generic, \$40 Copayment Brand-Name not subject to deductible