2020–2021 Student Injury and Sickness Insurance Plan for University of Colorado – Anschutz Medical Campus

Student Letter

This is a student only plan and coverage for Dependents is not available for purchase.

Who is eligible to enroll?

All students enrolled in a degree-seeking program or approved certificate programs taking 1 or more credit hours are automatically enrolled in this insurance plan on a hard waiver basis.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study and correspondence courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

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 costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/anschutz. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-202512-1. 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 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-20 to 7-31-21</th>
<th>Fall 8-1-20 to 12-31-20</th>
<th>Spring/Summer 1-1-21 to 7-31-21</th>
<th>Summer 6-1-21 to 7-31-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,190.00</td>
<td>$2,176.00</td>
<td>$3,014.00</td>
<td>$867.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

20PPOSB-202512-1

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UnitedHealthcare StudentResources
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 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

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

| METALLIC LEVEL –GOLD WITH ACTUARIAL VALUE OF 83.960% |
|---|---|

<table>
<thead>
<tr>
<th><strong>Preferred Providers</strong></th>
<th><strong>Out-of-Network Providers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong></td>
<td><strong>Out-of-Network Providers</strong></td>
</tr>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$500 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td>Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply. Includes hormone replacement therapy drugs and prenatal vitamins.</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>The following services have per service Copays</strong></td>
<td>50% of Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td></td>
</tr>
<tr>
<td><strong>Physician’s Visits:</strong> $25 not subject to Deductible</td>
<td></td>
</tr>
<tr>
<td>Medical Emergency: $100 after Deductible</td>
<td></td>
</tr>
<tr>
<td>The Copay will be waived if admitted to the Hospital.</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Emergency:</strong> $100 after Deductible</td>
<td></td>
</tr>
<tr>
<td>The Copay will be waived if admitted to the Hospital.</td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Center:</strong> $50 not subject to Deductible</td>
<td></td>
</tr>
<tr>
<td>All covered services related to the visit will be paid at 100% after the Copay.</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Preferred Allowance</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Acupuncture/Massage Therapy</td>
<td>Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>$500 maximum per Policy Year. Massage Therapy benefits are payable for non-Medically Necessary maintenance. Rehabilitative Services are provided under Outpatient Physiotherapy.</td>
<td>$25 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>Preferred Allowance after Deductible</td>
</tr>
<tr>
<td>$300 maximum per Policy Year, One eye exam and hardware, contact lenses and/or glasses per Policy Year.</td>
<td>$25 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>Hospital Outpatient Facility or Clinic</td>
<td>Preferred Allowance after Deductible</td>
</tr>
<tr>
<td>The Policy Deductible will be waived and benefits will be paid at 100% of Preferred Allowance for the Hospital Outpatient Facility or Clinic fees billed by UCHealth Facilities and Clinics.</td>
<td>$25 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>$25 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>Limits per Policy Year as follows:</td>
<td>Physical therapy: not subject to Deductible</td>
</tr>
<tr>
<td>40 visits of physical therapy</td>
<td></td>
</tr>
<tr>
<td>40 visits of occupational therapy</td>
<td></td>
</tr>
<tr>
<td>40 visits of speech therapy</td>
<td></td>
</tr>
<tr>
<td>40 visits of manipulative therapy</td>
<td></td>
</tr>
<tr>
<td>Separate physical, occupational, and speech therapy limits apply to rehabilitative and Habilitative Services. Cardiac rehabilitation, occupational therapy and speech therapy will be paid at 80% of Preferred Allowance at Preferred Providers subject to the Policy Deductible.</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</td>
<td>Office Visits: $25 Copay per visit 100% of Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>Other Outpatient Services: Preferred Allowance not subject to Deductible</td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
</tr>
</tbody>
</table>

**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. Learning disabilities.
2. Biofeedback.
3. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness.
   - Treat a congenital hemangioma on the face or neck for an Insured age 18 or younger.
   - Correct a congenital defect, disease or anomaly for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
4. 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.
5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Elective abortion.
8. Foot care for the following:
   - 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 diabetes.
9. 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 Aids specifically provided for in Benefits for Hearing Aids for Minor Children.
   - Hearing exams and tests to determine the need for hearing correction.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
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.
15. Lipectomy.
16. Prescription Drugs, services or supplies as follows:
   - 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.
   - 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.
   - 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.
17. Reproductive services for the following:
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Fertility tests.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Policy.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
18. 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.
   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.
20. Speech therapy, except as specifically provided in the Policy.
21. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

22. Supplies, except as specifically provided in the Policy.

23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

25. 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).

26. Weight management. Weight reduction programs. Treatment for obesity (except surgery for morbid obesity). Treatment for Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension is covered. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company’s medical criteria. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

International Students: you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students: 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 ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $40 service fee before being connected to a board-certified physician.

#### 24/7 Student Support

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.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount).

#### HealthiestYou: Virtual Counselor Access

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

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

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

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


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


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.
LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m., ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amharic
_faraj_kudayilawezake_ fikra fiwaju amilinguali 1-866-260-2723

Arabic
تتوفر خدمات المساعدة اللغوية مجانًا اتصل على الرقم 1-866-260-2723

Armenian
Այս ծառայությունները համարվում են ազատ որպես սպառողական ծառայությունները. կատարեք համար 1-866-260-2723 համագրություն:

Bantu-Kirundi
Uronswa ku bantu servisivi zifiatiye ku turimi zo kugufasha. Utegerezwa guhanganura 1-866-260-2723.

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

Bengali-Bangla
ঘরে বাংলা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। হার করে 1-866-260-2723-এ কল করুন।

Burmese
အားမပေးပါဘာ စိုးစံမှု လောက်စွာ သုံးနားနိုင်ပါသည်။ 1-866-260-2723 ဖီးစားပါ။

Cambodian-Mon-Khmer
ការជាប់សម្រាប់ប្រការប្រការរបស់អ្នក រឿងនេះ 1-866-260-2723 ដែលខ្ញុះទៅ

Cherokee
SOOOG\dd. LI OOL\dd.SI OOL\dd ET H\dd RG\dd\dd\dd\dd.T H\dd EEG\dd\dd\dd D\dd.GOT. I\dd.G\dd\dd\dd. D\dd.BW\dd\dd 1-866-260-2723.

Chinese
您可以免费获得语言援助服务，请致电 1-866-260-2723。

Choa (Taw)
Chhaa amanuu ih shi amunup holmrv toshahi yrt peh pilla ho chi apel hina. 1 paya 1-866-260-2723.

Cushite-Oromo

Dutch
Taalbijstandsdiens zijn gratis voor u beschikbaar. Geïntru 1-866-260-2723 op te bellen.

French

French Creole-Haitian Creole
Gen sevis o Jou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν.
Καλώστε το 1-866-260-2723.

Gujarati
ભાષા સહાયક સેવા માટે બનાવાત માટે ની વિક્રમ રહેવા છે. હુદા ક્રમે 1-866-260-2723 પર કોલ કરીએ.

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

Hindi
आप के लिए आपकी सहायता सेवाओं निश्चित उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें.

Hmong
Muaj cov kev pab tchaws lus pub dwab rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisyo para iti language assistance. Pangangasim ti tawagam ti 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuitì.
Chiamare il numero 1-866-260-2723.

Japanese
無料の言語支援サービスをご利用いただけます。
1-866-260-2723 までお電話ください。

Karen
ကြောင်းသားစိုးစံမှု လောက်စွာ သုံးနားနိုင်ပါသည်။ 1-866-260-2723 ဖီးစားပါ။

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

Kru-Bassa
Bot ba holla ni kobol mahop ngui sauwog wi wo ba yé ha i nyua yo. Sebel i nsingi ini 1-866-260-2723.

Kurdish (Sorani)
خۆزەکانیەکانی زەوەیەوە ئێکە لە ئەوەیەکە لە ناوەکەیەوە ئێکەیە بۆ زەوەیەکە 1-866-260-2723.

Laotian
เวลาทีปรับปรุงข้อมูลผลิตภัณฑ์ที่ให้บริการฟรี.
ติดต่อเราที่ 1-866-260-2723.
Marathi
भाषाचा मदतीली सुविधा आपल्याला दिनांकन उपलब्ध आहे. 
त्यासाठी 1-866-260-2723 करा क्रांकनार संपर्क करा.

Marshallese
Kwamaroñ bök jerbal in jipañ in kajin ilo ejelok wojliñ. Jouj 
im kallōj 1-866-260-2723.

Micronesian- Pohnpeian
Mie sawas en mahsen ong komwi, soh isepc. Melau eler 
1-866-260-2723.

Navajo
Saad bee áka’eyeed bee áka’nikl’wó’igíí t’áá jíkk’eeh bee níích’íí 
bee ní’shooíí. T’áá shqoóli kohjíí 1-866-260-2723 hodílínííh.

Nepali
भाषा सहयोग सेवाहरू निर्देशक उपलब्ध छ। कृपया 
1-866-260-2723 मा कल मार्गदर्शी हो।

Nilotic-Dinka
Kák è kuny ajuer è thok atè tîn yin abac tè cin wey yeke 

Norwegian

Pennsylvania Dutch
Schprooch iswesetze Hilf kannscht du frei hawwe. Ruf 
1-866-260-2723.

Persian-Farsi
خدمات امداد زیادی به طور رایگان بر اخبار تمامی باشند. لطفاً شماره 
1-866-260-2723 بگوئید.

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

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

Punjabi
ਇਸਨੂੰ ਸਹਾਇਤਾ ਲੈਂਦੀਆਂ ਹਨ। ਕਈ ਭਾਸ਼ਾਵਾਂ ਦੀਆਂ ਸ਼ਾਸਕਾਂ 
1-866-260-2723 ਦੇ ਕਰਨ ਚਾਰੋਂ।

Romanian
Vi se pun la dispoziție, 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 muaa fesoasoani mo gaganina mo oe ma e lē totonia. 
Faamaleolefio telefoni le 1-866-260-2723.

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

Somali
Adeegyada taageerada laqadida oo bilaash ah ayna la heli karaa. 
Fadlan wac 1-866-260-2723.

Spanish
Hue servicios de asistencia de idiomas, sin cargo, a su 

Sudanese- Fulufulde
E woodi wallinde dow wolde caahu ngam maada. Noodu 
1-866-260-2723.

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

Syriac- Assyrian
Christianity is a global faith. Please call us for services in 

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng 

Telugu
ఊట్టే అనేక స్వాభావిక సంస్కృతి పద్ధతులు ఉంటాణం. 
సంఘాత్యకి సహాయం లేదు. 1-866-260-2723 ను అందుబాటులో ఉంటే,

Thai
มีบริการความช่วยเหลือภาษาไทยได้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย 
ในเวลาจริงได้ โดยโทรจากที่ไหนก็ได้ 1-866-260-2723.

Trukese (Chuukese)
Ein mei longeri anginisin e mon chon chinkku, esse kamo. 
Kose mochen koupwe kolokori 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 
1-866-260-2723 numarayını arayınız.

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

Urdu
زبان کی حوالی میں معاونیت خدمات ایک کیے کے لئی پالیا پاس وصول کریں۔ 
براءہ بریٹنی-260-2723 1-866-260-2723.

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

Yiddish
שפתן של מנהלים אחרים מעננים זכויות ברווחים美术 Yakir משל מתאמנים. 
1-866-260-2723 נורה.

Yoruba
Ise iranlówó ẹdè ti ọ jẹ ọfẹ, wá ẹnú ọ. Pe 1-866-260-2723.
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 - 08/12/2020
Bid Policy:
n/a

Certificate:

Changes made to the Schedule of Benefits:

Outpatient Section of Schedule of Benefits:
1. Physiotherapy - added Physical Therapy above not subject to Deductible.

Other Section of Schedule of Benefits:
1. Mental Illness Treatment & Substance Use Disorder:
   Changed Preferred Provider and Out-of-Network Provider Outpatient office visits and All other outpatient services, except Medical Emergency Expenses and Prescription Drugs section:
   From: after Deductible
   To: not subject to Deductible

2. Mammography - Added Parenthetical statement:
   Deductible and per service Copays do not apply.

3. Routine Preventive Care Services - Added Parenthetical statement:
   Services are not subject to the Policy Deductible or Copays.

Summary Brochure:
1. Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs section:
   - Replaced 'after Deductible' with 'not subject to Deductible' in the PPO/OON column for Other Outpatient Services.