2019–2020 Student Injury and Sickness Insurance Plan for University of Illinois at Urbana-Champaign Graduate Plan

Who is eligible to enroll?

Graduate students of the University of Illinois who are taking credit hours are automatically enrolled in this Health Insurance Program at registration, unless proof of comparable coverage is furnished.

Graduate students (as defined herein) of the University of Illinois who are enrolled, in attendance, and assessed all applicable fees are eligible for the Student Health Insurance Plan.

Dependents (as defined herein) of an Insured are also eligible provided application for coverage is made during Enrollment Periods detailed below.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse, civil union partner or Domestic Partner and dependent children under 26 years of age. 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:

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, civil union partner 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.

Enrollment Periods and Effective Dates

If Insured person, other than newborn, is an Inpatient in a healthcare facility on his/her Coverage Date, such person’s Coverage Date will be the date of discharge.

Students assessed the insurance fee are automatically enrolled in this insurance plan; the effective date will be the beginning “Semester Coverage Period” date for the appropriate semester as herein.

Purchase of Insurance for spouse, civil union partner, Domestic Partner and/or children:

Dependent (spouse, civil union partner, Domestic Partner and/or children) coverage must be applied for each semester during the Enrollment/Change period listed in the Important Dates and Deadlines section. Coverage shall take effect on the...
date of application and receipt of proper premium by UnitedHealthcare StudentResources, or the appropriate semester beginning date, whichever is later. Dependents insured for the prior semester will have no lapse in coverage provided application and premium is received by the appropriate semester deadline date.

Dependent coverage is available for Dependents of students who enroll in the Student Injury and Sickness Insurance Plan. Rates and enrollment information for Dependents can be found on-line at www.uhcsr.com/myaccount.

If both parents are Insured students, changing child coverage from one parent to the other will not result in a lapse in coverage so long as the application and premium are received by that semester's deadline date. If an individual ceases to be an eligible student but is the Dependent of an Insured student, enrollment for Dependent coverage will not result in a lapse in coverage so long as the application and premium are received by that semester's deadline date.

If an Insured student acquires a Dependent, through marriage, birth or adoption after the listed semester deadline dates, the Dependent is eligible for coverage on the date the Dependent was acquired so long as application and premium payment is made within thirty-one (31) days after the date the Dependent was acquired (if the 31-day period encompasses a change in semesters, premium will be required for both semesters in order for coverage to be retroactive to the date of the event).

**Exemption**

Exemption from the insurance fee is granted when a student provides evidence of other health insurance coverage which has benefits equivalent to or better than the Student Injury and Sickness Insurance University Plan. The other coverage must be in effect on or before the first day of coverage of the Student Injury and Sickness Insurance University Plan. Acceptable evidence is a schedule of benefits and a certificate of coverage. International policies must be translated into English with monetary amounts presented in U.S. dollars.

To file for an Exemption students must complete the on-line Waiver request by going to www.si.illinois.edu, clicking on Opt Out and following the instructions. For date and deadline information, refer to the 2019-2020 Important Dates and Deadlines section on page 1. Exemptions need be requested only once per Policy Year. Following approval of waiver, exemptions will be in effect for the current and subsequent semester(s) within the academic/Policy Year.

**Reinstate**

**Change of Status** Students exempt from the Student Injury and Sickness Insurance Plan who want to be reinstated to the Plan may apply by providing proof of loss of other insurance; i.e., notice of termination of insurance from the insurance company or employer, within sixty-three (63) days of such loss of other insurance by bringing in documentation to the Student Insurance Office in Urbana. Coverage is effective on the date of application or date of termination of other insurance whichever is later. Student must be registered and eligible to be assessed fee.

**Limited Enrollment** Students requesting reinstatement more than 63 days after the loss of other insurance, or if no loss of other coverage has occurred, must apply during the Enrollment/Change period of a semester they are eligible for coverage. Student must be registered and eligible to be assessed fee. Proof of loss should be taken to the Student Health Insurance office.

**Continuation of Coverage**

**Graduating Students**

Graduating students may elect to continue coverage for themselves and for Insured Dependents for up to the 90 day continuation period. Please refer to the continuation privilege section found in the certificate of coverage for further details.

Application must be made and premium must be paid directly to UnitedHealthcare StudentResources and be received within 31 days after the expiration date of your student coverage. For further information on the Continuation privilege, please contact UnitedHealthcare StudentResources.

**Extension of Coverage for Continuing Students**

Students who are not registered during a given semester may elect to extend their coverage during that semester, provided they were registered and enrolled in the coverage during the previous semester, and are returning the following semester.

**Termination of Insurance**

The insurance of a student will terminate at 12:00 midnight (Central Standard Time) upon any of the following events, whichever shall first occur:
1. Failure to make premium payment.
2. Entry into the armed forces of any country. With respect to students, membership in the reserves with or without two consecutive full weeks of active training each year shall not be considered as entry into the armed forces.
3. Termination of membership in the class or classes eligible for insurance under this Plan:
   - With respect to students and Dependents, termination shall occur at the end of period for which premium has been paid. If premium for a specific semester is refunded, coverage for that semester is null and void.
   - With respect to Dependents, termination of membership shall occur upon ceasing to be a Dependent as defined.
   - With respect to Dependents reaching the limiting age, coverage will terminate on the first day of the next term.

Termination of a student's insurance shall immediately terminate the Dependent's insurance. The discontinuance of the plan shall immediately terminate all insurance hereunder. Such termination shall be without prejudice to any claim expense originating prior thereto. The discontinuance of any coverage provided hereunder shall immediately terminate the insurance of all Insured Persons with respect to the coverage discontinued except when the covered person is confined in the Hospital on the date coverage would otherwise terminate. In such cases, coverage will continue as described until date of discharge, but not more than ninety (90) days.

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 2019-1351-2. 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 1-888-224-4883 or customerservice@uhcsr.com.

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fall (8-24-19 to 1-17-20)</th>
<th>Spring (1-18-20 to 5-15-20)</th>
<th>Summer (5-16-20 to 8-21-20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$696.00</td>
<td>$696.00</td>
<td>$696.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$682.00</td>
<td>$682.00</td>
<td>$682.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$682.00</td>
<td>$682.00</td>
<td>$682.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$1,364.00</td>
<td>$1,364.00</td>
<td>$1,364.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$2,046.00</td>
<td>$2,046.00</td>
<td>$2,046.00</td>
</tr>
</tbody>
</table>

**NOTE:** The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

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 10 days for monthly premium payment Policies and 31 days for all other premium payment Policies after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

### Important dates or deadlines

Deadlines are the dates by which exemptions, limited enrollment reinstatements or enrollment of Dependents must be accomplished. Students who late register will be given 14 calendar days, from the date of registration, to complete exemptions and applications for Dependent coverage.

<table>
<thead>
<tr>
<th>Semester Coverage Periods:</th>
<th>Fall Semester (08/24/2019 - 01/17/2020)</th>
<th>Spring Semester (01/18/2020 - 05/15/2020)</th>
<th>Summer Session (05/16/2020 - 08/21/2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment/ Change Period:</td>
<td>08/23/2019 - 09/27/2019</td>
<td>01/17/2020 - 02/21/2020</td>
<td>05/15/2020 - 06/19/2020</td>
</tr>
</tbody>
</table>

Dependents acquired through marriage, civil union or birth, including an adopted child, after the above deadline dates may be added for coverage provided application and proper premium is received within thirty-one (31) days after the date of
marriage or birth (if the 31 day period encompasses a change in semester, premium will be required for both semesters in order for coverage to be retroactive to the date of the event).

Dependents of international students arriving in the United States after the semester deadline dates may be added for coverage provided application and proper premium is received within thirty-one (31) days of arrival in the United States.

Other Coverage

Accident coverage for Intercollegiate Sports injuries is provided under a separate policy number, 2019-1351-8.

<table>
<thead>
<tr>
<th>Highlights of the Student Injury and Sickness Insurance Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.990%</td>
</tr>
</tbody>
</table>

**Preferred Providers:** United-Healthcare Options PPO Network of Hospitals and health care providers have agreed to accept special reimbursement rates for treatment rendered to Insureds; therefore, use of United-Healthcare Options PPO Network of Hospitals and health care providers may result in lower out of pocket expenses. Preferred Providers can be found using the following link: UHC Options PPO

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>There is no overall maximum dollar limit on the policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Deductible</th>
<th>$150 Per Insured Person, Per Policy Year</th>
</tr>
</thead>
</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.

| $1,800 Per Insured Person, Per Policy Year |
| $3,600 For all Insureds in a Family, Per Policy Year |

**Coinsurance**

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>80% of Usual and Customary Charges for Covered Medical Expenses</th>
</tr>
</thead>
</table>

**Prescription Drugs**

Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply. No benefits outside of United-Healthcare Network Pharmacy.

Prescriptions filled utilizing McKinley Health Center are subject to a $20 Copay per generic/$35 Copay per brand name.

| $15 Copay for Tier 1 |
| $30 Copay for Tier 2 |
| $50 Copay for Tier 3 |
| 20% Coinsurance for Tier 4 |

Up to a 31-day supply per prescription filled at a United-Healthcare Pharmacy (UHCP)

**Preventive Care Services**

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 for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>100% of Usual and Customary Charges</th>
</tr>
</thead>
</table>

The following services have per Service Copays

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

| Medical Emergency: $50 |

**Pediatric Dental and Vision Benefits**

Refer to the plan certificate for details (age limits apply).
No benefits will be paid for: a) loss or expense caused by, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture.
2. Learning disabilities.
4. 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 Congenital Conditions.
5. Dental treatment, except:
   - As described under Dental Treatment in the Policy.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. 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.
8. Hearing examinations. Hearing aids, except as specifically provided for 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.
   - Hearing defects or hearing loss as a result of an infection or Injury.
   - Cochlear hearing aids.
   - 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.
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
11. 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.
12. Participation in a riot or civil disorder. Any loss to which a contributing cause was the Insured’s commission of or attempt to commit a felony or to which a contributing cause was the Insured being engaged in an illegal occupation.
13. 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, except when a Medical Necessity.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
14. Reproductive/Infertility services including the following:
    - Procreative counseling.
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Premarital examinations.
    - Impotence, organic or otherwise.
    - Female sterilization procedures, except as specifically provided in the Policy.
    - Vasectomy.
    - Reversal of sterilization procedures.
15. Routine eye examinations. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. This exclusion does not apply as follows:
    - When due to a covered Injury or disease process.
    - To benefits specifically provided in Pediatric Vision Services.
16. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

17. 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.

18. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except for treatment of temporomandibular joint dysfunction and craniomandibular disorders.

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

20. 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.

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

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

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

24. 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).

25. 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 or Civil Union Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, Domestic Partner or Civil Union Partner 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;
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, 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.

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.
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 #2019-1351-2.

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 StudentResources 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.
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
Shërbinët e ndihmës në gjuhën e tafejës të rikthehet fushën. Ju lutem telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ ከማድረስ ከማንጋገር ለማንጋገር ያለበት ታስፋ. ያለበት የሚቀርበው ለማንጋገር 1-866-260-2723 ያለበት.

Arabic
توفرنا خدمات المساعدة اللغوية مجانيةًا، أتصل على الرقم 1-866-260-2723.

Armenian
Հերթեք պատասխանատվության համար հեռախոսահամագրությունն է 1-866-260-2723.

Bantu-Kirundi

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

Bengali-Bangla
বাংলায় সাহায্য প্রদান করতে পারিসক্তি যে কিছু জটিলতায় পরিপূর্ণ। এটি করুন 1-866-260-2723-কে কল করুন।

Burmese
သင်ကြားမည်သည်။ အမှတ်ခြင်း ရွေးချယ်သည့် ဆိုင်ရာ စက်မှတ် 1-866-260-2723 ဖြင့် ဆိုင်သည်။

Cambodian-Mon-Khmer
ការជួរសេវាដ៏ល្អក្នុងការជួរសេវាកិច្ចភាពជាច្រើននេះ 1-866-260-2723 របស់អ្នក

Cherokee
Osiyo:li Osiyo:li OSTET Hla RG60-oTAT HLEGG60 D4GQI. IGEY Dh DBW6S 1-866-260-2723.

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

Chontal
Chahta anumpa ish anumpuli hokmvt tolsholi yvt peh pilla hq chi aple aha la. I paya 1-866-260-2723.

Cushite-Oromo

Dutch
Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

French Creole-Haitian Creole

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διαθέτουν δωρεάν. Κάλεστε το 1-866-260-2723.

Hausa
Koowa manuahi ma ka ‘olelo i loa’a ‘ia. E kelepona i ka helu 1-866-260-2723.

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

Hmong
Muaaj cov kev pab tchais lus pab dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangunahim ta tawangm 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
ဗီယက်နမ်းရေးကာလာပြားတရားပြုစုခြင်း(၈၆၅)နေ့ နောက်ပို့မှာ 1-866-260-2723ကို。

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

Kru-Bassa
Bot ba hola ni kobol mahop ngai waa gowoi bo wa ye ha ni nyuun yon. Sebel i nisenga ini 1-866-260-2723.

Kurdish Sorani
خزمالیکی قزغیزی قزغیزی بیشتری ایپی تو دینی دوکریز. تاکلیف تشاکوون بکەی بەزی. زەرەر 1-866-260-2723.

Laotian
Marathi
भाषेच्या मदतीली सुविधा आपल्याला दिनासुन उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकाच्या संपर्क करा.

Marshallese
Kwomarono bök jerbal in jipa in kajin iilo ejelok wónín. Jouj
im kallok 1-866-260-2723.

Micronesian- Polynesian
Mie sawas en mahsen ong komwi, soh isepe. Melau eker
1-866-260-2723.

Navajo
Sları bee áku’l eveed bee áku’lido’o wi’liji t’áá jik’eel bee ních’i bee ná’ahoot’i. T’áá shóqdi kohjí’ 1-866-260-2723 hodilíimih.

Nepali
भाषा सहायता सेवा हरु निष्कुल उपलब्ध छ। कृपया
1-866-260-2723 गा कर गुम्लौस।

Nilotic-Dinka
Kàkk é kuny ajuar é thok. át’tinë yin abac tè cim wëw yeke
theeëë. Yën cël 1-866-260-2723.

Norwegian

Pennsylvania Dutch
Schrprooch inwesetze Hilf kamnicht du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات امداد زبانی به میلور رایگان در اختیار شما می باشد. لطفاً شماره
1-866-260-2723 تماس بگیرید.

Polish
Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoni
pod numer 1-866-260-2723.

Portuguese
Oferecemos serviço gratuito de assistência de idioma. Ligue
para 1-866-260-2723.

Punjabi
ਅੱਠ ਮਾਨਿਕ ਖੇੜਦੇ ਹਾਵਾ ਦੇ ਸੌਂਦਰ ਜੀਵਨ ਦਿੱਤਾਂ ਹਵਾਲੇ
1-866-260-2723 ਦੇ ਕਰਨ ਦੋਹੋਂ

Romanian
Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă
ruggin să sunați la 1-866-260-2723.

Russian
Языковые услуги предоставляются вам бесплатно. Звоните
по телефону 1-866-260-2723.

Samoan- Fa’asamoa
O loo maau fesasoani mo gagana mo oe ma e le totogia.
Famalemole telefoni le 1-866-260-2723.

Serbo- Croatian
Možete besplatno koristiti usluge prevodioca. Molimo navozite
1-866-260-2723.

Somali
Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa.
Fadlan wac 1-866-260-2723.

Spanish
Hay servicios de asistencia de idiomas, sin cargo, a su

Sudanic- Fulfulde
E woodi wàllànde dow wolde caahu ngam maàdu. Noodu
1-866-260-2723.

Swahili
Huduma za msaada wa lugha zinapatikana kwa ajili yako bure.
Tafadhali piga simu 1-866-260-2723.

Syriaic- Assyrian
. 1-866-260-2723 مثالك له في ناحية النجف. مثالك

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng

Telugu
మాత్రమే ఆస్పత్రి సహాయం అందులో అందించాలి మరియు మాత్రమే తల్లని మాటలు వచ్చింది.
దేశాన్ని 1-866-260-2723 కూడా కలిగి ఉంటుంది.

Thai
มีบริการความช่วยเหลือภาษาไทยให้ได้ฟรีไม่ต้องเสียค่าใช้จ่าย
ตลอดยูนิเวอร์ส โปรไฟล์ส์ฟรีทั้งหมดเลย
1-866-260-2733

Tongan- Fakatonga
‘Oka ‘i ai pē ‘a e sēvesi ki he lea’ ke tokoni kiatoe koe pea ‘oku
‘atiia ma’au ‘o ‘ikia ha totoni. Kātaki ‘o ātū ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angei anainsin emon chon chiakku, ese kamo.
Kose mochen kopwe kokkiri 1-866-260-2723.

Turkish
Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numarayi arayınız.

Ukrainian
Послуги перекладу надаються вам безкоштовно. Дзвоніть за
номером 1-866-260-2723.

Urdu
زبان کی ہوئیں سی معنی فراہمی خدمات آپ کی لپربہ
براءہ سروری 260-260-266-26-1 پر کلب کریں.

Vietnamese
Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish
شملת חקוקה יידישיע מילדער די געניזן אין טעמלעטס און אינקלפנשטאהר ארא דריימן פּון אַמאָר. יניע
1-866-260-2723

Yoruba

SR LAP 64 (6-18)
NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC2 - 08/01/2019
CERTIFICATE:
Schedule of Benefits
Added 20% Coinsurance per prescription Tier 4 to Prescription Drugs.

Changed #6
From:
6. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that contain a non-FDA approved bulk chemical. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-3.)
To
6. Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that contain a non-FDA approved bulk chemical. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-4.)

SUMMARY BROCHURE:
Highlights of the Student Injury and Sickness Insurance Plan Benefits
Added 20% Coinsurance for Tier 4 to Prescription Drugs

NOC1 - 07/12/2019
SUMMARY BROCHURE
UPDATED: Highlights of Services offered by UnitedHealthcare StudentResources
Removed Section: NurseLine and Student Assistance: 24/7 Access to Nurse and Counseling Support
Added Section: Student Assistance: 24/7 Counseling Support and BetterHelp: 24/7 Online Counselor Access