Who is eligible to enroll?

International Students with an F1 or J1 are automatically enrolled in this insurance plan at registration on a hard waiver basis. Students in Optional Practical Training (OPT), English as a Second Language students, and other certain approved program students are eligible to purchase the plan on a voluntary basis as long as they have a valid student visa. OPT students may enroll in this plan on a voluntary basis provided that the student was enrolled in the plan for the semester prior to OPT status and may enroll up to one additional year.

Eligible students may also insure their Dependents. Eligible Dependents are the student’s legal spouse (including a Civil Union partner) and dependent children under 26 years of age.

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, 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. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse or Civil Union partner.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including 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/ucdenver. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-202710-4. 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.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Plan C</th>
<th>Fall 08/1/20 – 12/31/20</th>
<th>Spring/Summer 01/01/21 – 07/31/21</th>
<th>Summer 06/01/21 – 07/31/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$931.00</td>
<td>$1,289.00</td>
<td>$371.00</td>
</tr>
<tr>
<td>Spouse / Domestic Partner</td>
<td>$537.00</td>
<td>$743.00</td>
<td>$214.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$537.00</td>
<td>$743.00</td>
<td>$214.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$1,074.00</td>
<td>$1,486.00</td>
<td>$428.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$1,611.00</td>
<td>$2,229.00</td>
<td>$642.00</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.

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 – PLATINUM WITH ACTUARIAL VALUE OF 89.040%**

**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](#)

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 (Per Insured Person, per Policy Year)</td>
<td>$500 (Per Insured Person, per Policy Year)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,500 (Per Insured Person, Per Policy Year)</td>
<td>$5,000 (For all Insureds in a Family, Per Policy Year)</td>
</tr>
</tbody>
</table>

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.

**Coinsurance**

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

**Prescription Drugs**

Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply.

**Preventive Care Services**

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

<table>
<thead>
<tr>
<th></th>
<th>100% of Preferred Allowance</th>
<th>No Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$50 Deductible per Policy Year</td>
<td>$50 Deductible per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$15 Copay for Tier 1</td>
<td>$15 Copay for generic drugs</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>$30 Copay for Tier 2</td>
<td>$30 Copay for brand name drugs</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$30 Copay for Tier 3</td>
<td>Up to a 31-day supply per prescription</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>Up to a 31-day supply per prescription</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>
The following services have per service Copays:

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay Details</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s Visits</td>
<td>$25 after Deductible</td>
<td>Medical Emergency: $200 after Deductible (The Copay will be waived if admitted to the Hospital.)</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>$200 after Deductible</td>
<td></td>
</tr>
</tbody>
</table>

Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay Details</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$25 Copay per visit</td>
<td>Office Visits: Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>Preferred Allowance after Deductible</td>
<td></td>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
</tr>
<tr>
<td>Other Outpatient Services</td>
<td></td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

**Exclusions and Limitations**

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

1. Acupuncture, except as specifically provided in the Policy.
2. 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.
3. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
4. Elective Surgery or Elective Treatment.
5. Elective abortion.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. 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.
8. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
9. 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.
10. Investigational services.
11. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
12. 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.
• Growth hormones.
• Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

13. 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.

14. 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.

15. Preventive care services which are not specifically provided in the Policy, including:
• Routine physical examinations and routine testing.
• Preventive testing or treatment.
• Screening exams or testing in the absence of Injury or Sickness.

16. Services provided by the Health Service of the Policyholder. Services covered or provided by the student health fee.

17. Speech therapy, except as specifically provided in the Policy. Naturopathic services.

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

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

20. 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).

**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.

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

#### Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By 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 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 $40 service fee before being connected to a board-certified physician.

#### HealthiestYou: Virtual Counselor Access

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

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

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

*Available to Insured students; age restrictions may apply, depending on your state.
This Summary Brochure is based on Policy #2020-202710-4.

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

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.
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**
አማርኛ እንግዴለ እንግዴለ ያለም ከማካከር የማድረስ ያስፈርሱ. 1-866-260-2723

**Arabic**
توفر لك خدمات المساعدة اللغوية مجانًا. أتصل على الرقم 1-866-260-2723.

**Aruni**
2ko մաշտոցի է մատնելու լեզուների օգնության համար հանդիպեք. 1-866-260-2723 հայերենով.

**Bantu- Kirundi**
Uronswa ku bantu servisizzi ziffaitye ku turimi zo kugufasha. Utegerewa guhitangara 1-866-260-2723.

**Bisayan- Visayan (Cebuano)**

**Bengali- Bangala**
ঠাকুর সাহায্য সেবাসমূহ আপনি বিশ্বাসযোগ্য পেতে পারেন। 
বা করে 1-866-260-2723-এ কল করুন।

**Burmese**
အောက်ပါအတွက် အယ်လ်စ်စနစ်ကို အသုံးပြုပါက အခြေခံပြောပါသည်။ 1-866-260-2723 သိမ်းပေးသည်။

**Cambodian- Mon-Khmer**
ជស្សីមានកម្មវិធីការជួយនូវជំនួសភាក្សាដែលអាចអភិវឌ្ឍន៍បាន
បានឈ្នះក្នុងប្រយោគ 1-866-260-2723 តែង់ក្រុម

**Cherokee**

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

**Choclaw**
Chalta anumpa ish anumpuli hokmvl toshhiki yvt peh pilla ho chi apela hinla. I puya 1-866-260-2723.

**Cushite- Oromo**

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

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

**French Creole- Haitian Creole**

**German**

**Greek**
Oi οποιεσδήποτε γλώσσες βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

**Gujarati**
અમા સહાયક સેવાઓ તમારા માટે નિષ્ણાત ઉપલબ્ધ છે. કૂશા કરલે 1-866-260-2723 પર કોલ કરો.

**Hawaiian**
Kōkua manuahi ma ka ‘olelo i ka’a ‘ia. E keelepina i ka helu 1-866-260-2723.

**Hindi**
आप के लिए आपकी सहायता सेवाएं निष्पादन उपलब्ध हैं। कूशा 1-866-260-2723 पर कॉल करें।

**Hmong**
Muej eo j kev pak tchais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

**Ibo**

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

**Indonesian**

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

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

**Karen**
តម្លៃសម្រាប់ការជួយសំណុំដែលអាចអនុវត្តបាន(88) ងឺ។
ទូទៅរស់នៅ 1-866-260-2723 បំផុត។

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

**Kru- Bassa**
Bot ba sola ni kobol mahgup ngai nsa wogui bo wa yé h a niyyu yoŋ. Sebel i nsinga ini 1-866-260-2723.

**Kurdish Sorani**
خزمهکی زنیمەئی زمانەی بەکاردەیە بۆ تاکنی دەدەرێن. دەکەوێتە بەکار دەیەدەدە.

**Laotian**
 aforek kanaungkanaosaleoatdikxan. rambabu ingkho 1-866-260-2723.