Who is eligible to enroll?

All registered international students and visiting scholars are required to purchase this insurance plan on a mandatory basis.

Eligible students participants who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age or who meet the additional requirements specified in the definition of Dependent. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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:

If a Named Insured has Dependents on the date he or she is eligible for insurance.

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 or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.

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 2019-1529-4. 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 1-800-767-0700 or customerservice@uhcsr.com.
Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-19 to 7-31-20</th>
<th>Fall 8-1-19 to 12-31-19</th>
<th>Spring/Summer 1-1-20 to 7-31-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,953.00</td>
<td>$816.00</td>
<td>$1,137.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,953.00</td>
<td>$816.00</td>
<td>$1,137.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,953.00</td>
<td>$816.00</td>
<td>$1,137.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,906.00</td>
<td>$1,632.00</td>
<td>$2,274.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$5,859.00</td>
<td>$2,448.00</td>
<td>$3,411.00</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 31 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

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALLIC LEVEL — PLATINUM WITH ACTUARIAL VALUE OF 93.310%</td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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. Policy Exclusions and Limitations do not apply.</td>
<td></td>
</tr>
<tr>
<td>Overall Plan Maximum</td>
<td>Preferred Providers</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>$250 (Per Insured Person, Per Policy Year)</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 (Per Insured Person, Per Policy Year)</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>100% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply.</td>
</tr>
<tr>
<td>Preventive Care Services</td>
<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>
</tr>
</tbody>
</table>
The following services have per Service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

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

| Copays | Physician’s Visits: $20 | Medical Emergency: $50, The Copay will be waived if admitted to the Hospital. |

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.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
5. Chronic pain disorders.
6. Circumcision.
7. Cosmetic procedures or 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, improve or restore physiologic function of a congenital anomaly.
8. 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.
9. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the Policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment.
11. Elective abortion.
12. 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 activity.
13. 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.
14. Health spa or similar facilities. Strengthening programs.
15. Hearing examinations. Hearing aids, except as specifically provided in the Benefits for Minor Hearing Aids and Cochlear Implants or specifically provided in the Policy. 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.
   - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
17. Hypnosis.
18. 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.
19. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
20. Investigational services.
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: 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.
   - 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, except to surgically treat or correct 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.
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 benefits specifically provided in the Policy.
28. 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.
29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
30. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
33. Sleep disorders.
34. Speech therapy, except as specifically provided in the Policy. Naturopathic services.
35. 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.
36. Supplies, except as specifically provided in the Policy.
37. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
38. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
39. 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).
40. 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, Domestic Partner or Civil Union Partner 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, Domestic Partner 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;
- 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**

**Healthiest You: 24/7 Doctor Access**

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As
an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

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.

**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.

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.

This Summary Brochure is based on Policy #2019-1529-4.

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

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

Arabic
توفر لك خدمات المساعدة اللغوية مجانًا. فتح على الرقم 1-866-260-2723.

Armenian
2երկիր բանակ քաղաքացիական ծառայություններ են. Համարել ենք քաղաքականություն 1-866-260-2723.

Bantu - Kirundi
Uronswa ku bantu servisivi zifatiki ku runimi zo kugufasha. Utegerewe guhamagana 1-866-260-2723.

Bisayan - Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walyay bayad. Pulihug taga sa 1-866-260-2723.

Bengali - Bangla
ঘোষণা: ভাষা সহায়তা পরিষেবা আর্থিক বিমানচালনা সেবার জন্য। এটি করতে 1-866-260-2723-এ কথা করুন।

Burmese
စာဖတ်မှုန်းခြင်း၊ သားစက်မြင်ခြင်း စာအုပ်မှုန်းခြင်း၊ ကြက်ကို ကြက်ကို၊ နောက်ပိုင်း 1-866-260-2723.

Cambodian - Mon-Khmer
គោលន័យក្នុងប្រទេសគ្រប់រដ្ឋ ចុងក្រោយ 1-866-260-2723.

Cherokee
 Cherokee Ootholel Oohlalali Oohlalali 1-866-260-2723.

Chinese
您可以免費獲得語言援助服務，請致電 1-866-260-2723。

Chocotaw
Chaha anumpa ish anumpuli hokmvt toshkoli ytv peh pilla hq chi apea hinla. I paya 1-866-260-2723.

Cushite - Oromo

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 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 επικοινωνίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
સાંભળ સહાય સેવાઓ તમારા માટે નિશ્ચયત ઉપલબ્ધ છે. ઊભ કરીને 1-866-260-2723 પર ક્રેટ કરો.

Hawaiian
Kākua manuahi ma ka ʻōlelo i loa’a ʻia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाएँ निश्चित प्राप्त हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev tchais tuk pub dawb rau koj. Thov hov rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasiwaan ta tawagim 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 までお電話ください。

Karen
ပြင်သစ်သားသားပြန်လည်ရှိတွေ့ရသနည်းပိုင်း 1-866-260-2723 မှ。

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

Kru - Bassa
Bot ba hola ni kobol mahop ngui waa wogui bo wa yé ha i nyu yon. Sebel i nisingi mi 1-866-260-2723.

Kurdish
زیمندیکانی یژمەندی زمانی بهترین یه بق می تواند دکترین. چکمه، تامولو بو زمانی 1-866-260-2723.

Laotian
 vigxatangx aungxampaj khamxamxatx taoxéngtaj nangxangx baoxang xax 1-866-260-2723.