



2021–2022 Student Injury and Sickness Insurance Plan for University of Florida

Who is eligible to enroll?

The Master Policy covers students and their eligible Dependents who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All newly admitted or re-admitted students who are enrolled at least half-time* in a degree-seeking program and Health Science students are required to purchase this insurance plan unless proof of comparable coverage is provided. All International students, including ELI, are also required to purchase this insurance plan unless proof of comparable coverage is provided.

All other Domestic Undergraduate students and Unsupported Graduate students enrolled in 6 or more credit hours, Unsupported Graduate students working on a dissertation, visiting Scholar students, Gator Care Ineligibles and Post Doc Fellows are eligible to purchase coverage on a voluntary basis. Study Abroad students are eligible to enroll in this plan on a voluntary basis. Eligible Dependents (including Domestic Partners) of eligible students enrolled in the plan may participate in the plan on a voluntary basis.

University of Florida Graduate students on an appointment as a pre-doctoral fellow may participate in this insurance plan and have the individual premium paid by UF or supporting grant funds. To be eligible, University of Florida Graduate students must be enrolled in a UF graduate degree program, on an appointment through University of Florida, appropriately registered and appointed as a pre-doctoral fellow. In order to ensure that pre-doctoral fellows meet the above eligibility criteria, departments must ensure the following:

The pre-doctoral fellowship appointment must occur via the Letter of Appointment (LOA) process in PeopleSoft, and all Letter of Appointment criteria met. The student receives a stipend as a bi-weekly paycheck from the appropriate UF account. The student receives a tuition waiver from the appropriate UF account.

*Half time is defined as 6 eligible credit hours for undergrads and 5 eligible credit hours (3 credit hours during summer) for grad students. This applies to both Domestic and International students.

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. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. 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 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.

How do I enroll?

There is an open enrollment period for the first 30 days of each semester. The 30-day period begins the first day of classes and ends 30 calendar days later.

If a student has a qualifying event, that student may be added to the Plan as of the date of the event. An example of a qualifying event would be loss of health coverage under another plan. Please note that the application for coverage due to a qualifying event and proof of the qualifying event must be submitted to the insurance company within 30 days of the qualifying event.

You may enroll by visiting UnitedHealthcare **StudentResources** website at www.uhcsr.com/uf and choosing the online enrollment feature, or you may visit www.uhcsr.com/uf and print off the enrollment card and mail it in to the address printed on the back of the enrollment card. You may only pay for your premium with a personal check or money order if you choose to mail in the enrollment form.

If you have any questions, please call UnitedHealthcare **StudentResources** at 1-800-996-4698.

Students enrolled in this insurance plan for the Spring 2022 Semester who will not be attending The University of Florida during the Summer 2022 Semester, may extend their coverage thru the Summer Semester by contacting Tammy Bugna @ 352-377-2002 or tammy.bugna@hubinternational.com. The deadline for completion of the application and payment of the appropriate premium is 5/9/22.

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/uf. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-330-2. 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 1-800-996-4698 or customerservice@uhcsr.com or HUB International/Scarborough Insurance 1-352-377-2002 or www.scarins.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 8/16/21 to 8/15/22	Fall 8/16/21 to 1/4/22	Spring 1/5/22 to 5/8/22	Spring/Summer 1/5/22 to 8/15/22	Summer 1 5/9/22 to 6/17/22
Student	\$2,798.00	\$1,089.00	\$951.00	\$1,709.00	\$308.00
Spouse	\$2,748.00	\$1,069.00	\$934.00	\$1,679.00	\$301.00
One Child	\$2,748.00	\$1,069.00	\$934.00	\$1,679.00	\$301.00
Two or More Children	\$5,496.00	\$2,138.00	\$1,868.00	\$3,358.00	\$602.00
Spouse and Two or More Children	\$8,244.00	\$3,207.00	\$2,802.00	\$5,037.00	\$903.00

Rates	Summer 2 6/18/22 to 8/15/22	Summer 3 5/9/22 to 8/15/22
Student	\$451.00	\$758.00
Spouse	\$444.00	\$745.00
One Child	\$444.00	\$745.00
Two or More Children	\$888.00	\$1,490.00
Spouse and Two or More Children	\$1,332.00	\$2,235.00

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.

Student Health Care Center Information

Building a healthy foundation for The Gator Nation since 1906, the UF Student Health Care Center is an accredited outpatient facility staffed by licensed, board-certified health care professionals committed to helping all patients achieve maximum physical and emotional health.

All University of Florida students are eligible for SHCC services. Students taking a semester off, spouses/domestic partners of students and postdoctoral researchers may receive care, if they pay an individual health fee directly to the SHCC.

Hours*

*Closed all UF holidays; Check web for most up-to-date info: <http://shcc.ufl.edu>

Fall and Spring: Monday–Friday, 8am–5pm;
Saturday & Sunday, Call or check web for weekend hours

Summer: Monday–Friday, 8am–4:30pm
Saturday & Sunday, Call or check web for weekend hours

After-hours Help Line: Students experiencing urgent, non-emergency medical concerns after-hours may call the SHCC at (352) 392-1161 for over-the-phone advice. The on-call medical provider can help students determine if they should seek medical treatment from a local facility right away, or if they can wait until regular business hours to be seen at the SHCC. IN ALL EMERGENCY SITUATIONS, CALL 911.

Phone Numbers

General Medical Services 352-392-1161
Pharmacy Services 352-392-1760
Patient Financial Services 352-273-4546
(Billing, Insurance, Pricing)
Health Compliance Office 352-294-2925
Hearing Impaired Customer (TDD) 711

Accessing Services

Students with immediate medical concerns should call first for same-day appointments: (352) 392-1161. NOTE: Students experiencing severe illness or injury during regular hours may come in directly for care in the Acute (Urgent) Care Clinic.

Students with chronic health conditions are encouraged to schedule an initial evaluation appointment and bring all pertinent medical records. If the condition requires specialty care, SHCC can assist the patient in finding a local provider to manage the condition.

Billing and Insurance:

When a student is sick or injured, paying for services is not always the first thing that is discussed. At the SHCC, the health fee covers patient financial responsibility associated with most office visits - for example, when a health care provider evaluates a sick patient but does not order any tests, procedures or prescriptions. NOTE: The health fee is an administrative fee paid as part of tuition that goes to many campus-wide health initiatives and does not cover all possible medical charges at the SHCC.

As a service to our patients, we will forward a claim to the commercial insurance carrier based on the information provided. It is very important to provide all related information such as policy number, group number and the correct mailing address for the insurance company. While staff is here to help, it is the patient's responsibility to know what their insurance policy covers - and the patient is ultimately liable for any charges not covered by insurance. Contact the insurance company in advance of care to learn about policy benefits in detail.

Highlights of the Student Injury and Sickness Insurance Plan Benefits		
METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 85.220%		
Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus and Shands Hospital & Physicians. Shands at Vista is a covered Psychiatric Hospital. Preferred Providers can be found using the following link: UHC Choice Plus		
Student Health Care Center Benefits: <ul style="list-style-type: none"> The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: 1) Physician's Visits after a \$25 Copay; 2) Prescription Drugs after a \$10 Copay per prescription generic drug and a \$25 Copay per prescription brand name drug. The Deductible and Copay will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: Laboratory Services. The Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Care Center for the following services: all other services listed on the Schedule of Benefits. 		
Dermatology Services: No SHCC Referral is required for the first 5 visits.		
Student Health Care Center Referral Required: This plan includes a Student Health Care Center Referral Requirement. No benefits will be paid without a referral from the Student Health Care Center for outpatient treatment received from a provider other than the Student Health Care Center. Refer to the plan Certificate of Coverage for details and exceptions.		
	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$200 Per Insured Person, Per Policy Year	
Out-of-Pocket Maximum <i>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.</i>	\$6,350 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. 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.</i>	\$20 Copay for Tier 1 \$30 Copay for Tier 2 \$50 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible Self injectables are covered.	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the</i>	100% of Preferred Allowance	Usual and Customary Charges after Deductible

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 <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 not subject to Deductible Lab: \$25 not subject to Deductible Medical Emergency: \$100 not subject to Deductible	Physician's Visits: \$25 not subject to Deductible Lab: \$25 not subject to Deductible Medical Emergency: \$100 not subject to Deductible
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$25 Copay per visit Preferred Allowance not subject to Deductible Other Outpatient Services: Preferred Allowance after Deductible	Office Visits: \$25 Copay per visit Usual and Customary Charges not subject to Deductible Other Outpatient Services: Usual and Customary Charges 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. Learning disabilities.
3. Biofeedback.
4. Circumcision.
5. Cosmetic procedures, except reconstructive procedures to:
 - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
 - Correct deformity caused by birth defects or growth defects.
6. 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.
7. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Foot care for the following:
 - 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.
10. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
This exclusion does not apply to:
 - Hearing defects or hearing loss as a result of an infection or Injury.
 - Benefits for Cleft Lip and Cleft Palate.
 - Benefits for Child Health Assurance.
 - Benefits for Newborn Infant, Adopted or Foster Child.
11. 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.
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury or Sickness for which benefits are paid or payable by the prior insurer to the extent of its accrued liability and extension of benefit or benefits period as required by F.S. 627.667.
14. 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. Investigational services.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
17. 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.
18. Reproductive services for the following:
 - Procreative counseling.
 - 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.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
19. 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 Physician services, soft lenses or sclera shells for the treatment of aphakic patients.
 - To initial glasses or contact lenses following cataract surgery.
 - To benefits specifically provided in Pediatric Vision Services.
 - To benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
 - To benefits specifically provided in Benefits for Child Health Assurance.
 - To benefits specifically provided in the Policy.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
21. 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.
22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
23. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
24. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
25. Sleep disorders.
26. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the Policy.
27. Supplies, except as specifically provided in the Policy.
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
30. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).
31. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. 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 and your insured spouse or 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 or Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse or 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 \$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.

This Summary Brochure is based on Policy #2021-330-2.

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

NON-DISCRIMINATION NOTICE

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

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

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

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

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Arabic

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

Armenian

Ձեզ մատչելի են անվճար լեզվական օգնություն ծառայություններ: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

ᏍፈᏂᏱᏍᏉᏱ ᏂᏉᏱᏍᏉᏱ ᏂᏉᏱᏍᏉᏱ ᏱᏱ ᏲᏂᏉᏍᏉᏱᏱᏱᏱ ᏱᏱᏲᏂᏉᏍᏉᏱ ᏂᏉᏱᏍᏉᏱ ᏱᏱᏲᏂᏉᏍᏉᏱ 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。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

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

Gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

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

Gujarati

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian

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

Hindi

आप के लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

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

ကျိတ်တၢ်စၢၤအကူအညီနီၤသ့ၤလၢတၢ်လိၤဟ့ၣ်အပူၤဘၣ်(ခိၣ်)နီၣ်လီၤ. ဝံသးစူးဆဲးကျိတ်ဘၣ်1-866-260-2723တက့ၢ်.

Korean

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

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yonj. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتگه‌ڵی یارمەتی زمانی به‌خۆڕای بۆ تۆ دابین ده‌کړین. تکایه تەله‌فۆن بکه بۆ ژماره‌ی 1-866-260-2723.

Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

Yoruba

POLICY NUMBER: 2021-330-2

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.

NOC1 - 06/30/2021

NOC1 6/30/21

Bid Policy: N/A

Certificate: N/A

Summary Brochure: Updated HealthiestYou service fee from \$40 to \$55.