Who is eligible to enroll?

All international students are automatically enrolled in this insurance plan at registration. J Exchange Visitors are required to provide proof of comparable insurance or purchase this insurance plan. Visiting Scholars are eligible to enroll in this insurance plan starting the first day of the month of their program. All other students enrolled in 6 or more credit hours are eligible to enroll on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

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 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.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

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 costs, 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 2019-669-2. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.
## Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-12-19 to 8-11-20</th>
<th>Fall 8-12-19 to 12-31-19</th>
<th>Spring 1-1-20 to 5-13-20</th>
<th>Spring/Summer 1-1-20 to 8-11-20</th>
<th>Summer 5-14-20 to 8-11-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,339.00</td>
<td>$520.00</td>
<td>$490.00</td>
<td>$819.00</td>
<td>$329.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,339.00</td>
<td>$520.00</td>
<td>$490.00</td>
<td>$819.00</td>
<td>$329.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,339.00</td>
<td>$520.00</td>
<td>$490.00</td>
<td>$819.00</td>
<td>$329.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$2,678.00</td>
<td>$1,040.00</td>
<td>$980.00</td>
<td>$1,638.00</td>
<td>$658.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$4,017.00</td>
<td>$1,560.00</td>
<td>$1,470.00</td>
<td>$2,457.00</td>
<td>$987.00</td>
</tr>
</tbody>
</table>

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person's premium must be received within 14 days after the coverage expiration date. It is the Insured Person's responsibility to make timely premium payments to avoid a lapse in coverage.

## Highlights of the Student Injury and Sickness Insurance Plan Benefits

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 91.080%**

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [UHC Options PPO](#).

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$200 Per Insured Person, per Policy Year</td>
<td>$300 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>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.</td>
<td>$6,350 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>No Benefits</td>
<td>100% of Usual and Customary Charges $10 Copay for generic drugs $20 Copay for brand name drugs Up to a 31-day supply per prescription</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

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](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.
Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Acupuncture.
3. Learning disabilities.
5. Circumcision.
6. Cosmetic procedures, except reconstructive procedures to correct an injury or treat a sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
7. Dental treatment, except:
   - For accidental injury to sound, natural teeth. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored activity.
11. Foot care for the following:
    - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery). This exclusion does not apply to preventive foot care for insured persons with diabetes.
12. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to:
    - Hearing defects or hearing loss as a result of an infection or injury.
14. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered injury or as specifically provided in the Policy.
15. Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation.
16. Injury sustained while:
    - Participating in any intercollegiate or professional sport, contest or competition.
    - Traveling to or from such sport, contest or competition as a participant.
    - Participating in any practice or conditioning program for such sport, contest or competition.
17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
18. Prescription drugs, services or supplies as follows:
    - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
    - Immunization agents, except as specifically provided in the Policy.
    - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
    - Products used for cosmetic purposes.
    - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
    - Anorectics - drugs used for the purpose of weight control.
    - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
    - Growth hormones.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive/infertility services including but not limited to the following:
    - Procreative counseling.
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Fertility tests.
    - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
    - Premarital examinations.
    - Impotence, organic or otherwise.
    - Female sterilization procedures, except as specifically provided in the Policy.
• Vasectomy.
• Reversal of sterilization procedures.

20. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.

21. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
• When due to a covered Injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.
• To one pair of eyeglasses or contact lenses to replace the human lens function as a result of eye surgery or eye Injury or defect.

22. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

23. Preventive care services which are not specifically provided in the Policy, including:
• Routine physical examinations and routine testing.
• Preventive testing or treatment.
• Screening exams or testing in the absence of Injury or Sickness.

24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.


27. Sleep disorders.

28. Speech therapy, except as specifically provided in the Policy.

29. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

30. Supplies, except as specifically provided in the Policy.

31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

32. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

33. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

34. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

### UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
• Transportation to Join a Hospitalized Insured Person
• Return of Minor Children
• Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

• Caller’s name, telephone and (if possible) fax number, and relationship to the patient;
• Patient’s name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
• Description of the patient’s condition;
• Name, location, and telephone number of hospital, if applicable;
• Name and telephone number of the attending physician; and
• Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

**Highlights of Services offered by UnitedHealthcare StudentResources**

**NurseLine and Student Assistance: 24/7 Access to Nurse and Counseling Support**

Insureds have immediate access to nurse advice and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

This Summary Brochure is based on Policy #2019-669-2.

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.
NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

   Civil Rights Coordinator
   United HealthCare Civil Rights Grievance
   P.O. Box 30608
   Salt Lake City, UTAH 84130
   UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

   Online  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


   **Phone:** Toll-free **1-800-368-1019, 800-537-7697** (TDD)

   **Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
   Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

Albanian
Shtërimet e ndihmës në gjithë amature ofrohen falas. Jg lutemi telefonon në numrin 1-866-260-2723.

Amharic

Arabic

Armenian

Bantu - Kirundi

Bengali - Bangla

Burmese

Cambodian - Mon-Khmer

Cherokee

Chinese

You can get free language assistance. Please call 1-866-260-2723.

Chocotaw

Cushite - Oromo

Dutch

Taalbijstandsdiens ten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French
Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole - Haitian Creole
Gen sevis ak pòt lang ki disponib graft pou ou. Rele 1-866-260-2723.

German

Greek
Oi οπωροπεις γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati

Hindi

Hmong

Ibo

Illocano

Indonesian

Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。1-866-260-2723 までお電話ください。

Karen

Korean

印着支援サービスをご利用いただくことができます。1-866-260-2723 までお電話ください。

Kurdish

Sorani

Laotian

Mụn ngụsteg okụkọgụgweta na ịzọghide ịhe. Ọwụsịghị ọgha bụ 1-866-260-2723.