

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



California Baptist University



## 2021–2022 Student Injury and Sickness Insurance Plan for Domestic Students of California Baptist University

### Who is eligible to enroll?

All traditional undergraduate domestic students enrolled in 7 or more credit hours and all nursing students and the following Graduate programs: Athletic Training, Physician Assistant, and Communication Disorder, regardless of credit hours, are required to purchase this insurance plan, unless proof of comparable coverage is furnished.

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

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 or 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.

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:
  - On the date the Named Insured acquires a legal spouse or enters into a Domestic Partnership with a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
  - 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.calbaptist.edu/healthinsurance](http://www.calbaptist.edu/healthinsurance). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-200405-1. 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 1-877-371-7602 or [www.calbaptist.edu/healthinsurance](http://www.calbaptist.edu/healthinsurance).

# Highlights of Coverage offered by UnitedHealthcare StudentResources

## Coverage Dates and Plan Cost

Rates	Annual 8/01/2021 – 7/31/2022	Fall 8/01/2021 – 12/31/2021	Spring/Summer 1/01/2022 – 7/31/2022	Summer 5/01/2022 – 7/31/2022
Student	\$2,289.00	\$1,145.00	\$1,145.00	\$553.00
Spouse	\$2,289.00	\$1,145.00	\$1,145.00	\$553.00
One Child	\$2,289.00	\$1,145.00	\$1,145.00	\$553.00
Two or More Children	\$4,478.00	\$2,240.00	\$2,240.00	\$1,106.00
Spouse and 2 or more Children	\$6,667.00	\$3,335.00	\$3,335.00	\$1,659.00

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may include amounts which are retained by your school (to, for example, cover your school's administrative costs associated with offering this health plan) as well as 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.

## Important dates or deadlines

Online waiver form must be submitted by September 7, 2021.

**\*Students on the domestic plan may opt to waive out of the insurance by completing an online waiver form at <http://www.calbaptist.edu/healthinsurance> prior to the Waiver Cut-off Date during the first semester of attendance of each academic year.**

## Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 87.200%

**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](#)

	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	\$500 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>	\$5,000 Per Insured Person, Per Policy Year \$5,000 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
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 Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <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>	\$15 Copay for Tier 1 \$25 Copay for Tier 2 \$45 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
Preventive Care Services	100% of Preferred Allowance	No Benefits

<p>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="https://www.healthcare.gov/coverage/preventive-care-venefits/">https://www.healthcare.gov/coverage/preventive-care-venefits/</a>).</p> <p>Age limitations are waived for TB Testing.</p>		
<p>The following services have per service Copays This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</p>	<p>Physician's Visits: \$15 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Preferred Provider and Out-of-Network Copay will be waived if admitted to the Hospital.</p>	<p>Medical Emergency: \$150 not subject to Deductible The Preferred Provider and Out-of-Network Copay will be waived if admitted to the Hospital.</p>
<p>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</p>	<p>Office Visits: \$15 Copay per visit 100% of Preferred Allowance not subject to Deductible Other Outpatient Services: 80% of Preferred Allowance after Deductible</p>	<p>Office Visits: 60% of Usual and Customary Charges after Deductible Other Outpatient Services: 60% of Usual and Customary Charges after Deductible</p>
<p>Pediatric Dental and Vision Benefits</p>	<p>Refer to the plan certificate for details (age limits apply).</p>	

## 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. 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.
2. 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.
3. 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.
4. Elective Surgery or Elective Treatment as defined in the Definitions section of the Policy.
5. 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.

- 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 of the Policy.
6. 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.
  7. Injury or Sickness for which benefits are paid:
    - Under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
  8. Treatment outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business, or pleasure.
  9. Commission of or attempt to commit a felony.
  10. Prescription Drugs 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.
  11. 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.
  12. 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.
  13. 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.
  14. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness.
  15. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
  16. 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.
  17. 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.
  18. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
  19. 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).
  20. 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 and your insured spouse, Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

### Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- 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

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

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

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

\*Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a \$55 service fee before being connected to a board-certified physician.

## 24/7 Student Support

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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 counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments and participate in personalized self-help programs. More information about these services is available by logging into My Account at [www.uhcsf.com/MyAccount](http://www.uhcsf.com/MyAccount).

## 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.

## 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 [www.gallagherstudent.com](http://www.gallagherstudent.com).

### ***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/calbaptist>

### ***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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For general information on benefits, eligibility and enrollment, ID Cards, please contact:

Gallagher Student Health & Special Risk

500 Victory Road

Quincy, MA 02171

1-877-371-7602

[www.calbaptist.edu/healthinsurance](http://www.calbaptist.edu/healthinsurance)

For the online waiver form, please visit our website at [www.calbaptist.edu/healthinsurance](http://www.calbaptist.edu/healthinsurance), click on "Student Waive" and follow the online instructions.

### **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 #2021-200405-1

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.

# UNITEDHEALTHCARE INSURANCE COMPANY

## NON-DISCRIMINATION AND LANGUAGE ASSISTANCE PROGRAM

### NON-DISCRIMINATION NOTICE

UnitedHealthcare **Student**Resources 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



## NON-DISCRIMINATION NOTICE

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

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

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





POLICY NUMBER: 2021-200405-1

**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 – 8/11/2021

Summary brochure:

1. Where can I get more information about the benefits available section: added: "The Master Policy provides One Year Term coverage."
2. Rates for Fall and Spring/Summer updated
3. Rates section: In the paragraph regarding days premium must be received, changed from 14 days to 31 days.
4. Schedule of Benefits – Preventive Care Services: updated list of services language to: "See the Preventive Care Services benefit in the plan certificate for a complete list of services. Additional information can be found at: (<https://www.healthcare.gov/coverage/preventive-care-benefits/>)."
5. Exclusions:
  - #5 Treatment for hearing defects and hearing loss exclusion: added "Benefits for Reconstructive Surgery in the Mandated Benefits of the Policy."
  - #6 Immunizations exclusion: deleted "This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy."
  - #10 Prescription Drugs Services exclusion: deleted "Anorectics - drugs used for the purpose of weight control."