Who is eligible to enroll?

All Full-Time Ph.D., Pharmacy (Pharm D), Dentistry (DDS) and Medicine (MD) are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

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

The student (Named Insured, as defined in this 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 a Domestic Partner who meets the specific requirements set forth in the Definitions section of this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/vcu. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-121-1. 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 1-866-589-1050 or customerservice@uhcsr.com.
## Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Spring 12-15-21 to 8-14-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,187.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,187.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,187.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,374.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$6,561.00</td>
</tr>
</tbody>
</table>

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 31 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

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

### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.690%

**Preferred Providers:** The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#).

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$200 Per Insured Person, per Policy Year</td>
<td>$400 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum: If 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>$7,350 Per Insured Person, Per Policy Year</td>
<td>$14,700 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$15 Copay for Tier 1 $60 Copay for Tier 2 25% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

Prescriptions must be filled at a UHCP network pharmacy.

For insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed $50 for an individual prescription of up to a 30-day supply. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.

Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy for insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed $150 for an individual prescription of 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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

The following services have per service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs
Office Visits:
$20 Copay per visit
100% of Preferred Allowance not subject to Deductible
Other Outpatient Services: Preferred Allowance after Deductible

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.
2. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities. Parent-child problems. This exclusion does not apply to conditions classified as a Mental Illness or Substance Use Disorder in the Diagnostic and Statistical Manual of the American Psychiatric Association or except as specifically provided in the Policy.
3. Cosmetic procedures, except as specifically provided in the Policy for Reconstructive Procedures.
4. Dental treatment, except:
   • As provided in the Dental Treatment benefit.
   • As specifically provided in the Schedule of Benefits.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment as defined in the Policy.
6. Elective abortion. This exclusion does not apply to therapeutic abortion as specifically provided in the Policy under Maternity Benefits.
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 routine or preventive foot care for Insured Persons with diabetes. It also does not apply to an Insured Person with vascular disease.
8. 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.
   • Benefits specifically provided in Benefits for Newborn Infant Hearing Screening.
10. Immunizations for travel or work.
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. Lipectomy.

13. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.

14. 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.
   - Fertility agents, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

15. Reproductive services for the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in Genetic Testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
   - Premarital examinations.
   - Reversal of sterilization procedures, except as specifically provided in the Policy under Sterilization.
   - Impotence, organic or otherwise.

   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 eyeglasses or contact lenses as described under Vision Correction in the Policy.
   - To benefits specifically provided in the Schedule of Benefits.

17. Routine Adopted or Newborn Child Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

19. 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.

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

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

22. 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).

23. Weight management. Weight reduction. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Schedule of Benefits.

UnitedHealthcare Student Resources
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 are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

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

24/7 Student Support

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

This Summary Brochure is based on Policy #2021-121-1.
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.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
Shërbimet e ndihmës në gjuhën e mundur të mënaqyjesh. Njo vetëm telefonin në numrin 1-866-260-2723.

Amharic
አማርኛይ ከርካታ እንወ መሰረት ከሆነ ያሸውዎ ከላሸ በማወቅ ያሸው ከ1-866-260-2723 ያወጣ ይሸውን እንወ።

Arabic
توفر لكم خدمات المساعدة اللغوية مجانًا، اتصل على الرقم 1-866-260-2723

Armenian
2қն մատնեք ձեր օգնությունը օգնող բանակցության մեջ։ Միաժամանակ օգնությունը 1-866-260-2723 համարեք:

Bantu- Kirundi

Bisayan- Visayan (Cebuano)

Bengali- Bangala
বাংলা: ভাষা সহায়তা পরিষেবা আমি বিভিন্ন ভাষায় পাই পাই। যাতে পাই 1-866-260-2723-তে কথা কথন।

Burmese
များသော သုတေသနအမှတ်ကိုသာ သိန်းထားပါ။ သိရှိထားပါ။ 1-866-260-2723 ထဲမှ ကြည့်ရှု။

Cambodian- Mon-Khmer
បែបណាណប្រយោជន៍ នៃការសិក្សាជាតិភាវ 1-866-260-2723 ផ្សេងៗ។

Cherokee
 Cherokee
S Owelunzli Olweluunzli OWELUNZLI RGEL HACD AT HLEGGRD D4GOT IGG DHI OB Wes 1-866-260-2723.

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

Chocotaw

Cushite- Oromo
Tajariyilliwan garagarsa afaanii kanfaltii malee siif jira. Malaoo karaa lakkoofa bibila 1-866-260-2723 bibili.

Dutch
Taalbijstandsdiens ten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 toe te bellen.

French

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

German

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

Gujarati
ભાષા સહાય સેવાઓ તમારા માટે નિર્દિષ્ટ ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર ક્રમાંક કરો.

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

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

Hmong
Muaj cew kwj pab tchais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasia ta tawgam 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
Opphavsretten til dette dokumentet er ikke gældende for de folkesamfund, hvor den er skrevet. Derfor kan det ikke oversettes til andre språk. 1-866-260-2723 recess.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu naaw gowrui wo ba ye ha i nyu yon. Sebel i ninshi ini 1-866-260-2723.

Kurdish Sorani
خۆزسەکەکانی ژیستانی زەمشەیە بەهۆی لەبەرداکەی دەچێ. لەکەیە لە ژمارە 1-866-260-2723.

Laotian
เมินรวัตanaากรูปginvaanaกรุงเทพมหานครมีบริการช่วยเหลือ. ติดต่อที่ 1-866-260-2723.

SR LAP 64 (6-18)
Marathi
भाषा/देशी मादोलाय देवाल्या दिनामुख उपलब्ध आहे.
त्याच्या 1-866-260-2723 या कंपनीला संपर्क करा.

Marshallese
Kwomaroñ bōk jebal in jpañ in kajin ijo ejelok wōñin. Jouj
im kalok 1-866-260-2723.

Micronesian-Pohnpeian
Mie sawas en mahn en ogn komwi, soh isep. Melau eker
1-866-260-2723.

Navajo
Sñad bee ákñ eayed bee ákñ din'wo'igi t'áa jik'ei bee ních'ñi'
bee ná'ahoot'í'. T'áa shóóci kohiój 1-866-260-2723 hodílínih.

Nepali
भाषा सहायता सेवाहरू विश्वस्त उपलब्ध छ। कृपया
1-866-260-2723 या कल गरुँदो।

Nilotic-Dinka
Kôk è kuny ajuor è thok: åtå tinè yin abac té cín wèw yèkè

Norwegian

Pennsylvania Dutch
Schprooch ïwesëtze Hilf kamschte du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات امامی به طور رایگان در اختیار شما می باشد. لطفا با شماره
1-866-260-2723 تماس بگیرید.

Polish
Możesz skorzystać 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
ਕੰਮ ਮਾਡਾਨ ਮੇਲੀ ਤੋਂ ਹੁੰਦੀ ਭਿੱਜਣ ਵਿਚਾਲ ਹੁੰਦੇ ਹਨ ਬੁਲਰਚ ਸਲਾਹ
1-866-260-2723 ਦੇ ਤੌਰ ਤੇ ਬਿਨਾ ਵੇਲੀ।

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

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

Samoan-Fa'asamoan
O loo maau fesasoani mo gagana mo oe ma e lé totogia.
Faaomolele telefoní 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 ayaan la heli karaa.
Fadlan wac 1-866-260-2723.

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

Sudanese-Fulfulde
E woodu wullande dow wolde caahu ngam maadó. 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
1-866-260-2723 مطلق 866-260-2723 تطبيق

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

Telugu
సాధారణ విచిత్రాల లో సదృశి లేదు. తెలుగు భాష ద్వారా
సేవల సహాయం 1-866-260-2723 కే సాధారణ రూపాలు.

Thai
มีบริการความช่วยเหลือทั่วถึงในสัญลักษณ์ภาษา
ไทยอย่างต่อเนื่อง. โปรดติดต่อ 1-866-260-2723.

Trukese-Chuukese
En mei tongen ane aninisin emon chon chiakku, ese kamo.
Kose mochen kopwe kolkoki 1-866-260-2723.

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

Ukrainian
Приємність перевода відкрито для вас безкоштовно. Дозвоніться
номером 1-866-260-2723.

Urdu
زبان کی روشنی میں معلوماتی خدمات آپ کی لئی پیشہ,
بہاء سیریالی 260-666-1-866-260-2723.

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

Yiddish
עבברית - טעויות וسوقות מנהלות חובה והלך. מיאי מיריה פון אמסטרדם.
1-866-260-2723.

Yoruba