



Lake Forest College

Student Coverage With Care 2026-2027



LAKE FOREST
COLLEGE



What's Included?



Academic
Student
Assistance
Program (ASAP)



Access to
Academic
Vision Care
(AVC)



Academic
Emergency
Services
(AES)*



Telehealth
solutions through
AcademicLiveCare
(ALC)



Coverage
when
traveling



UnitedHealthcare
Choice Plus
is the PPO

Questions

To view Frequently Asked Questions or submit a request, please visit: help.ahpcare.com

Insurance ID Card

To access your ID card, please visit lakeforest.myahpcare.com/additionalresources

Eligibility

All undergraduate students registered for at least half time or greater are required to have health insurance coverage and will be automatically enrolled in and charged for this Student Health Insurance Plan unless proof of comparable coverage is furnished.

All graduate students are eligible to enroll in this Student Health Insurance Plan on a voluntary basis.

Dependents are not eligible.

For more information, please visit lakeforest.myahpcare.com.

*Academic Emergency Services and AD&D coverage are underwritten by 4 Ever Life International Limited and administered by Worldwide Insurance Services, LLC, separate and independent companies from Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team.



Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of UnitedHealthcare.

Benefits

(Deductible applies unless otherwise stated below)

| | PREFERRED PROVIDER Payments are based on the Allowed Amount | OUT-OF-NETWORK PROVIDER Payments are based on the Allowed Amount |
|---|--|---|
| Deductible Per Insured Person, per Policy Year | \$250 | \$500 |
| Out-of-Pocket Maximum Per Insured Person, per Policy Year | \$6,350 | |
| Room and Board Expense | 80% | 50% |
| Inpatient/Outpatient Surgery | 80% (Deductible waived) | 50% |
| Physician's Visits | 80% | 50% |
| Diagnostic X-ray Services & Laboratory Procedures | 80% (Deductible waived) | 50% |
| Medical Emergency Expenses Copay waived if admitted | 80% after a \$250 Copay per visit | 80% after a \$250 Copay per visit |
| Preventive Care Services For more information, please visit healthcare.gov/preventive-care-benefits | 100% (Deductible waived) | No Benefits |
| Prescription Drugs Up to a 30-day supply (\$300 Prescription Drug Deductible) | At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a Tier 1: \$10 Copay Tier 2: \$25 Copay Tier 3: \$45 Copay (Deductible waived) | 50% |

Coverage Periods & Rates

| | ANNUAL 08/01/2026 - 07/31/2027 | SPRING/SUMMER (New Students) 01/01/2027 - 07/31/2027 |
|--------------------|-----------------------------------|--|
| Enrollment Periods | 06/17/2026 - 08/31/2026 | 11/17/2026 - 01/15/2027 |
| Waiver Deadline | 08/15/2026 | 01/15/2027 |
| Student | \$2,125 | \$1,235 |

To view all enrollment and coverage periods available, please visit lakeforest.myahpcare.com.

This document is for informational purposes only and does not constitute an offer of coverage, a contract, nor medical advice. It provides a general overview of plan benefits, programs, and limitations, which are subject to plan maximums, exclusions, and regulatory approval. The benefits described herein may differ from the final policy of insurance, which will be available at lakeforest.myahpcare.com upon approval by federal and state authorities.