Who is eligible to enroll?

All registered full-time and part-time students are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

Eligible students 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 for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and enrollment in exclusively 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 a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including 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 College and may be viewed at www.uhcsr.com/wpi. This plan is underwritten by HPHC Insurance Company and is based on policy number 2020-209-1. 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 Student Resources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-12-2020 to 8-11-2021</th>
<th>Spring 1-1-2021 to 8-11-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,550.00</td>
<td>$947.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,550.00</td>
<td>$947.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,550.00</td>
<td>$947.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,100.00</td>
<td>$1,894.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$4,650.00</td>
<td>$2,841.00</td>
</tr>
</tbody>
</table>

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.390%

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

Student Health Center Benefits:
- The Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Exclusions and limitations are waived.
- Benefits will be paid at the Preferred Provider level of benefits when treatment is referred by the Student Health Center for the following services: Routine and Preventive Care laboratory services rendered at the SHC and referred to Quest Diagnostics for processing. Exclusions and limitations are waived.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Plan Maximum</td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>$0 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$20 Copay for Tier 1</td>
</tr>
<tr>
<td></td>
<td>$55 Copay for Tier 2</td>
</tr>
<tr>
<td></td>
<td>$75 Copay for Tier 3</td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription at a UnitedHealthcare Pharmacy (UHCP)</td>
</tr>
<tr>
<td>Preventive Care Services</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>
</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>Physician’s Visits</th>
<th>Lab</th>
<th>X-rays</th>
<th>Medical Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$10</td>
<td></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>100% Preferred Allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>$10</td>
<td></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>100% Preferred Allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Allowance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Emergency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(The Copay will be waived if admitted to the Hospital.)</td>
<td></td>
<td></td>
<td></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>Office Visits</th>
<th>Other Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$10 per visit</td>
<td>Preferred Allowance</td>
</tr>
<tr>
<td>100% Preferred Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Outpatient Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>(The Copay will be waived if admitted to the Hospital.)</td>
<td></td>
<td></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. Acne.
2. Acupuncture.
3. 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.
   • Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.
   This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.
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:
   • As described under Dental Treatment in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
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 systemic circulatory diseases such as diabetes.
   • Benefits specifically provided in Podiatry Care.
   • Medically Necessary treatment of a covered Injury or Sickness, as determined by the treating Physician.
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   This exclusion does not apply to:
   • Hearing defects or hearing loss as a result of an infection or Injury.
   • Benefits specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
11. 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.
12. 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.
13. Investigational services.
14. Lipectomy.
15. Marital or family counseling, except when related to Mental Illness.
16. Nuclear, chemical or biological Contamination, whether direct or indirect. “Contamination” means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
17. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
18. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
   - Growth hormones for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reproductive services for the following, except as specifically provided in Benefits for Infertility:
   - Genetic testing.
   - 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 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 contact lenses to treat keratoconus.
     - To benefits specifically provided in the Policy.
22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
24. 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.
25. Supplies, except as specifically provided in the Policy.
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
28. 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).
29. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Weight Loss Programs or as specifically provided in the Policy.

**UnitedHealthcare Global: Global Emergency Services**

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:

International Students, insured spouse, Domestic Partner and insured minor child(ren) are eligible to receive Assistance and Evacuation Benefits worldwide, except in their Home Country.

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, 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 $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.

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 and their covered Dependent; age restrictions may apply, depending on your state.

This Summary Brochure is based on Policy #2020-209-1.

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

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

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

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

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.jsp


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
Shërbimet e ndihmës në gjuhin e tij oso mogëse i përfshin falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ
1-866-260-2723

Arabic
تتوفر لك خدمات المساعدة اللغوية مجانية. اتصل على الرقم 1-866-260-2723.

Armenian
2q սպառությունն են սովորական լեզուներում։ Համարեք 1-866-260-2723 համարը.

Bantu-Kirundi
Uronswa ku buntu servisivu za kiftiwite ku runimu zo kugufasha. Utegereza guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamit mimo ang mga serbisyo sa tabang sa lengguwahe nga walyaybayad. Palihug tawag sa 1-866-260-2723.

Bengali-Bangala
ধর্মীয় মানুষের জন্য সহযোগিতা পরিষেবা যে কৈ বিবাহমূলক মোক্ষণ পাইয়া। এখানে জিন্দ 1-866-260-2723-তে।

Burmese
သင်ရဲ့ ယုံကြည်မှုန် သင်္ကေတပါရှိ ပြင်းထန်သော သောက်တွင် ပြိုင်ဆိုင်သည်။

Cambodian-Mon-Khmer
ការជួសជាក់ការណ៍អាក្រក់ដែលមានសេរីនុក

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

Cherokee
Osiyo, e cherokee A'WET HDA RGG'O'NAH ATT LEEGOGO D46OT. IGGO DHO OBS5 1-866-260-2723.

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

French Creole-Haitian Creole

German

Greek
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Κάλεστε το 1-866-260-2723.

Gujarati
સાંભળ્યા સાહાય્ય સેવાઓ તમારા માટે લિંક્યુઅડ ઉપલબ્ધ છે.  ક્લિક કરીને 1-866-260-2723 પર ક્રૂ કરો.

Hawaiian
Kūkua manuahi ma kāu ‘ōlelo i loa ‘ia. E keleponi i ka helu 1-866-260-2723.

Hindi
अप के लिए आप सहायता सेवाएं निश्चित उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Mnaj cev kev 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 ta tawagam 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
ရှာဖွေနိုင်သင်နောက်ရှိ ပြင်းထန်သော သောက်တွင် ပြိုင်ဆိုင်သည်။

Korean
연어 지원 서비스를 무료로 이용하실 수 있습니다.
1-866-260-2723 번으로 전화하시십시오.

Kru-Bassa
Bot ba hola ni kobol mahop nguia woa wogu wo ba ye ha i nyuu yo. Sebel i nisingi ini 1-866-260-2723.

Kurdish Sorani
زمردنی‌کان زمانی تو قەتووێی ژانی‌کەوتووی کە ریزو دیکەی. لەکەی ئامێکاریکەکە یەکەکە.

Laotian
Mën areng naeang naeang khaam pha neung. Tansam aytapsai 1-866-260-2723.

SR LAP 64 (6-18)
Marathi
वाचित्या मदत्ती सुविधा आपणास दिसावून उपलब्ध आहे. त्यासाठी 1-866-260-2723 या कॉलिन्स संपर्क करा.

Marshallese
Kwomaro bok jeral b i jpa iñ kajin iñ ero jëgol wññññ. Jouj im kalok 1-866-260-2723.

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

Navajo
Saad bee áka’ei’eyeed bee alu’i’i’i’we’i’gi’i t’áá jik’el béech niche’i’ bee na’ahoot’i’. T’áá shorel kohij’1-866-260-2723 hodíilnih.

Nepali
भाषा सहायता सेवाहरू निम्नलिखित उपलब्ध छनौ। कृपया 1-866-260-2723 ना कल गरुँदौ।

Nilotic-Dinka
Kók e kuny ajoor e thok. át’tí nú nún yín abac té cín wëw yeke thíisë. Yín còl 1-866-260-2723.

Norwegian

Pennsylvania Dutch

Persian-Farsi
خدمات امامی به همراه یک مترجم در اختیار شما می‌باشد. لطفا به نشانه 1-866-260-2723 اعمال کنید.

Polish
Mozesz skorzystaæ z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

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

Punjabi
ਦਾਨ ਮਹਾਂਦੀਤ ਮੇਲਦਾਂ ਤੋਂ ਦੌਰ ਅਧਿਕਾਰਾਂ ਤਕਨੀਕ ਵਿਚ ਵਾਰਕੁੱਤ ਕਰਨਾ 1-866-260-2723 ਜ਼ਿਆ ਕਰੀ ਬਣੇ।

Romanian
Vi se pun la dispoziţie, 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.

Samoa– Fa’asamoan
O loco maua fesoasoani mo gagana mo ce ma e lē toletia. Faamalemole telefonī le 1-866-260-2723.

Serbo-Croatian

Somali
Adeegiyada taageerada luqadda oo bilash 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

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

Syriac- Assyrian

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

Telugu
మాత్రమే ప్రత్యేకతా కలిగిన సమయమంతో బ్రెడ్లో ప్రత్యేక సర్వీస్ ఉంది. 1-866-260-2723

Thai
มีบริการความช่วยเหลือทางภาษาให้โดยทุกคนไม่เสียค่าใช้จ่าย ตลอดอย่างง่าย โปรดโทรศัพท์ให้ตามเวลา 1-866-260-2723.

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

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

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

Urdu
زبان کی حولے سی معنیاً خدمات آپ کی آپ کی بہتری میں سہولت دینے والی ہیں. 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
 spreadait titolit ñesrubeses ngun loxvtamit sigr Alexis miri pot ñesrubeses. 1-866-260-2723

Yoruba
POLICY NUMBER: 2020-209-1

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.

NOC4 - 10/06/2020
NOC4 10/6/2020

Bid Policy: N/A

Certificate: Changed Medical Emergency Copay for Preferred Providers and Out-of-Network Providers from '$150' to '$100'

Summary Brochure: Changed Medical Emergency Copay for Preferred Providers and Out-of-Network Providers from '$150' to '$100'

NOC3 - 09/28/2020
NOC3 9/28/2020

Bid Policy: N/A

Certificate:
1. Updated Outpatient Surgery Preferred Provider benefit from ‘Preferred Allowance’ to ‘100% of Preferred Allowance’ and OON benefit from ‘Usual and Customary Charges’ to ‘80% of Usual and Customary Charges’
2. Updated Outpatient Physician’s Visits Preferred Provider benefit from ‘$10 Copay per visit, Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’ and OON benefit from ‘$10 Copay per visit, Usual and Customary Charges’ to ‘80% of Usual and Customary Charges’
3. Updated Physiotherapy Preferred Provider benefit from ‘Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’ and OON benefit from ‘Usual and Customary Charges’ to ‘80% of Usual and Customary Charges’
4. Updated Medical Emergency Expenses Preferred Provider benefit from ‘$100 Copay per visit, Preferred Allowance’ to ‘$150 Copay per visit, 100% of Preferred Allowance’ and OON benefit from ‘$100 Copay per visit, Usual and Customary Charges’ to ‘$150 Copay per visit, 100% of Usual and Customary Charges’
5. Updated OON RX benefits from ‘Usual and Customary Charges’ to ‘50% of Usual and Customary Charges generic drug, 50% of Usual and Customary Charges brand-name drug’
6. Updated Consultant Physician Fees Preferred Provider benefit from ‘Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’
7. Updated Mental Illness Treatment/Substance Use Disorder Treatment Preferred Provider benefit for Outpatient office visits from ‘$10 Copay per visit, Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’ and OON Outpatient office visits benefit from ‘$10 Copay per visit, Usual and Customary Charges’ to ‘80% of Usual and Customary Charges’
8. Updated Elective Abortion benefit from ‘No Benefits’ to ‘Paid as any other Sickness’ for Preferred Provider and OON benefits
9. Updated Urgent Care Center Preferred Provider benefit from ‘Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’ and OON benefit from ‘Usual and Customary Charges’ to ‘$10 Copay per visit, 100% of Usual and Customary Charges’
Summary Brochure:
1. Updated Prescription Drugs OON benefits from ‘Usual and Customary Charges’ to ‘50% of Usual and Customary Charges generic drug, 50% of Usual and Customary Charges brand-name drug’
2. Updated Medical Emergency Copay for Preferred Provider/OON from $100’ to ‘$150’
3. Updated Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs Preferred Provider benefit for Office Visits from ‘$10 Copay per visit, Preferred Allowance’ to ‘$10 Copay per visit, 100% of Preferred Allowance’ and OON benefit for Office Visits from ‘$10 Copay per visit, Usual and Customary Charges’ to ‘80% of Usual and Customary Charges’

NOC2 - 09/11/2020
NOC2 9/11/2020

Bid Policy: N/A

Certificate: Updated language under Routine Hearing Exam from 'One routine vision exam per Policy Year' to 'One routine hearing exam per Policy Year'

Summary Brochure: N/A

NOC1 - 07/27/2020
NOC1 7/27/2020

Policy: N/A

Certificate: N/A

Summary Brochure: Added SAP information