

2025 - 2026

Student Health Insurance Plan: Lesley University – Undergraduate students



Who can enroll?

All Domestic Undergraduate students registered with 9 credits or more, including programs at the DeMello International Center required to waive or enroll in the insurance. This includes students studying at Bunker Hill Community College, Middlesex Community College or Urban College of Boston. Students who participate in the DeMello International Center are subject to the insurance requirement if they meet the eligibility requirements for Undergraduate students.

All on-campus International students are required to enroll in the Student Health Insurance Plan with the exception of: International students whose sponsoring institution has a signed agreement with Lesley University that complies with the University’s waiver requirements or international students whose insurance company’s primary home office is based in the U.S. and meets the University’s waiver requirements.

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.

Coverage periods, plan cost and deadline dates

	Annual	Fall	Spring/Summer	Summer
Coverage dates	8/15/2025 to 8/14/2026	8/15/2025 to 12/31/2025	1/1/2026 to 8/14/2026	5/15/2026 to 8/14/2026
Student	\$3,950.00	\$1,646.00	\$2,305.00	\$988.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.

Rates are subject to regulatory approval and may change.

25HPHCCOL5051-201286-1

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

Plan highlights

Metallic Level: GOLD with actuarial value of 86.920%

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 <i>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.</i>	\$3,500 Per Insured Person, Per Policy Year	
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2 times the retail Copay up to a 90 day supply.</i> <i>Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services.</i>	\$25 Copay for Tier 1 \$45 Copay for Tier 2 \$65 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	\$50 Copay for generic drug \$90 Copay for brand name drug 60% of billed charge Up to a 31-day supply per prescription after Deductible
Preventive Care Services <i>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.</i>	100% of Allowed Amount	Allowed Amount after Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: Allowed Amount after Deductible Medical Emergency: Allowed Amount after Deductible	Physician's Visits: Allowed Amount after Deductible Medical Emergency: 80% of Allowed Amount after Deductible

Questions about your plan?

Contact Customer Service at **1-866-948-8472**
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. © 2025 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 2025-201286-1. 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 Harvard Pilgrim Health Care. 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. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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