



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

## 2022-2023 Student Health Insurance Plan for Biola University - International Students

### Who is eligible to enroll?

All international graduate and undergraduate students, regardless of unit load, are required to purchase the insurance plan unless proof of comparable coverage is provided.

The student (Named Insured, as defined in the Certificate) must actively attend classes in compliance with the Policyholder's attendance requirements 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. In the absence of fraud or intentional misrepresentation of material fact, if and whenever the Company discovers that the Policy eligibility requirements have not been met, coverage will be cancelled immediately. Unearned premiums will be refunded.

### 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 benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.gallagherstudent.com/biola](http://www.gallagherstudent.com/biola). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-319-4. The Master Policy provides One Year Term Coverage.

### Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-395-0959 or [www.gallagherstudent.com/biola](http://www.gallagherstudent.com/biola).

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

Rates	Annual 8-1-22 to 7-31-23	Fall 8-1-22 to 12-31-22	Spring 1-1-23 to 7-31-23
Student	\$2,311.00	\$1,155.50	\$1,155.50

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person's premium must be received within 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 Health Insurance Plan Benefits

### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 84.600%

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

**Student Health Center Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center or Counseling Center.

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$300 Per Insured Person, per Policy Year.	\$450 Per Insured Person, per Policy Year.
<b>Out-of-Pocket Maximum</b> <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>	\$8,000 Per Insured Person, per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<b>Coinsurance</b> <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
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. 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>	\$25 Copay for Tier 1 \$35 Copay for Tier 2 \$60 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	No Benefits
<b>Preventive Care Services</b> <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. See the Preventive Care Services Benefit in the plan certificate for a complete list of services. Additional information can be found at: (<a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a>).</i>	100% of Allowed Amount	No Benefits
<b>The following services have per service Copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$20 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Preferred Provider and Out-of-Network Copay will be waived if admitted to the Hospital.	Medical Emergency: \$100 not subject to Deductible The Preferred Provider and Out-of-Network Copay will be waived if admitted to the Hospital.
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$20 Copay per visit 100% of Allowed Amount not subject to Deductible  Other Outpatient Services: 80% of Allowed Amount after Deductible	Office Visits: 60% of Allowed Amount after Deductible  Other Outpatient Services: 60% of Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

## Exclusions and Limitations

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

1. Addictive, mental, and behavioral conditions and problems that may be the focus of clinical attention but are specifically noted not to be a mental disorder within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or the Mental and Behavioral Disorders chapter of the ICD-10.
2. Cosmetic procedures performed to alter or reshape normal structures of the body in order to improve the Insured's appearance.

This exclusion does not apply to:

- Benefits for Reconstructive Surgery and Benefits for Upper or Lower Jawbone Surgery in the Mandated Benefits section of the Policy.
- Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
- Reconstructive Breast Surgery Following Mastectomy.
- Reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy.

Examples of cosmetic procedures include:

- Pharmacological regimens, nutritional procedures or treatments.
  - Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male or female breast or nipple.
  - Removal of excess skin.
  - Circumcision for religious reasons or aesthetic purposes.
  - Hair removal.
  - Hair loss or growth treatment, items, and services for the promotion, prevention, or other treatment of hair loss or hair growth.
  - Nasal and sinus surgery performed for any reason other than for the treatment of an Injury or Sickness.
3. Custodial Care. This exclusion does not apply to assistance with activities of daily living that is provided as part of covered Home Health Care, Hospice Care, Inpatient Rehabilitation Facility care, or Skilled Nursing Facility care.
  4. Dental treatment, except:
    - For accidental Injury to Natural Teeth.
    - As described under Dental Treatment in the Medical Expense Benefits section of the Policy.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
  5. Elective Surgery or Elective Treatment as defined in the Definitions section of the Policy.
  6. Health spa or similar facilities. Strengthening programs.
  7. Hearing aids. Treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which is not part of a disease process and does or can impair normal hearing.

This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
  - Benefits specifically provided in the Policy Schedule of Benefits.
  - 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.
  - Benefits for Reconstructive Surgery in the Mandated Benefits Section of the Policy.
8. Immunizations, except as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.
  9. Injury or Sickness for which benefits are paid:
    - Under any Workers' Compensation or occupational Disease Law or Act, or similar legislation.
  10. Treatment outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
  11. Experimental or investigational services. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
  12. Commission of or attempt to commit a felony.
  13. Prescription Drug Services – no benefits will be payable for:
    - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs. The Insured may request an Independent Medical Review (IMR) from the California Department of Insurance (CDI) at no cost to the Insured as described in the Notice of Appeal Rights section of the Policy.
    - Products used solely for cosmetic purposes.
    - Drugs used to treat hair loss or hair growth. Anabolic steroids used for body building.
    - Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

14. Reproductive services for the following:
  - Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
  - Cryopreservation of reproductive materials. Storage of reproductive materials. This exclusion does not apply when an Insured received covered treatment that may directly or indirectly cause iatrogenic infertility.
  - Fertility tests.
  - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
  - Impotence, organic or otherwise, except for Prescription Drugs prescribed for the treatment of sexual dysfunction.
  - Reversal of sterilization procedures.
15. 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.
16. 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 Schedule of Benefits.
  - To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.
17. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness.
18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
19. Medical supplies (prescribed or non-prescribed) and disposable supplies. (Examples include gauze and dressings, compression stockings, ace bandages.)  
This exclusion does not apply to:
  - Ostomy and Urological Supplies in the Medical Expense Benefits section of the Policy.
  - Benefits for Diabetes in the Mandated Benefits section of Policy.
20. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices. This exclusions does not apply to:
  - Reconstructive Breast Surgery Following Mastectomy in the Medical Expense Benefits section of the Policy.
  - Benefits for Breast Cancer Screening and Treatment in the Mandated Benefits section of the Policy.
  - Benefits for Reconstructive Surgery in the Mandated Benefits section of the Policy.
  - Medically Necessary reconstructive procedures that are for the treatment of gender dysphoria.
21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
22. War or any act of war, declared or undeclared; while serving in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
23. Weight loss and nutrition programs (for example: Weight Watchers®, Jenny Craig®, or other structured commercial weight loss programs) whether or not they are under medical supervision. This exclusion does not apply to benefits specifically provided in the Preventive Care Services benefit in the Medical Expense Benefits section of the Policy.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students: 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 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 coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.\* By 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. You can learn more about this benefit and how to use it in My Account.

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.

\*Available to Insured students; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

### HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.\* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you'll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

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

\*Available to Insured students; age restrictions may apply, depending on your state.

## 24/7 StudentAssist

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Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include:

- 24/7 Crisis Support - access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- Financial and Legal Advice - financial services are provided by licensed CPA's and Certified Financial Planners who 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 - available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc
- Living Well Portal – access to [liveanworkwell.com](http://liveanworkwell.com) where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) under Additional Benefits.

## Gallagher Student Health & Special Risk Complements

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Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not considered insurance products and are not underwritten or administered by UnitedHealthcare Insurance Company. More information is available on your school's page at <http://www.gallagherstudent.com/biola>.

### **EyeMed Vision Care**

EyeMed Vision Care offers discounts on vision benefits to insured students. EyeMed's provider network gives students access to over 45,000 independent providers and retail stores nationwide, including Lens Crafters, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. There is no waiting period; students can take advantage of the savings immediately. Students can expect 15% to 45% off regular retail pricing on prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses, and even 5% to 15% off laser correction surgery at some of the nation's most highly-qualified laser correction surgeons.

For more information or to access the EyeMed membership card, visit the 'Discounts' section on your school's page at <http://www.gallagherstudent.com/biola>.

### **Basix Dental Savings**

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides you with a wide range of dental discount services. Basix contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health Insurance plan. Students must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending on the type of service received and the contracted dentist providing the service. To use the program, students must:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed at <http://www.basixstudent.com>.
- Tell the dental office that they have the student health insurance plan and the Basix program. Students don't need a separate ID card for the Basix program, but will need to show their student health insurance ID card to confirm eligibility.

Full details of the program and contact information for further questions are available at <http://www.basixstudent.com>.

### **SilverCloud Behavioral Health**

SilverCloud Health offers online, self-guided programs designed for young adults to address anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, these self-guided programs are available any time, on any device.

Each module is comprised of an introductory video and quiz, psychoeducational content with examples and personal stories, interactive activities, homework suggestions and summaries.

SilverCloud is accessible to those enrolled in your School's Student Health Insurance Plan. To start on your path to better managing your well-being, visit <http://gsh.silvercloudhealth.com/signup>.

## Broker information

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### **NEED MORE INFORMATION? PLEASE CONTACT**

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
Toll free 1-800-395-0959  
[www.gallagherstudent.com/biola](http://www.gallagherstudent.com/biola)

If you need medical attention before the ID card is received, benefits will be payable according to the Policy. You do not need an ID card to be eligible to receive benefits. Call Gallagher Student Health & Special Risk to verify eligibility.

## ID Cards

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Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the [uhcsr.com/myaccount](http://uhcsr.com/myaccount) website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

This Summary Brochure is based on Policy #2022-319-4.

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.

# UNITEDHEALTHCARE INSURANCE COMPANY

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE PROGRAM

### NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not discriminate or treat Insureds differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, 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](mailto: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.

If you think you were treated unfairly because of your ancestry, religion, marital status, gender, gender identity, or sexual orientation, you can also send a complaint to the California Department of Insurance:

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013  
Toll-Free Consumer Hotline: 1-800-927-HELP (4357) or 1-213-897-8921  
TDD Number: 1-800-482-4TDD (4833)  
<http://www.insurance.ca.gov>

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, 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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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



**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**  
Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

**Amharic**  
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**Arabic**  
تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-866-260-2723.

**Armenian**  
Ձեզ մատչելի են անվճար լեզվաբանական օգնությունները առանց վճարումների: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

**Bantu- Kirundi**  
Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

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

**Bengali- Bangala**  
ষাষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

**Burmese**  
ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

**Cambodian- Mon-Khmer**  
សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមម្សៀតទៅលេខ 1-866-260-2723។

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

**Choctaw**  
Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. I paya 1-866-260-2723.

**Cushite- Oromo**  
Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

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

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

**French Creole- Haitian Creole**  
Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

**German**  
Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

**Greek**  
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

**Gujarati**  
ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

**Hawaiian**  
Kōkua manuahi ma kāu ‘ōlelo i loa‘a ‘ia. E kelepona i ka helu 1-866-260-2723.

**Hindi**  
आप के लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

**Hmong**  
Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

**Ibo**  
Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpọọ 1-866-260-2723.

**Ilocano**  
Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

**Indonesian**  
Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

**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**  
ကျိုက်တော်မူကော့အင်္ဂါနမူနာအီသုဝဲလၢတလိတိုဟ့ၣ်အပူၤတၢ်(ခိလီ)န့ၣ်လီၤ. ဝံသးစုၤဆဲးကျိၤဘၣ် 1-866-260-2723တက့ၢ်.

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

**Kru- Bassa**  
Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yonj. Sebel i nsinga ini 1-866-260-2723.

**Kurdish Sorani**  
خزمهتی کلنی یار مانی زمانی بهخۆری ای بو تو دابین دهکرتن. تکیه تەلمەخۆن بکه بو ژماره 1-866-260-2723.

**Laotian**  
ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໃຫຫາເບີ 1-866-260-2723.



POLICY NUMBER: 2022-319-4

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.

NOC1 - 08/02/2022

NOC1 8/2/2022

Policy: NA

Certificate:

Section 13: General Provisions - Request for Alternate Communications:

Remove brackets and update school specific url From: [www.uhcsr.com](http://www.uhcsr.com) To: [www.uhcsr.com/biola](http://www.uhcsr.com/biola)

Update phone # From: 1-800-767-0700 To: 1-866-948-8472

Summary Brochure:

In Highlights of Benefits table under Preventive Care Services updated web address,

From: <https://www.healthcare.gov/coverage/preventive-care-benefits/>

To: [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)