



BROWN

Campus Life

2024 - 2025
Student Health Insurance
studenthealthinsuranceplan@brown.edu

Who is eligible?

All full and part time undergraduate and graduate level students, and guest students from other institutions, shall be required to participate in the university's student health insurance program, unless an annual waiver has been submitted and approved.

Action must be taken each year.

How do I Waive?

To waive the insurance, students must fill out a waiver form online at <https://www.haylor.com/brown> by the waiver deadline date:

Fall waiver portal: June 12, 2024 – August 31, 2024

Spring waiver portal: November 30, 2024 – January 31, 2024

(For newly enrolled spring students only)

What does the plan feature?

- Unlimited coverage for primary care providers, specialists, emergency visits and hospitals
- Unlimited coverage for preventative care including annual physicals, GYN exams, routine screenings and immunizations
- Prescription Drug Coverage:
 - \$15 copay for tier 1
 - \$30 copay for tier 2
 - \$50 copay for tier 3
- Unlimited coverage for mental health
- Evacuation and Repatriation Services
- Tel-A-Doc Service

To contact the carrier:

customerservice@uhcsr.com

1-800-767-0700



You can browse providers at

<https://connect.werally.com/partner-login>

Dependent coverage is available to all eligible students that enroll in the Student Health Insurance Plan. Please refer to our landing page for more information at <https://healthservices.brown.edu/fees-insurance/student-health-insurance-plan-ship>

Students have the option to voluntarily enroll into dental or vision through Delta Dental from June 12, 2024 – August 31, 2024.

Enroll at: www.haylor.com/brown

For more details regarding the Brown University Student Health Insurance Program please visit:

www.haylor.com/brown

844-312-8024

brownstudent@haylor.com

Annual: August 15, 2024 – August 14, 2025
\$4,780.00

Spring/Summer: January 1, 2025 – August 14, 2025
\$2,959.00

Financial Aid/Scholarship

Undergraduate students who are receiving a University need-based scholarship and do not have comparable or have no insurance coverage, Brown will provide additional scholarship funds to cover the cost of the Brown's Student Health Insurance Plan. Please note that in order to be eligible for this scholarship, a student must submit a waiver and receive a denial. Graduate and Medical students should reach out to their respective financial aid offices to inquire about funding or financing options



For further details of the coverage including cost, benefits, exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the overview policy.

2024 — 2025 Brown University Summary of Benefits

Benefit	In-Network	Out-of-Network
Deductible	\$300	\$300
Coinsurance	100% of allowed amount	70% of allowed amount
Out-of-pocket Maximum	\$8,100	\$8,100
Office Visit	100% of allowed amount	70% of allowed amount after deductible
Physician's Visit Copay	\$15 copay, 100% of allowed amount not subject to deductible	\$30 copay, 70% of allowed amount not subject to deductible
Day Surgery	\$100 copay, 100% of allowed amount not subject to deductible	\$100 copay, 70% of allowed amount not subject to deductible
Room and Board Expense	\$100 copay, 100% of allowed amount not subject to deductible	\$100 copay, 70% of allowed amount not subject to deductible
Medical Emergency	\$100 copay, 100% of allowed amount not subject to deductible	\$100 copay, 100% of allowed amount not subject to deductible
Urgent Care Center	\$15 copay, 100% of allowed amount not subject to deductible	\$25 copay, 70% of allowed amount not subject to deductible
Prescription Drug Coverage - 30 Day Supply	Tier 1: \$15 Copayment Tier 2: \$30 Copayment Tier 3: \$50 Copayment	Tier 1: \$20 Copayment Tier 2: \$40 Copayment Tier 3: 70% of billed charge

Annual Deductible: An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

Annual Out of Pocket Maximum: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount.

Copay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

The 2024 — 2025 benefits listed above are a brief summary of the Brown University Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Master Certificate, of which you can find a copy in your member portal.