2026-2027 Student Health Insurance Plan

Policy Number: 2026-202016-1
Effective 8/15/2026 – /14/2027

LYNN UNIVERSITY STUDENT HEALTH INSURANCE PLAN SUMMARY

Welcome to the UnitedHealthcare Student Resources Student Health Insurance Plan for Lynn University.

This plan is underwritten by UnitedHealthcare Insurance Company.

Who is Covered?

The Master Policy covers students who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All students who are registered are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Dependents are not eligible to enroll in this insurance plan.

All International students having a J-1 or F-1 Visa are required to purchase this insurance plan on a mandatory basis. All Graduate students living in campus housing and full-time day students, are required to purchase this insurance plan and premium is added to the student's tuition fees unless proof of comparable coverage is furnished. All OPT students taking at least one credit hour are eligible to enroll in this insurance plan on a voluntary basis.

Where can I get more information?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2026-202016-1. The policy is a Non-Renewable One-Year Term Policy.

Please contact Customer Service with any questions about the plan at **800-767-0700**. The Insured can also write to the Company at:

UnitedHealthcare Student Resources
P.O. Box 809025
Dallas, TX 75380-9025

Or by email: customerservice@uhcsr.com

Who is Eligible?

All registered full-time students are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan.

Students who do not take action to **Waive** before the waiver deadline will be **automatically** enrolled in the Student Health Insurance Plan and the premium will be added to the student's tuition fees.

If you do not qualify for a waiver, please follow the steps below:
Step 1: Opt-in, wait to receive an email from UHC to register (Link to opt-in) https://studentcenter.uhcsr.com/
Step 2: Complete the registration process to create an account and access your electronic I.D. card and plan details (Link to registration) https://www.uhcsr.com/myaccountlanding

Dependents

Dependents are not eligible.

Coverage Dates and Plan Costs		
Coverage Start Date	**Coverage End Date**	**Annual Waiver Deadline**
08/15/2026	**08/14/2027**	**09/8/2026**
Effective Date	08/15/2026 – 8/14/2027	
Annual Rate	$2,290	

**Rates are subject to change due to state approval*

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.

Waiving Coverage

Lynn University requires all registered full-time Day students to carry personal health insurance. If you are currently covered by comparable health insurance coverage until the end of the academic year, you may be able to waive automatic enrollment in the school-sponsored plan. To waive your school's coverage, follow these simple steps:

1. Have your school ID number and current insurance information available
2. Go to studentcenter.uhcsr.com
3. Follow the prompts and fill out your information

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Key Plan Benefits

UnitedHealthcare Student Resources Optum Rx®

United Healthcare Student Resources		
Metallic Level – Gold		
Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: UHC Choice Plus		
Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.		
	Preferred Providers	**Out-of-Network Providers**
Plan Maximum		
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Coinsurance	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Annual Deductible		
Individual	$200 Per Insured Person, per Policy Year	$400 Per Insured Person, per Policy Year
Maximum Out-of-Pocket		
Individual	$7,500 Per Insured Person, per Policy Year	$15,000 Per Insured Person, per Policy Year
Physician Office Visit		
Office Visit	$25 copay; 20% after Deductible	$25 copay; 40% after Deductible
Preventive Care		
Adult Periodic Exams	Covered in full	40% of Allowed Amount after Deductible
Well-Child Care	Covered in full	40% of Allowed Amount after Deductible
Diagnostic Services		
X-ray and Lab Tests	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Complex Radiology	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Urgent Care Facility	$50 copay; 20% after Deductible	$50 copay; 40% after Deductible
Emergency Room Facility Charges	$150 copay per visit; 20% of Allowed Amount after Deductible	
Inpatient Facility Charges	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Outpatient Facility and Surgical Charges	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Mental Health		
Inpatient	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Outpatient	$25 copay; 20% after Deductible	$25 copay; 40% after Deductible
Substance Use Disorder		
Inpatient	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Outpatient	$25 copay; 20% after Deductible	$25 copay; 40% after Deductible

(dw) = Deductible waived
***Benefits are subject to change and pending state approval**

Other Benefits

	Preferred Providers	Out-of-Network Providers
Other		
Home Health Care Expenses (pre-certification required)	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Hospice Care Coverage	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Physiotherapy	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Physiotherapy Maximum visits per Policy Year	35	35
Ambulance Services	20% of Allowed Amount after Deductible	
Durable Medical Equipment (DME)	20% of Allowed Amount after Deductible	40% of Allowed Amount after Deductible
Retail Pharmacy (up to 31 Day Supply)		
Tier 1	$20 Copay (dw)	$40 Copay After Deductible
Tier 2	$40 Copay (dw)	$60 Copay After Deductible
Tier 3	$60 Copay (dw)	N/A

(dw) = Deductible waived
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Voluntary Dental and Vision Benefits

Lynn University offers students voluntary dental and vision benefits through UnitedHealthcare. Students will be able to purchase a plan option that works best for them at an additional charge. The plan options include a vision only plan, a dental only plan, and a dental & vision bundle plan. It is important to note that these plans are independent and in addition to your student health insurance plan should you choose to purchase one. Please visit https://www.uhone.com/uhcsr for more information and pricing.

Voluntary Dental	Basic Plan	Plan 1000
Waiting Period	None	None
Deductible	$100	$100
Maximum	$1,000	$1,000
Preventive (2 exams and cleanings per policy year)	100% (dw)	100% (dw)
Basic Services (includes simple filings)		
First Policy Year	They Pay: 60% after deductible	They Pay: 60% after deductible
Second Policy Year and After	They Pay: 80% after deductible	They Pay: 80% after deductible
Major Services (includes bridges, crowns, dentures, extractions, partials, root canals)		
First Policy Year	Not Covered	They Pay: 15% after deductible
Second Policy Year and After	Not Covered	They Pay: 50% after deductible
Implants (12 month waiting period) $1,500 Implant Maximum Lifetime Benefit	Not Covered	Not Covered

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Voluntary Vision	In-Network	Out-of-Network
Exam – Once Per Year	You Pay: $0 They Pay: 100%	They pay up to $50 allowance
Lenses and Frames – Once Per Year		
Single-Vision Lenses	You Pay: $10 copay They Pay: 100% after copay	They Pay: Up to $40 allowance
Bifocal-Lined Lenses	You Pay: $10 copay They Pay: 100% after copay	They Pay: Up to $60 allowance
Trifocal-Lined Lenses	You Pay: $10 copay They Pay: 100% after copay	They Pay: Up to $80 allowance
Frames	They Pay: up to $150 allowance	They Pay: Up to $75 allowance
Contacts – Once Per Year	You Pay: $10 copay They Pay: up to $150 allowance	They Pay: Up to $105 allowance

***Benefits are subject to change**

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 may 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.

This Summary Brochure is based on Policy #2026-202016-1