2019–2020 Student Blanket Injury and Sickness Insurance Plan for Louisiana State University - Baton Rouge International Students

Who is eligible to enroll?

All non-immigrant international students with F or J Visa status enrolled in any amount of credit hours at LSU Baton Rouge are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children or grandchildren who meet the limits of a Dependent set forth in the Dependent definition.

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.

How do I waive?

Students who are currently enrolled in a health insurance plan of comparable coverage to the LSU Baton Rouge Student Injury and Sickness Insurance Plan and is in effect until August 13, 2020 can elect to waive the school sponsored Student Injury and Sickness Insurance Plan.

Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage to LSU Baton Rouge in order to waive coverage. To document proof of comparable coverage, a waiver form must be completed and submitted by the deadline.

Waiver Process

To document proof of comparable coverage, an online waiver form must be completed and submitted by the deadline.

2. Click on the “International Student Waive” button.
3. First Time Users will need to create a unique User Account. Returning students can log in with their existing User Account information.
4. Once an account has been created, select the Red “I want to WAIVE - International Students ONLY” button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting your waiver request, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving the Student Injury and Sickness Insurance Plan.
LSU reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the LSU Student Injury and Sickness Insurance Plan.

International students can only waive the Student Injury and Sickness Insurance Plan if they are covered by an insurance plan comparable to LSU Student Injury and Sickness Insurance Plan and the insurance carrier is based in the United States.

In the event that a student waives the Student Injury and Sickness Insurance Plan and then loses their current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If approved, the premium will not be prorated.

**Waiver Deadline**
The deadline for processing the online waiver is September 13, 2019 for students enrolling in the fall for Annual Coverage, and January 31, 2020 for students who are newly enrolled for the spring term. Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Student Injury and Sickness Insurance Plan and the fee will appear on their student account bill.

**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.gallagherstudent.com/LSU-BatonRouge. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-201720-4. 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 1-844-288-4920 or www.gallagherstudent.com/LSU-BatonRouge.

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/14/19 – 8/13/20</th>
<th>Fall 8/14/19 – 1/5/20</th>
<th>Spring/Summer 1/6/20 – 8/13/20</th>
<th>Summer 6/1/20 – 8/13/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,728.00</td>
<td>$1,083.00</td>
<td>$1,645.00</td>
<td>$555.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,456.00</td>
<td>$2,166.00</td>
<td>$3,290.00</td>
<td>$1,110.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,184.00</td>
<td>$3,248.00</td>
<td>$4,936.00</td>
<td>$1,665.00</td>
</tr>
</tbody>
</table>

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 Gallagher Student Health & Special Risk at the direction of your school.

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 30 days after the coverage expiration date. It is the Insured Person's responsibility to make timely premium payments to avoid a lapse in coverage.

**Student Health Center Message**
Students MUST use the SHC as primary access to medical care, or to receive a referral for treatment outside of the SHC. See Student Health Center Requirements on page 21 of the Certificate for complete details.
## Services available at the Student Health Center:

<table>
<thead>
<tr>
<th>Medical Services</th>
<th>Mental Health Counseling</th>
<th>Preventive &amp; Wellness Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Primary Care</td>
<td>• Emotional difficulties</td>
<td>• Screenings/Exams</td>
</tr>
<tr>
<td>• Specialty Care</td>
<td>• Substance abuse</td>
<td>• Immunizations/Vaccines</td>
</tr>
<tr>
<td>• Lab &amp; X-ray</td>
<td>• Marital and family distress</td>
<td>• Health Promotion Consults</td>
</tr>
<tr>
<td></td>
<td>• Academic concerns</td>
<td>• Health Workshops</td>
</tr>
</tbody>
</table>

### Student Health Center Hours:

**Fall and Spring Semesters:**
- Monday-Friday 8:00 a.m. to 5:00 p.m.
- *Saturday 9:00 a.m. to 12:30 a.m. Medical Clinic*
- **Sunday 1:30 p.m. to 5:00 p.m.**
- *SHC is closed in the Fall on home game Saturdays*
- **Sunday hours are ONLY offered during the Fall when Home football games are on the previous Saturday**

The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.

**Summer and between semesters:**
- Monday-Friday 8:00 a.m. to 4:15 p.m.
- The Medical Clinic is closed on Wednesdays from 11:30 a.m. to 1:00 p.m. except for emergencies.

**Location:**
- Corner of Infirmary Road and West Chimes Street
  across from the School of Music.

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

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.540 %**

<table>
<thead>
<tr>
<th>Preferred Providers:</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link:  <strong>UHC Choice Plus.</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
</tbody>
</table>

**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. No Deductible, Copays, or Coinsurance will be applied to Preventive Care Services received from the Student Health Center.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$1,500 For all Insureds in a Family, Per Policy Year</td>
<td>$3,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**
- 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.

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,350 Per Insured Person, Per Policy Year</td>
<td>$25,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$14,700 For all Insureds in a Family, Per Policy Year</td>
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</tr>
</tbody>
</table>

**Coinsurance**
- All benefits are subject to satisfaction of the Deductible, specific benefit limitations,

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>
maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>$15 Copay for Tier 1</th>
<th>No Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 3 times the retail Copay up to a 90-day supply.</td>
<td>$50 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$75 Copay for Tier 3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Preferred Allowance</th>
<th>60% of Usual and Customary Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following services have per Service Copays</th>
<th>Physician’s Visits: $35, Policy Deductible does not apply. Urgent Care: $50, Policy Deductible does not apply. Medical Emergency: $100, waived if admitted to the Hospital. Policy Deductible does not apply.</th>
<th>Urgent Care: $50, Policy Deductible does not apply. Medical Emergency: $100, waived if admitted to the Hospital. Policy Deductible does not apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pediatric Dental and Vision Benefits | Refer to the plan certificate for details (age limits apply).

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. Acupuncture.
5. 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.
   - Treat or correct a Congenital Condition existing at or from birth which significantly interferes with normal bodily function, such as cleft lip and cleft palate.
6. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
7. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment and Oral Surgery in the Policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
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 intercollegiate sport.
11. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Subluxations of the foot.
   - Fallen arches.
   - Weak feet.
• Chronic foot strain.
• 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. Genetic testing, except as specifically provided in the Policy.

13. Health spa or similar facilities. Strengthening programs.

14. 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.
   • An implantable bone conduction hearing aid.
   • Hearing aids for Insureds age 17 and under as specifically provided in the Policy.


17. 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.

18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

19. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance, except when due to the fault of a third party.

20. 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.

21. Lipectomy.

22. Marital or family counseling.

23. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

24. Prescription Drugs, services or supplies as follows:
   • Therapeutic devices or appliances, including: 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. This exclusion does not apply to cancer treatment drugs not approved by the United States Food and Drug Administration if the drug is recognized for the treatment of cancer in a standard reference compendia or in substantially accepted peer-reviewed medical literature.
   • 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, except for chronic renal insufficiency, AIDS wasting, Turner's Syndrome, and growth hormone deficiency with abnormal provocative stimulation testing.
   • Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

25. 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.
   • Premarital examinations.
   • Impotence, organic or otherwise.
   • Reversal of sterilization procedures.

26. 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.

27. 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 the initial fitting and one pair of eyeglasses or contact lenses required following cataract surgery.

19PPOSB-201720-4
Page 5 of 8
UnitedHealthcare Student Resources
• To benefits specifically provided in the Policy.

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

29. 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.

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


33. Sleep disorders, except as specifically provided in the Policy.

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

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

36. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any:
• Motorcycle.
• Recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle, four-wheeled all terrain vehicle (ATV), jet ski, ski cycle, or snowmobile.

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

38. 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).


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.

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;
cuation benefits and related services must be arranged and provided by UnitedHealthcare Global.

Translation services are available in over 70 languages for most services.

Personalized self-management programs are also available to help you develop strategies to tackle everyday issues and achieve your personal goals. These programs can be accessed through a toll-free number listed on the front of your medical ID card or visiting a website.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

**HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

**Student Assistance: 24/7 Counseling Support**

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. 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.

**BetterHelp: 24/7 Online Counselor Access**

Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

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.
As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

**Broker information**

NEED MORE INFORMATION? PLEASE CONTACT:
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171
Toll free 1-844-288-4920
www.gallagherstudent.com/LSU-BatonRouge

**ID Cards**

Digital ID Cards can be downloaded or printed through [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount), where the student can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2019-201720-4.

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)


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.
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
Shërbimet e ndihësis në gjuhën e tjerave është ofrohet falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ ከንቀሳቀስ የማስቀረብ የማስጠቃፍ ያቋላል። ከማስቀረብ ያስቀርና ከማስጠቃፍ ከማስቀረብ 1-866-260-2723 ያስቀርና ከማስጠቃፍ ከማስቀረብ

Arabic
توفر لكم خدمات المساعدة اللغوية مجتمعة. تصل على الرقم 1-866-260-2723.

Armenian
2եր մարդունքի համար բազմաթիվ լեզուների բռնամասնություններ են հանձնվում: Հեռախոս համար զանգակատորեստ 1-866-260-2723 հայերեն

Bantu- Kirundi

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Puli nga tawag sa 1-866-260-2723.

Bengali- Bangla
মানুষ: ভাষা সহায়তা পরিষেবার জন্য বিভিন্ন ভাষায় সেবা প্রদান। এক 1-866-260-2723-এর কল করুন।

Burmese
သင်တန်းများ ပြင်ဆင် မှု ရှင်စဥ်တို့ အနီလှောင်း ပြောင်းလဲ၊ သင် 1-866-260-2723 တွင် ပြောင်းလဲ မျှဝေပါ။

Cambodian- Mon-Khmer
តួនាញប្រយោជន៍ជាតិប្រចាំ លាងសិទ្ធិ មានសំខាន់ ក្នុងប្រទេស។ 1-866-260-2723 នៅក្នុងរាជធានី

Cherokee
Sotani Osiyoheh Osiyoheh RGREOYLYXMT H1EGG0Q9Y D4G0T. IGG0 DH DBW09 1-866-260-2723.

Chinese
您可以免费获得语言援助服务，请致电 1-866-260-2723。

Chontal
Chahta anumpa ish anumpuli hokmvt toshkali yvt peh pilla hq chi apela hina. 1 paya 1-866-260-2723.

Cushite- Oromo
Tajaqalliyow wargarsa afaanii kanfaltii malee siif jira. Maalo ko araakooqis bibila 1-866-260-2723 bibuli.

Dutch
Taalbijstandsdiisten 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

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλώς ήτο 1-866-260-2723.

Gujarati
ભાષા સહાય સેવાઓ તમામ માટે સ્વતંત્ર ઉપલબ્ધ છે. ક્રમ કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian
Koko mau maiku ma kaku "olelo i ka’a” ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आपकी सहायता सेवाएं निष्ठुरता उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev paw tchais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangasasim ta tawag ham 1-866-260-2723.

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 でお電話ください。

Karen
뇌문화된 바람의 성과는 바람의 성과를 가리키는 것입니다. 당신이 1-866-260-2723으로 가십시오.

Korean
언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa
Bot ba hola ni kobol mahop nguissa wogui wai ba ye ha i nyu yon. Sebel i nisenga imi 1-866-260-2723.

Kurdish
كردی زمانی که زمانی بشنوی باشگاه داری نیستی، تا این زمان که زمان نیستی ... 1-866-260-2723.

Laotian
мук геак веаку ог ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог амаку ог ог аمکاک 1-866-260-2723.