

**PLEASE NOTE:
THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS**



2025 - 2026 Student Health Insurance Plan: University of Maine System

Who can enroll?

All undergraduate students taking nine or more credit hours per semester and graduate students taking six or more credit hours per semester are eligible to enroll in the Student Health Insurance Plan on a voluntary basis. Students must actively attend classes for at least the first 31 days after your policy begins. Home-study, correspondence, and online courses are not eligible for the student insurance plan, unless you are a degree-seeking student and residing in Maine.

The student (Named Insured, as defined in the 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.

Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account	uhcsr.com/myaccount
Find an in-network provider	HPHC Company Network
Find a prescription drug provider	Optum Rx
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount
If you need language assistance:	Language Assistance

Coverage periods, plan cost and deadline dates

	Annual	Early Arrival	Fall	Spring/Summer	Summer I	Summer II
Coverage dates	8/1/2025 to 7/31/2026	7/1/2025 to 7/31/2025	8/1/2025 to 12/31/2025	1/1/2026 to 7/31/2026	5/1/2026 to 7/31/2026	6/1/2026 to 7/31/2026
Student	\$4,838.00	\$411.00	\$2,028.00	\$2,810.00	\$1,220.00	\$809.00

Rates are subject to regulatory approval and may change.
25HPHCCOL5051-203648-1

Other Coverage:

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2025-203648-8.

Plan highlights

Metallic Level: Gold with actuarial value of 85.390%

Student Health Center Benefits:

[University of Southern Maine, University of Maine at Farmington and University of Maine Orono](#)

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Physician Copay per visit when treatment is rendered at the Student Health Center; except that the first visit each Plan Year will be paid without cost-sharing.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory, X-rays, and Test and Procedures services referred to Dahl Chase Diagnostics Services, Spectrum Health Partners and Quest Diagnostics.

[University of Maine Counseling Center](#)

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Copay per visit when treatment is rendered at the University of Maine Counseling Center; except that the first visit each Plan Year will be paid without cost-sharing.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory, X-rays, and Test and Procedures services referred to Dahl Chase Diagnostics Services, Spectrum Health Partners and Quest Diagnostics.

University of Maine at Presque Isle Student Health Center

- The Deductible and Copay will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory, X-rays, and Test and Procedures services referred to Dahl Chase Diagnostics Services, Spectrum Health Partners and Quest Diagnostics.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the Policy	
Plan Deductible	\$250 Per Insured Person, per Policy Year	\$400 Per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>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.</i>	\$7,900 Per Insured Person, Per Policy Year	\$15,800 Per Insured Person, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 \$45 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy Not subject to Deductible	60% of billed charge for generic drugs 60% of billed charge for brand name drugs Up to a 31-day supply per prescription after Deductible
Preventive Care Services <i>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.</i>	100% of Allowed Amount	80% of Allowed Amount not subject to Deductible
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$200 after Deductible	Medical Emergency: \$200 after Deductible

Questions about your plan?

Contact Customer Service at 1-866-948-8472
or at customerservice@uhcsr.com.

*Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. ²HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

© 2025 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by Harvard Pilgrim Health Care, Inc. and administered by UnitedHealthcare Student Resources and is based on policy 2025-203648-1. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to uhcsr.com. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance Policy issued by Harvard Pilgrim Health Care. This document is a summary only and does 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. Benefits and rates described herein are subject to regulatory approval and may change.



Notice of Non-Discrimination

We¹ comply with the applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans (TTY 711).

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

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans. (TTY 711).

You can also file a complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at: <https://www.uhc.com/content/dam/uhcdotcom/en/npp/NDN-LA-UHC-StudentResources-EN.pdf>

¹For purposes of the Language Assistance Services and this Non-Discrimination Notice (“Notice”), “We” refers to the following entities: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health;; United Behavioral Health of New York, I.P.A.; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York. Please note that not all entities listed are covered by this Notice.

NOTICE-OF-AVAILABILITY-OF-LANGUAGE-ASSISTANCE-SERVICES-AND-ALTERNATE-FORMATS¶

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ATTENTION: You can get an interpreter to talk to your doctor at the time of your appointment or with us. If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free phone number listed on your ID card. (TTY: 711). ¶

ትኩረት፡- በቀጠሮዎ ጊዜ ወይም ከእኛ ጋር ሲሆኑ ከሐኪምዎ ጋር በመነጋገር አስተርጓሚ ማግኘት ይችላሉ። **አማርኛ (Amharic)** የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች እና ነፃ ግንኙነቶች እንደ ትልቅ ህትመት ባሉ ሌሎች ቅርጾች ለእርስዎ ይገኛሉ። ለህክምና ስቅያች ወደ **1-866-260-2723**፣ ለእይታ ስቅያች ወደ **1-800-638-3120**፣ ለጥርስ ስቅያች ወደ **1-877-816-3596** ይደውሉ ወይም በአባል መታወቂያ ካርድዎ ላይ ወደተዘረዘረው ነፃ የሰልክ ቁጥር ይደውሉ። (TTY: 711)። ¶

يرجى الانتباه: يمكنك الحصول على مترجم فوري لمساعدتك في التحدث مع طبيبك خلال الموعد أو معنا إذا كنت تتحدث اللغة العربية. تتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتسميات أخرى، مثل المطباعة بأحرف كبيرة. اتصل على **1-866-260-2723** للحصول على المساعدة اللغوية المجانية، أو **1-800-638-3120** للحصول على المساعدة اللغوية المجانية، أو **1-877-816-3596** للحصول على المساعدة اللغوية المجانية، أو اتصل برقم الهاتف المجاني المدرج على بطاقة هوية العضو الخاصة بك. (TTY: 711). ¶

মনোযোগ দিয়ে শুনুন: আপনার অ্যাপয়েন্টমেন্টের সময় আপনার ডাক্তারের সাথে কথা বলার জন্য বা আমাদের সাথে কথা বলার জন্য আপনি একজন দোভাষী পেতে পারেন। আপনি যদি বাংলা (Bengali) এ কথা বলেন, তাহলে বিনামূল্যের ভাষা সহায়তা পরিষেবা এবং অন্যান্য বিনামূল্যের বিভিন্ন যোগাযোগ পদ্ধতি, যেমন বড় মুদ্রণ, আপনার জন্য উপলব্ধ থাকবে। মেডিকেল প্ল্যানের জন্য কল করুন **1-866-260-2723** নথরে, ভিশন প্ল্যানের জন্য কল করুন **1-800-638-3120** নথরে, ডেন্টাল প্ল্যানের জন্য কল করুন **1-877-816-3596** নথরে, অথবা আপনার সদস্য আইডি কার্ডে টোল-ফ্রি ফোন নথরে কল করুন। (TTY: 711) ¶

ចំណាំ ៖ អ្នកអាចស្នើសុំអ្នកបកប្រែ ដើម្បីទំនាក់ទំនងជាមួយគ្រូពេទ្យរបស់អ្នក នៅពេល ណា ក៏ ចូល ឬនិយាយជាមួយយើងខ្ញុំ។ បើសិនអ្នកនិយាយជា **សាសៀន (Cambodian-Mon-Khmer)** មាន សេវា ជំនួយ ភាសា ដោយឥតគិតថ្លៃ ការទំនាក់ទំនងដោយឥតគិតថ្លៃ ក្នុងទម្រង់ផ្សេងទៀត ដូចជា អក្សរធំ មានសម្រាប់អ្នក។ សូមហៅទូរស័ព្ទទៅ **1-866-260-2723** សម្រាប់ការប្រាប់ដៃសម្រាប់ **1-800-638-3120** សម្រាប់ការប្រាប់ដៃទៅគ្រូពេទ្យ **1-877-816-3596** សម្រាប់ការប្រាប់ដៃទៅគ្រូពេទ្យ ឬហៅទូរស័ព្ទទៅលេខទូរស័ព្ទដោយមិនគិតថ្លៃ ដែលបានផ្តល់ដោយសេវាសមាជិក របស់ អ្នក។ (TTY ៖ 711) ¶

ATENSHUN: Kunjka-me liye ayu-yo-interpretate para-ughul-maghal-na-dokto-ya-eppunghi-me-guahu. Gare-kapetal-Faluwasch (Carolinian), -ye-toore-paliuwal-kapetal-Faluwasch-lane-bwe-me-sew-format, -ta-tipel-lane, -bwe-bwale-tepangiyom. Kali **1-866-260-2723** para-ughul-Lalap-ni-ughul-tipiye, **1-800-638-3120** para-ughul-Lalap-ni-tipiye-nu-mata, **1-877-816-3596** para-ughul-Lalap-ni-tipiye-nu-apapa, o-kali-ewe-kali-rerekkepal-ni-Nuumur-ni-telepon-yeeg-listed-me-ni-Kaaret-ni-meybur-ID-mu. (TTY: 711). ¶

ATENSYON: Siña-hao-humosga-un-intérprete-para-kumuentos-yan-i-doktermu-gi-ora-di-i-konsulta-mu-pat-yan-hame. Yanggen-fifino' hao-**CHamoru (Chamorro)**, -guaha-setbisio-siha-para-hågu-ni'-mandibåtði, -i-setbision-fino'-pat-lengguåhi-yan-fina'uma'espilha-gi-otro-na-manera-siha, -taiguihi-i-para-mana'dångkolo-i-inempressa. Kålle-**1-866-260-2723** para-Planån-Mediku, **1-800-638-3120** para-Planån-Visión, **1-877-816-3596** para-Planån-Dental, -pat-kålle-i-númeru-gratut-na-teleponu-na-esta-på'go-gi-kåtta-ID-para-miembro-mu. (TTY: 711). ¶

請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說中文 (Chinese)，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電1-866-260-2723，視力計劃請致電1-800-638-3120，牙科計劃請致電1-877-816-3596，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。

توجه: شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر فارسی (Farsi)، صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی با شماره 1-866-260-2723 و برای طرح چشم پزشکی با شماره 1-800-638-3120 و برای طرح دندانپزشکی با شماره 1-877-816-3596، با ما... (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان ¶

ATTENTION: Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-260-2723 pour les régimes médicaux, le 1-800-638-3120 pour les régimes de soins de la vue, le 1-877-816-3596 pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY: 711).

ACHTUNG: Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie 1-866-260-2723 für Krankenversicherungen, 1-800-638-3120 für Augenversicherungen, 1-877-816-3596 für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711).

ΠΡΟΣΟΧΗ: Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε Ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο 1-866-260-2723 για ιατρικά προγράμματα, στο 1-800-638-3120 για οφθαλμολογικά προγράμματα, στο 1-877-816-3596 για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711).

ધ્યાન આપો. તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડોક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે ગુજરાતી (Gujarati), બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે 1-866-260-2723, વિઝન પ્લાન માટે 1-800-638-3120, ડેન્ટલ પ્લાન માટે 1-877-816-3596 પર કોલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સુચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કોલ કરો. (TTY: 711).

ATANSYON: Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale Kreyòl Ayisyen (Haitian Creole), sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòm, tankou gwo lèt, disponib pou ou. Rele 1-866-260-2723 pou Plan Medikal, 1-800-638-3120 pou Plan Vizyon, 1-877-816-3596 pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711).

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ध्यान दें: आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिन्दी (Hindi) बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए 1-866-260-2723 पर कॉल करें, विजन प्लान के लिए 1-800-638-3120 पर, डेंटल प्लान के लिए 1-877-816-3596 पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711) ¶

CEEB·TOOM: Koj-tuaj-yeem-tau-txais-ib-tug-neeg-txhais-lus-tham-nrog-koj-tus-kws-kho-mob-thaum-lub-sijhawm-kev-teem-caij-los-sis-thaum-tham-nrog-peb. Yog-tias-koj-hais-**Lus-Hmoob (Hmong)**, yuav-muaj-cov-kev-pab-cuam-txhais-lus-pub-dawb-thiab-kev-sib-txuas-lus-ua-lwm-hom-gaouv, xws-li-luam-ua-tus-ntawv-loj-rau-koj. Hu-rau-1-866-260-2723-rau-Cov-Phiaj-Xwm-Kho-Mob, 1-800-638-3120-rau-Cov-Phiaj-Xwm-Kho-Qhov-Muag, 1-877-816-3596-rau-Cov-Phiaj-Xwm-Kho-Hniav, los-yog-hu-rau-tus-xov-tooju-hu-dawb-uas-teev-rau-hauv-koj-daim-npav-ID. (TTY: 711). ¶

ATENSIÓN: Makaalaka-iti-interpreter-a-makisarita-kadakami-wenno-iti-doktormo-iti-oras-ti-appointment-mo. No-makasaoka-iti-**Ilocano (Ilocano)**, makaalaka-iti-libre-a-tulong-iti-lengguahe-ken-libre-a-pannakikomunikar-iti-sabali-a-format, kas-iti-dadakkel-a-letra. Tawagam-ti-1-866-260-2723-para-kadagiti-Plan-a-Medikal, 1-800-638-3120-para-kadagiti-Plan-para-iti-Panagkita, 1-877-816-3596-para-kadagiti-Plan-para-iti-Ngipen, wenno-tawagam-ti-libre-a-numero-ti-telepono-a-naillista-iti-ID-card-mo-kas-miembro. (TTY: 711). ¶

ATTENZIONE: il-giorno-del-Suo-appuntamento, può-richiedere-i-servizi-di-un-interprete-per-parlare-con-il-Suo-medico-o-con-noi. Se-parla-**italiano (Italian)**, sono-disponibili-gratuitamente-servizi-di-assistenza-linguistica-e-comunicazioni-in-altri-formati, come-la-stampa-a-caratteri-grandi. Chiami-il-numero-1-866-260-2723-per-i-piani-sanitari, il-numero-1-800-638-3120-per-i-piani-oculistici-e-il-numero-1-877-816-3596-per-i-piani-dentistici, oppure-chiami-il-numero-verde-riportato-sul-Suo-tesserino-identificativo. (TTY: 711). ¶

ご注意：ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが日本語 (Japanese) をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては1-866-260-2723、眼科プランについては1-800-638-3120、歯科プランについては1-877-816-3596までお電話いただくか、メンバーIDカードに記載の通話料無料の番号までお電話ください。(TTY: 711)。 ¶

주의: 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 1-866-260-2723, 안과 플랜의 경우 1-800-638-3120, 치과 플랜의 경우 1-877-816-3596 번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711). ¶

ໝາຍເຫດ: ທ່ານສາມາດຂໍນາຍແປພາສາເພື່ອເວົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແລະການສື່ສານພຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ 1-866-260-2723 ສໍາລັບແຜນການທາງການແພດ, 1-800-638-3120 ສໍາລັບແຜນການທາງສາຍຕາ, 1-877-816-3596 ສໍາລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທພຣີທີ່ວະບຸໄວ້ໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ. (TTY: 711). ¶

SHOOH:·Nánihoot'áani·góne'·ne'azee'·íí'íni·bich'j'·yániiti'·doodago·nihí·nihich'j'·yániiti'·go·ata'·halne'í·ta'·naayilt'·eehgo·bíighah.·**Diné (Navajo)**·bizaad·bee·yániiti'to,·t'áá·jiiik'eh·saad·bee·áka'·e'·eyeed·bee·áka'·anída'ow'í·dóó·t'áá·jiiik'eh·nááná·tahgo·át'·éego·bee·hada'·dilyaaigíi'·bee·ahit·hane',·díi'·nitsaago·bik'·e'·ashchíní,·ná·dahólq.·Ats'íis·Nánél'jiih·Bee·Hada'·dít'·éhi·biniiyé·kohjii'·**1-866-260-2723**·hodíilnih,·Anáá'·Bee·Hoot'íni·Bee·Hada'·dít'·éhi·biniiyé·kohjii'·**1-800-638-3120**·hodíilnih,·Awoo'·Bee·Hada'·dít'·éhi·biniiyé·kóhji'·**1-877-816-3596**·hodíilnih,·doodago·bee·nit·ha'·dít'·éhi·ninaaltsoos·niti'·izí·bee·nééhóziní·ID·baqah·t'áá·jiiik'eh·námbóo·bee·dahane'í·biká'·ígíi'·bee·hodíilnih.·(TTY:·711).·¶

ध्यान दिनुहोस्: तपाईंले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्न दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि **1-866-260-2723** भिजन योजनाहरूको लागि **1-800-638-3120** दन्त योजनाहरूको लागि **1-877-816-3596** मा कल गर्नुहोस्, वा तपाईंको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY:·711)¶

WICHDICH:·Du·darfscht·en·Interpreter·griech·fer·schwetze·mit·dei·Dokter·an·dei·Appointment·odder·mit·uns.·Wann·du·**Deitsch (Pennsylvania-Dutch)**·schwetzsch·un·brauchscht·Hilf·fer·communicat·e,·kenne·mer·dich·helfe·unni·as·es·dich·ennich·eppes·koschde·zellt.·Mir·kenne·differnti·Sadde·Schprooch·Hilf·beigriech·aa·fer·nix.·Call·**1-866-260-2723**·fer·Plans·as·zu·duh·hen·mit·Dokteres,·**1-800-638-3120**·fer·Plans·as·zu·duh·hen·mit·Sehne,·**1-877-816-3596**·fer·Plans·as·zu·duh·hen·mit·Zaeh,·odder·call·die·Toll-Free·Phone·Number·as·uff·dei·ID·Card·is.·(TTY:·711).·¶

UWAGA:·Możesz·poprosić·tłumacza·o·pomoc·w·rozmowie·z·lekarzem·w·czasie·wizyty·lub·z·nami.·Osoby·mówiące·w·języku·**polskim (Polish)**,·mają·dostęp·do·bezpłatnej·usługi·pomocy·językowej·i·bezpłatnej·komunikacji·w·innych·formatach,·takich·jak·duży·druk.·Zadzwoń·pod·numer·**1-866-260-2723**·w·celu·uzyskania·informacji·o·planach·medycznych,·**1-800-638-3120**·o·planach·okulistycznych,·**1-877-816-3596**·o·planach·stomatologicznych·lub·zadzwoń·pod·bezpłatny·numer·telefonu·podany·na·karcie·członkowskiej.·(TTY:·711).·¶

ATENÇÃO:·Você·pode·ter·um·intérprete·para·falar·com·o·médico·no·momento·da·consulta·ou·conosco.·Se·você·fala·**português (Portuguese)**,·há·serviços·gratuitos·de·assistência·linguística·e·comunicações·gratuitas·em·outros·formatos,·como·letras·grandes,·disponíveis·para·você.·Ligue·para·**1-866-260-2723**·para·planos·médicos,·**1-800-638-3120**·para·planos·oftalmológicos,·**1-877-816-3596**·para·planos·odontológicos·ou·ligue·para·o·número·de·telefone·gratuito·listado·no·seu·cartão·de·ID·de·membro.·(TTY:·711).·¶

ਧਿਆਨ ਦਿਓ: ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਬਾਸੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-866-260-2723**, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ **1-800-638-3120**, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ **1-877-816-3596** 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY:·711)¶

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ВНИМАНИЕ! Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711). ¶

FA'AALIGA: Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe'au'aunaga fesoasoani tau-gagana e leai-se totogi ma feso'ota'iga e leai-se totogi i isi-faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe'vala'au le numera telefoni e leai-se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711). ¶

FIIRO-GAAR-AH: Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far-waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711). ¶

ATENCIÓN: Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711). ¶

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PAUNAWA: Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Pangingin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711). ¶

หมายเหตุ: คุณสามารถขอคำปรึกษาเกี่ยวกับแพทย์ของคุณได้ในเวลาที่คุณมีนัดหมายหรือกับเรา หากคุณพูดภาษาไทย (**Thai**) เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่น ๆ เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723** สำหรับบริการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับบริการวางแผนทันตกรรม **1-877-816-3596** สำหรับบริการวางแผนทันตกรรม หรือโทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ในบัตรประจำตัวสมาชิกของคุณ (TTY: 711). ¶

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ЗВЕРНІТЬ УВАГУ! Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія ТТУ: 711).

توجہ فرمائیں: آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ اردو، (Urdu) بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر فارمیٹس مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے **1-866-260-2723** پر، ویزن پلانز کے لیے **1-800-638-3120**، ڈیٹیل پلانز کے لیے **1-877-816-3596** پر کال کریں، یا (TTY: 711)۔

LƯU Ý: Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhân khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711).

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POLICY NUMBER: 2025-203648-1

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.

NOC 1 – 1/7/2026

Schedule of Benefits header:

Student Health Center Benefits section – first paragraph updated to add University of Maine Orono to heading:

From:

University of Southern Maine and the University of Maine at Farmington

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Physician Copay per visit when treatment is rendered at the Student Health Center; except that the first visit each Plan Year will be paid without cost-sharing.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory, X-rays, and Test and Procedures services referred to Dahl Chase Diagnostics Services, Spectrum Health Partners and Quest Diagnostics.

To:

University of Southern Maine, University of Maine at Farmington and University of Maine Orono

- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred after a \$10 Physician Copay per visit when treatment is rendered at the Student Health Center; except that the first visit each Plan Year will be paid without cost-sharing.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at or referred by the SHC for the following services: Laboratory services at SHC and Laboratory, X-rays, and Test and Procedures services referred to Dahl Chase Diagnostics Services, Spectrum Health Partners and Quest Diagnostics.