PLEASE NOTE:

THIS DOCUMENT HAS CHANGED. PLEASE SEE THE BACK COVER FOR DETAILS

2026 – 2027
Student Health Insurance Plan
New England Law - Boston

Who can enroll?

All students enrolled in nine or more credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

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 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.

Plan resources at your fingertips

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**

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer (Returning)	Special Coverage Period (Spring/Summer New)
Coverage dates	8/1/26 - 7/31/27	8/1/26 - 1/31/27	2/1/27 - 7/31/27	1/1/27 - 7/31/27
Student	$5,784.00	$2,892.00	$2,892.00	$3,359.00

Rates are subject to regulatory approval and may change.
26HPHCCOL5328-1907-1

Plan highlights

Metallic Level: Gold with actuarial value of 86.810%

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	**There is no overall maximum dollar limit on the Policy**	
Plan Deductible	$500 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.	$5,000 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.	80% of Allowed Amount for Covered Medical Expenses	60% 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.	$20 Copay for Tier 1 $40 Copay for Tier 2 $60 Copay for Tier 3 70% Coinsurance Specialty Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	$20 Copay for generic drugs $40 Copay for brand name drugs Up to a 31-day supply per prescription 60% of billed charge 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: $30 not subject to Deductible Medical Emergency: $250 not subject to Deductible	 Medical Emergency: $250 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-800-977-4698** or at **customerservice@uhcsr.com**

[1]Student 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. [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 2026-1907-1. 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 **uhcsr.com**. 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 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.

Harvard Pilgrim Health Care

POLICY NUMBER: 2026-1907-1

NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 08/13/2026

1. Updated the dates per below -

FROM:

Annual
8/1/27 - 7/31/26

TO:

Annual
8/1/26 - 7/31/27