



2026 - 2027 Student Health Insurance Plan: Benjamin Franklin Cummings Institute of Technology

Who can enroll?

All students enrolled at least 3/4 time are required by Massachusetts State law to enroll in the Student Health Insurance or be covered by a health insurance plan with comparable coverage. To ensure compliance with Massachusetts law, all students enrolled in 9 or more credits are automatically billed for the Student Health Insurance Plan.

Eligible students who do enroll may also insure their Dependents.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and enrollment in exclusively 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.

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.
 - 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage periods, plan cost and deadline dates

Undergraduate Rates	Annual	Spring/Summer
Waiver Deadlines	09/15/26	02/15/27
Coverage dates	08/28/26 - 08/27/27	01/18/27 – 08/27/27
Student	\$2,985.00	\$1,816.00
Spouse	\$2,985.00	\$1,816.00
One Child	\$2,985.00	\$1,816.00
Two or More Children	\$5,970.00	\$3,632.00
Spouse and Two or More Children	\$8,955.00	\$5,448.00

Rates are subject to regulatory approval and may change.

26HPHCCOL5328-203763-61

Plan resources at your fingertips

Enroll or Waive coverage	www.universityhealthplans.com/BFIT
View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	HPHC Company Network
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

Plan highlights

Metallic Level: Gold with actuarial value of 86.980%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$100 Per Insured Person, per Policy Year	\$350 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 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 \$9,500 For all Insureds in a Family, Per Policy Year	\$12,000 Per Insured Person, 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.	90% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 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 for generic drugs \$60 Copay for brand name drugs 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	80% of Allowed Amount after Deductible
COVID-19 Vaccine and Administration Cost No Deductible, Copays, or Coinsurance will be applied for the vaccine or for the cost to administer the vaccine. Please visit www.uhcsr.com to locate a provider.	100% of Allowed Amount	100% of Allowed Amount
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Physician's Visits: \$ 25 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Physician's Visits: after Deductible Medical Emergency: \$100 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

¹Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth 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. ²HealthiestYou 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. ³Non-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 Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy 2026-203476-61. 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 www.universityhealthplans.com/BFIT NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by Harvard Pilgrim Health Care. This document is a summary only and does not contain a full or complete description of the benefits and conditions of coverage associated with the relevant Policy of insurance. This document is not an insurance Policy document and your receipt of this document does not constitute an offer of insurance. UnitedHealthcare has no rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable law or regulations may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to change.



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