

2022-2023
UnitedHealthcare Insurance Company
Student Accident and Sickness Insurance Plan
Description of Benefits
Premier Plan

Designed Especially for the students of



GEORGETOWN UNIVERSITY



2022–2023 UnitedHealthcare Student Accident and Sickness Platinum Premier Plan At A Glance Booklet



This plan is underwritten by UnitedHealthcare Insurance Company, serviced by Gallagher Student Health & Special Risk, and is based on policy number 2022-32-1. The Policy is a Non-Renewable One-Year Policy.

Please read this booklet to determine whether this plan is right for you before enrolling. For detailed enrollment, benefits, exclusions and limitation provisions refer to the 2022-2023 Certificate of Coverage found on the Georgetown University Student Health insurance website, <http://studenthealth.georgetown.edu/insurance/>.

A message from Georgetown University about requiring students to have health insurance:

For all students, good health is essential to achieving educational goals. Maintaining good health requires access to health care when you need it. In the United States, health care is the financial responsibility of each individual and access to health care may be affected by one's ability to pay.

Georgetown University requires students to have health insurance. This requirement was implemented for a number of reasons:

- Because a significant percentage of students had either no health insurance or inadequate coverage prior to our adopting a health insurance requirement, nearly 30 percent were uninsured.
- To ensure that students have the health insurance coverage they need to secure access to health care. In the United States today, access to health care in all but life-threatening situations may be limited to only those who have adequate coverage.
- To help protect students from the financial burdens of an unexpected accident or illness. Experience shows that many students are unaware of the costs which may be incurred for diagnosis and treatment of illness and injuries. The insurance requirement helps protect the student's educational investment.

Because so many students have difficulty obtaining comprehensive, affordable coverage on their own, the University has accepted the responsibility of offering a plan to its students, the Premier Plan. Students who are eligible for insurance are automatically charged for the Premier Plan. Students who already have coverage may waive the Premier Plan by supplying documentation of insurance coverage on a waiver form that meets the University's requirements.

This waiver system is used for a very important reason - to secure a policy for students who need one in a limited period of time. Most employer-sponsored group plans deduct health insurance premiums from an employee's paycheck and enroll new employees throughout the year. Because of constant turnover in the student population, an extended enrollment period is not feasible. The only way to ensure that students have insurance before the enrollment period ends on September 15, is by including the charge for insurance on the tuition bill of all eligible students and by requiring a waiver from those who already have coverage. Because the insurance charge is part of the tuition statement, students may use loans and scholarships to pay for it. The University has worked with Gallagher Student Health & Special Risk to develop a health insurance policy tailored to the health needs and financial capabilities of students. UnitedHealthcare Insurance Company underwrites the Plan.

To accept or waive the Premier Plan, go to studenthealth.georgetown.edu/insurance. Accepting activates your coverage during Open Enrollment. Waiving activates the approval process for receiving a credit on your student account.

How much does the plan cost?

Rates	Annual* 8/15/22 – 8/14/23	Spring Semester* 1/1/23 – 8/14/23
Student Only	\$3,115.00	\$1,950.00
Student & Spouse	\$6,230.00	\$3,900.00
Student & Child(ren)	\$6,230.00	\$3,900.00
Student, Spouse, and Child(ren)	\$9,345.00	\$5,850.00

* Includes up to a \$54 Georgetown University Administrative Fee for Annual coverage and up to a \$54 Georgetown University Administrative Fee for Spring Semester coverage.

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.

Who is eligible to enroll?

<https://studenthealthinsurance.georgetown.edu/activate-coverage/>

During Open Enrollment, Georgetown University (GU) requires most of its students in a degree program that is not primarily online (who are registered for purposes other than enabling plan eligibility) to enroll in the Premier Plan unless proof of other coverage that meets the University's requirements is satisfied. A charge for the Premier Plan is placed on eligible students' accounts. Such eligible students include:

- Undergraduates registered for 9 or more credit hours;
- Law or Graduate students registered for 8 or more credit hours;
- Thesis Research students; and
- Medical Students.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased.

Late enrollment is permitted if an application is received within 31 days of being involuntarily terminated from other coverage due to age or employment status or of a dependent's qualifying event. In general, eligible Dependents are the student's spouse and dependent children under 26 years of age. Late enrollment is also permitted upon termination during the Open Enrollment Period of other group employer plan coverage.

Prorated refunds are not granted unless the insured enters the armed forces.

What are the important deadlines?

Acceptances and waivers must be submitted by September 15, 2022 for the annual fall coverage and January 31, 2023 for the spring coverage (for the few who are eligible to enroll for the first time in the academic year). For a waiver to be considered for approval, the other coverage must be in effect for the entire academic year. A \$100 fee is applied to students' accounts for late waivers.

Credits for approved waivers received at least one week before registration will be posted to students' accounts by the registration due date. Also, local addresses must be updated by September 15, 2022 for ID cards and claims information to be mailed to the correct address.

How do I obtain an ID card?

GU Student Health Insurance sends enrollment activation emails to insured students. Once activated, create an account under My Account at www.uhcsr.com to download a copy of your ID card, print an ID card or request an ID to be mailed to you.

How do I reduce my Cost Sharing?

The Premier Plan pays for covered services at different rates according to where medical treatment is rendered. Students are responsible for the cost of the medical services not covered by the Plan, e.g., the remaining balance. UnitedHealthcare negotiates with thousands of hospitals and doctors across the country to reduce the cost of medical services for both the insurance company and the students insured under the Plan. The network of hospitals and doctors that have agreed to the discounted rate (Preferred Allowance) as payment in full is the Preferred Provider Organization (PPO) represented under the benefit Schedules 1 and 2.

Go to providers in the following order to reduce your out-of-pocket cost sharing obligation:

- Schedule 1, the Student Health Center (SHC) or the GU Counseling and Psychiatric Service (CAPS);
- Schedule 2, the Georgetown University Hospital/Medstar or other UnitedHealthcare Choice Plus network providers, and
- Schedule 3, all other providers within the United States or worldwide.

Always check with your provider to confirm the provider participates in the UnitedHealthcare Choice Plus network because Schedule 1 or 2 providers may refer you to Schedule 3 services.

Special Benefits Only Covered by Specific Providers

Some services are only covered when rendered or referred by the SHC or GU Learning Disability Coordinator. (If you can't obtain an SHC referral due to inaccessibility, email Studentinsurance@gallagherstudent.com.)

- The following treatments are not excluded when rendered at the SHC and benefits are paid after a \$10 Copayment per visit when billed by the SHC: Treatment of corns, calluses, bunions, hirsutism, alopecia and TB testing.
- The following treatments require SHC referrals:
 - Nutritional counseling by a GU Health Education certified nutritionist
 - Sleep disorders, and
 - Allergy testing and treatment, any follow-up visits to testing will be paid as a specialist visit.
- Psychological testing for learning disabilities requires a referral from the GU Learning Disability Coordinator.

Pre-Certification

Pre-Certification is required for Hospital Admissions, Allergy Testing, and Maternity Admissions.

Healthiest You Telehealth Services

HealthiestYou is not insurance. It is meant to compliment the Student Health Center and the Counseling and Psychiatric Service. As an insured with United Healthcare StudentResources, there is no fee for these services; they are free of charge during your term of coverage. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. Age restrictions may apply depending on your state.

- **Telemedicine Services, 24/7 Access**

You have 24/7 access to medical advice through HealthiestYou, a national telehealth service. (If you call prior to your coverage dates, a \$55 service fee applies.) Visit www.telehealth4students.com to 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.

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.

- **Virtual Counselor Access**

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.

EyeMed Discount Networks (not insurance)

To access discount vision services download an Eyemed ID card from www.gallagherstudent.com.

What are the fundamentals of the Premier Plan?

Limitations to Covered Benefits

Covered benefits are subject to exclusions and limitations as detailed in the Certificate of Coverage, to include Covered Medical Expenses and charges that are:

- Usual and Customary Charges (UC)
- Medically Necessary, and
- Appropriate for the condition.

For example, the Plan only pays for Emergency Room services for a condition that meets the Medical Emergency definition.

The Deductible

The Deductible is the amount you pay each Policy Year for certain Covered Expenses before the Plan will pay any further expenses. It applies to any individual covered by the Plan. You satisfy the Deductible just once each Policy Year, even if you have several different kinds of expenses. Except for Prescription Drugs, Coinsurance and Copayments count toward the Deductible under any schedule. There is a separate prescription drug Deductible.

Charges incurred and applied to the Deductible during the period from June 1 up to the commencement of the Policy Year on August 15 of that year will be applied against the upcoming Policy Year Deductible, and thus, may reduce or eliminate the upcoming Policy Year Deductible.

The Copayments

A Copayment is a fixed dollar amount that you must pay each time you receive certain Covered Expenses. For example, Physician visits, Emergency Room visits, and Prescriptions have Copayments.

Coinsurance

Coinsurance is a percentage of Covered Expenses that the Plan pays, after you have met the applicable Deductible. The percentage amount depends upon the type of service and the Schedule under which you received covered services.

Limits on Your Out-of-Pocket Expenses

The maximum Out-of-Pocket Covered Medical Expenses is \$3,000 per individual and \$6,000 per family per Policy Year for Schedule 1 and 2. The maximum Out-of-Pocket Covered Medical Expenses is \$8,000 per individual per Policy Year for Schedule 3. The Deductible, Copayments and Coinsurance incurred under any Schedule are applied to the Out-of-Pocket maximum. Charges in excess of U&C, or charges that exceed the Prescription Drug Charge, do not apply towards the Out-of-Pocket maximum. Services that are not Covered Medical Expenses and the amount benefits are reduced for failing to comply with policy provisions or requirements do not count toward meeting the Out-of-Pocket Maximum.

At a Glance the Benefits of the Student Accident and Sickness Plan

METALLIC LEVEL - PLATINUM WITH ACTUARIAL VALUE OF 87.22% WITH AN UNLIMITED PLAN MAXIMUM

Covered Services	Schedule 1 Student Health Center (SHC) and Counseling and Psychiatric Services (CAPS), Subject to Availability			Schedule 2 Network *			Schedule 3 Out-of-Network and Out-of-Country		
	Plan Year Deductible	Per Service Co-Payment	Per Service: Plan % of Co-insurance	A \$200/Insured Plan Year Deductible Not to Exceed \$600/family Applies	Per Service Co-Payment	Per Service: Plan % of Co-insurance With Preferred Allowance	A \$250/Insured Plan Year Deductible Not to Exceed \$600/family Applies	Per Service Co-Payment	Per Service: Plan % of Co-insurance of Usual and Customary Charges
Out of Pocket Maximum	\$3,000/Insured/Plan Year; \$6,000/Family			\$3,000/Insured/Plan Year; \$6,000/Family			\$8,000/Insured/Plan Year		
Prescription Drugs after a separate \$150 Plan Year Deductible, Mail order Available	Not Available			Tier 1: \$15 Copay** Tier 2&3: 80% coinsurance			Not Available		
Labs	No	\$0	100%	Yes	\$0	90%	Yes	\$0	70% UC
Surgery	Not Available			Yes	\$0	90%	Yes	\$0	70% UC
Preventive Care ***	No	\$0	100%	No	\$0	100%	No Benefits		
Outpatient Physician Visits Includes Mental Health and Substance Use Disorders	No	\$10	100%	Yes	\$25	100%	Yes	\$0	70% UC
Urgent Care Visit	Not Available			Yes	\$50	100%	Yes	\$50	100% UC
Medical Emergency Expenses for Emergency Room Services	Not Available			Yes	\$100	100%	Yes	\$100	100% UC
Diagnostic Tests and Procedures	No	\$0	100%	Yes	\$0	90%	Yes	\$0	70% UC
Outpatient Services (Other) Available services are limited at the SHC.	Not Available			Yes	\$0	90%	Yes	\$0	70% UC
Inpatient Services Includes Mental Health and Substance Use Disorders	Not Available			Yes	\$0	90%	Yes	\$0	70% UC
Allergy Testing and Treatment Payable only when referred by SHC and Testing Pre-certified by Paramount Preferred Solutions (PPS)	No	\$10	100%	Yes	\$0	70%	Yes	\$0	60% UC
Psychological Testing to determine Learning Disabilities payable only when referred by a GU Learning Disability Coordinator	Not Available			No	\$0	90%	No	\$0	70% UC
Outpatient Physiotherapy Review of Medical Necessity will be performed after 12 visits per Injury or Sickness.	Not Available			Yes	\$0	90%	Yes	\$0	70% UC
Pediatric Dental & Vision Benefits	Refer to the plan Certificate of Coverage for details (age limits apply)								

Georgetown University has certified that this student health insurance plan qualifies for an accommodation with respect to the federal requirement to cover all Food and Drug-administration approved contraceptive services for women, as prescribed by a health care provider, without cost sharing. This means that Georgetown will not contract, arrange, pay or refer for contraceptive coverage. Instead, UnitedHealthcare will provide separate payments for contraceptive services that you use, without cost sharing and at no other cost when services are received from a Preferred Provider, for so long as participants are enrolled in this plan. Georgetown University will not administer or fund these payments. If you have any questions, please contact customer service at 1-877-935-5437.

- * UHC Pharmacy Network; UHC Choice Plus Network for Medical to include Medstar, Georgetown University Hospital; and UHC Behavioral Health Network
- ** Mail order 90 day supply copayment is 2.5 times the monthly copayment
- *** Please visit <https://www.healthcare.gov/preventive-care-benefits/> for a complete list of services provided for specific age and risk groups

What are the Exclusions?

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. Acupuncture, except as specifically provided in the Policy.
2. Learning disabilities testing, except for when referred by the designated Georgetown Learning Disability Coordinator; except as specifically provided in the Policy.
3. Biofeedback or services and supplies related to biofeedback.
4. Circumcision, except for Newborn Infants.
5. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - For treatment of cleft lip and cleft palate.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Services or supplies for care of corns, bunions (except capsular or bone surgery), or calluses, except for Special Benefits provided at the SHC.
This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. Hearing examinations. 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.
 - Hearing screenings specifically provided for in Benefits for Child Health Screening Services.
11. Hirsutism. Alopecia, except for Special Benefits provided at the SHC.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
 - Participating in any intercollegiate or professional sport, contest or competition.
 - Traveling to or from such sport, contest or competition as a participant.
 - Participating in any practice or conditioning program for such sport, contest or competition.
14. Lipectomy services and supplies related to surgical or suction-assisted lipectomy.
15. Patient controlled analgesia (PCA).
16. Rioting or inciting to riot:
 - A riot is a public disturbance involving an assemblage of 5 or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons.
 - Whoever willfully engages in a riot shall be punished by imprisonment for not more than 180 days or a fine of not more than the amount set forth in § 22-3571.01, or both.
 - Whoever willfully incites or urges other persons to engage in a riot shall be punished by imprisonment for not more than 180 days or a fine of not more than the amount set forth in § 22-3571.01, or both.
 - If in the course and as a result of a riot a person suffers serious bodily harm or there is property damage in excess of \$5,000, every person who willfully incited or urged others to engage in the riot shall be punished by imprisonment for not more than 10 years or a fine of not more than the amount set forth in § 22-3571.01, or both.
17. Intentional commission of or attempt to commit a felony. Fighting, except in self-defense.
18. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy.

- Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs, except as specifically provided in the Policy.
 - Products used for unapproved cosmetic purposes.
 - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
 - Anorectics - drugs used for the purpose of weight control.
 - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive services for the following:
- Procreative counseling.
 - Genetic counseling and genetic testing.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests, except to diagnose the underlying cause of infertility including testing and counseling.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the Policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
20. 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 for Covered Medical Expenses incurred in connection with participation in approved clinical trials.
21. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Radial keratotomy, keratomieusis or excimer laser photo refractive keratectomy or similar type procedures or services. 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.
22. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
23. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
24. Nasal and sinus surgery, except for treatment of a covered Injury.
25. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
26. Sleep disorders, supplies, treatment, or testing relating to sleep disorders, except when a referral obtained from the SHC accompanies a sleep disorder claim.
27. Supplies, except as specifically provided in the Policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the Policy.
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 services and supplies related to weight reduction programs, weight management programs, related nutritional supplies; treatment for obesity, surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided.

UnitedHealthcare Global: Global Emergency Services

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

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

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

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be**

considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

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

Also includes additional assistance services to support your medical needs while away from home or campus and security, political and natural disaster assistance and evacuation benefits. 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.

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

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.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomarōñ bōk jerbal in jipañ in kajin ilo ejjelōk wōñāān. Jouj im kallōk 1-866-260-2723.

Micronesian- Pohnpeian

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

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'í'í bee ná'ahoot'í'. T'áá shōqđí kohjí' 1-866-260-2723 hodíílinih.

Nepali

भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Kāk ē kuny ajuæŕ ē thok atō tīnē yīn abac tē cīn wēu yeke thīēēc. Yīn cōl 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

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

Polish

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

Portuguese

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

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

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

Russian

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

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Somali

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

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

Swahili

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

Syriac- Assyrian

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Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

ఊంకీడ్వత్ అసీస్ట్వంట్ సర్వీస్లెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือนด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

Tongan- Fakatonga

‘Oku ‘i ai pē ‘a e sēvesi ki he lea’ ke tokoni kiate koe pea ‘oku ‘atā ia ma’au ‘o ‘ikai ha totongi. Kātaki ‘o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

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

Ukrainian

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

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔ براہ مہربانی 1-866-260-2723 پر کال کریں۔

Vietnamese

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

Yiddish

שפראך הילף סערוויסעס זענען אוועלעבל פאר אײך פריי פון אפצאל. בישע 1-866-260-2723

Yoruba

Isẹ iranlọwọ èdè tí ó jẹ òfẹ́, wà fún ọ. Pe 1-866-260-2723.

How do I Obtain Administrative Assistance?

Enrollment, Eligibility and Service Issues:

Student Health Insurance, Georgetown University,
Room 344 - Reiss Science Building
3700 O St., NW
Washington, DC 20057
Office: 202-687-4883
Email: shi@georgetown.edu.
<http://studenthealth.georgetown.edu/insurance>

Benefits, Address Changes after Open Enrollment, Eyemed Discount Network ID, and Voluntary Vision Plan:

Gallagher Student Health & Special Risk, 500 Victory Road, Quincy, MA 02171
Office: 1-877-362-5287
Email: StudentInsurance@gallagherstudent.com
www.gallagherstudent.com

Claim Submission and Claim Questions for UnitedHealthcare StudentResources (UHCSR):

UnitedHealthcare StudentResources, P.O. Box 809025, Dallas, TX, 75380-9025
Office: 1-877-935-5437
Email: GSHClaims@uhcsr.com

ID Cards, Online access to claims status, Explanation of Benefits, and important UHCSR claims correspondence:

Navigate to www.uhcsr.com/myaccount, select "My Account Now" and follow the simple onscreen directions to create an account. You need your GU GoCard# that begins with an "8" or your GU email address. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Pre-Certification Requirements:

Paramount Preferred Solutions (PPS): 1- 800-525-8548

Premium Payments:

Office of Revenue and Receivables, Georgetown University
<https://studentaccounts.georgetown.edu/faq>

How do I Access the Provider Networks?

After Hours Urgent Medical Care: 202-444-PAGE

After Hours CAPS Mental & Behavioral Health Crisis: 202-687-6985, select to speak with the emergency on-call service

Emotional Support Line: 866-342-6892

Student Health Center (SHC):

Darnall Hall Ground Floor, 3800 Reservoir Rd., NW, Washington, DC 20007
Appointments: 202-687-2200 Immunizations: 202-687-3100
<http://studenthealth.georgetown.edu/medical-care>

COUNSELING AND PSYCHIATRIC SERVICE:

1 Darnall Hall, 37th and O Street, NW, Washington, D.C. 20057
Office: 202-687-6985
<http://studenthealth.georgetown.edu/mental-health>

Georgetown University Hospital Referral Line:

Inside Metro D.C.: 202-342-2400 Outside Metro D.C.: 866-745-2633

UnitedHealthcare Choice Plus Network and for claims questions:

1-877-935-5437
www.uhcsr.com

UnitedHealthcare Pharmacy:

1-855-828-7716
www.uhcsr.com

UnitedHealthcare Global emergency services:

Within the U.S.: 1- 800-527-0218 Outside the U.S.: 410-453-6330 (collect)
www.uhcsr.com/UHCGlobal

TeleHealth, medical and behavioral health remote consultations:
www.telehealth4students.com