



## 2022–2023 Student Health Insurance Plan for Boston College

**THIS PLAN DOES NOT INCLUDE ANY EXCLUSIONS OR LIMITATIONS FOR PRE-EXISTING CONDITIONS.**



This health plan meets the Minimum Creditable Coverage standards that are effective January 1, 2021 as part of the Massachusetts Health Care Reform Law. This plan will satisfy the statutory requirement that the Insured Person must have health insurance meeting these standards.

### Who is eligible to enroll?

All students enrolled in a degree program, regardless of credit hours, and non-degree students enrolled at least 75% of full-time will be automatically enrolled in and billed for the Student Health Insurance Plan unless proof of comparable coverage is provided.

Seventy-five of full-time enrollment is as follows:

- Morrissey College of Arts and Sciences, Graduate – 7 or more
- Lynch School of Education and Human Development, Graduate – 7 or more
- Carroll School of Management Graduate Programs – 7 or more
- Connell Graduate School of Nursing – 7 or more
- School of Social Work – 7 or more
- Woods College of Advancing Studies, Undergraduate – 9 more
- Woods College of Advancing Studies, Graduate – 7 more
- School of Theology and Ministry – 7 or more

Non-degree graduate and WCAS students registering at the above credit hours are also automatically enrolled in SHIP unless proof of comparable coverage is provided.

Students who are not citizens or permanent residents of the United States will be automatically enrolled in SHIP unless proof of comparable coverage is provided.

Medical Leave of Absence policy: Boston College allows eligible students who are on an approved medical leave of absence to continue enrollment under the Boston College Student Health Insurance Plan for a maximum of one semester. Student must have been enrolled in the College's Student Health Insurance Plan for the semester immediately preceding the requested enrollment extension. Eligible students may also insure their Dependents, if the Dependents have been previously insured. Please contact Boston College's Office of Student Services.

Eligible students may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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 who meets the specific requirements set forth in the Definitions section of the 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 the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

### Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including 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 College and may be viewed at [www.uhcsr.com/bc](http://www.uhcsr.com/bc). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-16-1. 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 1-866-948-8472 or [GSHcustomerservice@uhcsr.com](mailto:GSHcustomerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

Rates	Fall 8-7-2022 to 1-12-2023	Spring 1-13-2023 to 8-6-2023
Student	\$1,637.00	\$2,121.00
Spouse	\$1,637.00	\$2,121.00
One Child	\$1,637.00	\$2,121.00
Two or More Children	\$3,274.00	\$4,242.00
Spouse and Two or More Children	\$4,911.00	\$6,363.00

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 92.090%

**Preferred Providers:** The Preferred Provider for this plan is HPHC Insurance Company Network in Preferred Providers can be found using the following link:

[UHC Options PPO - Harvard Pilgrim Joint Venture](#)

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

	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>	\$150 Per Insured Person, per Policy Year \$300 For all Insureds in a Family, 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>	\$2,000 Per Insured Person, Per Policy Year \$4,000 For all Insureds in a Family, Per Policy Year	

<p><b>Coinsurance</b> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</p>	100% of Allowed Amount for Covered Medical Expenses	80% of Allowed Amount for Covered Medical Expenses
<p><b>Prescription Drugs</b> 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.</p>	<p>\$15 Copay per prescription Tier 1 \$30 Copay per prescription Tier 2 \$50 Copay per prescription Tier 3 Up to a 30-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</p>	No Benefits
<p><b>Preventive Care Services</b> Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</p>	100% of Allowed Amount	Allowed Amount after Deductible
<p><b>The following services have per service Copays</b> This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</p>	<p>Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.</p>	<p>Medical Emergency: \$150 not subject to Deductible The Copay will be waived if admitted to the Hospital.</p>
<p><b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b></p>	<p>Office Visits: \$0 Copay per visit Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible</p>	<p>Office Visits: Allowed Amount after Deductible Other Outpatient Services: Allowed Amount after Deductible</p>
<p><b>Pediatric Dental and Vision Benefits</b></p>	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. Acne, except as specifically provided in the Policy.
2. Cosmetic procedures, except as specifically provided in the Policy or reconstructive procedures to:
  - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
  - Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.
  - Medically Necessary reconstructive procedures that are for gender reaffirming or gender dysphoria treatment. This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.
3. Custodial Care.
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
  - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
4. Dental treatment, except:
  - As described under Dental Treatment in the Policy.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
6. Elective abortion.
7. Foot care for the following, except as specifically provided in the Policy:
  - Flat foot conditions.
  - Supportive devices for the foot.
  - Subluxations of the foot.

- Fallen arches.
- Weak feet.
- Chronic foot strain.
- Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to:

- Preventive foot care for Insured Persons with systemic circulatory diseases such as diabetes.
- Benefits specifically provided in Podiatry Care.
- Medically Necessary treatment of a covered Injury or Sickness, as determined by the treating Physician.

8. Health spa or similar facilities. Strengthening programs.

9. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.

This exclusion does not apply to:

- Hearing defects or hearing loss as a result of an infection or Injury.
- Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.

10. Hirsutism. Alopecia, except as specifically provided in Benefits for Scalp Hair Prosthesis.

11. Hypnosis.

12. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.

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

14. Investigational services.

15. Learning disabilities testing, including diagnostic testing of learning disabilities.

16. Lipectomy.

17. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.

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

19. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:

- Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
- Immunization agents, except as specifically provided in the Policy.
- Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
- 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.
- Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
- Growth hormones for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

20. Reproductive services for the following, except as specifically provided in Benefits for Infertility or as specifically provided in the Policy:

- Genetic testing.
- Impotence, organic or otherwise.
- Reversal of sterilization procedures.

21. 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.

22. 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 contact lenses to treat keratoconus.
- To benefits specifically provided in the Policy.

23. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in Benefits for Maternity, Childbirth, Well-Baby and Post Partum Care.

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

25. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis. This exclusion does not apply to benefits specifically provided in the Policy.

26. Naturopathic services.
27. Supplies, except as specifically provided in the Policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except:
  - As specifically provided in the Policy.
  - Medically Necessary reconstructive procedures that are for gender affirming or gender dysphoria treatment.
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
30. 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).
31. 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 Weight Loss Programs or as specifically provided in the Policy.

## UnitedHealthcare Global: Global Emergency Services

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If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse 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 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

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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 and their covered Dependents; 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

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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 and their covered Dependent; 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 Complements

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>.

### EyeMed Vision Care

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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>.

### Basix Dental Savings

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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

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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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QUESTIONS? NEED MORE INFORMATION? For general information on benefits, eligibility and enrollment, student ID Cards, or service issues, please contact:

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-866-948-8472  
[www.gallagherstudent.com](http://www.gallagherstudent.com)

### 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 #2022-16-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.



## NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator  
United HealthCare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](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.

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

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.



