



## 2021-2022 Student Injury and Sickness Insurance Plan for Nova Southeastern University

### Who is eligible to enroll?

The Master Policy covers students 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 registered students are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished, to Nova Southeastern University (NSU) Student Health Insurance (SHI).

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. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

### Where can I get more information about the benefits available?

Please read the certificate of coverage to learn about the benefits in the plan. 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/nova](http://www.uhcsr.com/nova). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-84-1. 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](mailto:customerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Programs starting May 2021 through July 2022\*

\*Student receives 15 months of coverage.

### Coverage Dates and Plan Cost

Rates	Annual 5-1-21 to 7-31-22	Fall 5-1-21 to 12-31-21	Winter 1-1-22 to 7-31-22	Winter – Special part of term 2-1-22 to 7-31-22
Student	\$2,585.00	\$1,384.00	\$1,201.00	\$1,026.00

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

### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.280%

**Preferred Providers:** The Preferred Providers Network for this plan are:

Dr. Walter Ryan

Allergist

350 NW 84th Ave, Suite 205

Plantation, FL 33324

Phone: (954) 472-4848

Fax: (954) 472-8500

Evelyn Berne, MD

Breast Surgeon

9960 Central Park Blvd North, Suite 100

Boca Raton, FL 33428

Phone: (561) 482-1728

Fax: (561) 482-6143

Kayvan Amini, DO

Cardiology

601 N. Flamingo Road, Suite 407

Pembroke Pines, FL 33028

Phone: (954) 499-9515

David Perloff

Cardiovascular Disease

2307 W Broward Blvd. Suite 101

Fort Lauderdale, FL 33312

Phone: (954) 523-3422

Narciso Gomez, MD

Colon & Rectal Surgeon

3475 Sheridan Street, Suite 201

Hollywood, FL 33021

Phone: (954) 369-5717

Chava Lustig, DO

Dermatology

2229 N. Commerce Pkwy Suite 210

Weston, FL 33326

Phone: (954) 908-3604

Elias Dermatology, DO

Dermatology

2301 N. University Dr. Suite 201

Pembroke Pines, FL 33024

Phone: (954) 961-5322

Akumin

Diagnostic Imaging Services

7301 NW 4th Street, Suite 107

Plantation, FL 33317

Phone: (954) 449-7023

Arnaldo Villafranca III, MD

Endocrinology, Diabetes, and Metabolism

201 NW 82nd Ave , Suite 504

Plantation, FL 33324

Phone: (954) 625-6778

Alberto Fernandez- Bravo Sr, MD  
Endocrinology, Diabetes, and Metabolism  
201 NW 82nd Ave , Suite 307  
Plantation, FL 33324  
Phone: (954) 474-5666

Coromoto A. Palermo Garofalo, MD  
Internal Medicine, Endocrinology, Diabetes, and Metabolism  
201 NW 82nd Ave , Suite 504  
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Jeffery M. Pollock, MD  
Internal Medicine, Endocrinology, Diabetes, and Metabolism  
201 NW 82nd Ave , Suite 505  
Plantation, FL 33324  
Phone: (954) 617-0322

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Endocrinology, Diabetes, and Metabolism and Internal Medicine  
300 NW 70th Ave , Suite 105  
Plantation, FL 33317  
Phone: (954) 585-6292

Pascual De Santis, MD  
Endocrinology, Diabetes, and Metabolism and Internal Medicine  
1228 S Pine Road, Suite 320  
Plantation, FL 33324  
Phone: (954) 595-9930

Kenneth M. Gelman, MD,MD  
Internal Medicine, Endocrinology, Diabetes, Metabolism and Reproductive Endocrinology  
9900 Stirling Rd, Suite 222  
Hollywood, FL 33024  
Phone: (954) 433-7060

Lorena Lewy-Alterbaum,MD  
Internal Medicine, Endocrinology, Diabetes, and Metabolism  
9720 Stirling Rd, Suite 111 Bldg C  
Hollywood, FL 33024  
Phone: (954) 967-0500

Fernando N. Diaz ,MD  
Nuclear Medicine, Internal Medicine, Endocrinology, Diabetes, and Metabolism  
3990 Sheridan Street , Suite 203  
Hollywood, FL 33021  
Phone: (954) 987-8183

Sam Lerman, MD  
Internal Medicine, Endocrinology, Diabetes and Metabolism  
3107 Stirling Rd, Suite 300  
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Internal Medicine, Endocrinology, Diabetes and Metabolism  
3200 S University Drive  
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Joseph Gutman, MD  
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4780 SW 6th Ave , Suite 103  
Davie, FL 33314  
Phone: (954) 434-1454

Allan Golding, MD  
Endocrine Surgery  
17180 Royal Palm Blvd, Suite 1  
Weston, FL 33326  
Phone: (954) 265-0000

Sina Joorabachi  
ENT Specialist  
500 N Hiatus Rd, Suite 101  
Pembroke Pines, FL 33026  
Phone: (954) 438-7171

Michael B. Mekjian, DO  
Gastroenterology  
140 S.W. 84th Avenue, Suite C  
Plantation, FL 33324  
Phone: (954) 476-9350

Broward Surgical Associates General Surgery  
6405 N Federal Hwy, Suite 401  
Fort Lauderdale, FL 33308  
Phone: (954)-491-0900

MRI Scan & Imaging Center Imaging Center  
3122 E. Commercial Blvd  
Fort Lauderdale, FL 33308  
Phone: (954) 772-8000

Alberto Mestre, MD  
Daniel Perez, MD  
Infectious Disease  
7353 NW 4th Street  
Plantation, FL 33317  
Phone: (954) 584-6320

Jacob Radu, MD  
Nephrology  
722 Riverside Drive  
Coral Springs, FL 33071  
Phone: (954) 345-4333

Richard Singer, MD  
Mayur Maniar, MD  
Sunrise Medical Group Neurology  
3540 North Pine Island Road  
Sunrise, FL 33351  
Phone: (954) 797-7881

Chris Brown, MD  
Robert Baylis, MD  
Ortho OAU  
Orthopedic Surgeons  
350 North Pine Island Road, suite 200  
Plantation, FL 33324  
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Phone: (954) 370-8585

Ft. Lauderdale Eye Institute  
Ophthalmology  
850 S. Pine Island Road  
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Amanda Nanasy, OD  
Optometry  
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4700 Sheridan Street, Suite H  
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Phone: (954) 961-3500

James Ross, MD (Hip, Shoulder, Elbow, and Knee) Orthopedics  
3313 W. Hillsboro Blvd  
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Anthony Giuffrida, MD & Jeff Cantor, MD  
Orthopedic & Spine Institute  
3000 Bayview Dr, Suite 100  
Fort Lauderdale, FL 33306  
Phone: (954) 567-1332

David Blum, MD & Philip Cummings, MD (Hand Surgeons)  
Orthopedic Center of South Florida, PA  
600 Pines Island Road, Suite 300  
Plantation, FL 33324  
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Dr. Justin Nepa  
Refresh Psychiatry  
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Batya R Goldwater, DMD  
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Luis E. Cardenas, DMD  
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Juan G. Lopez, DMD  
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Plantation, FL 33324  
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Chad Frank, D.O.  
Sports Medicine- Physical  
6710 W. Sunrise Blvd, Suite 110  
Plantation, FL 33313  
Phone: (954) 316-4905

Jeffrey Marks, MD  
Urology  
7390 NW 5th Street, Suite 7  
Plantation, FL 33317  
Phone: (954) 587-7010

Mitchell D. Weinstein  
Uro-Medix Urology  
601 North Flamingo Road, Suite 300  
Pembroke Pines, FL 33028  
Phone: (954) 987-3010  
Fax: (954) 987-0032

### **Hospitals**

Aventura Hospital and Medical Center  
20900 Biscayne Boulevard  
Aventura, FL 33180  
Phone: (305) 682-7000

Plantation General Hospital  
401 N.W. 42nd Avenue  
Plantation, FL 33317  
Phone: (954) 587-5010

Kendall Regional Medical Center  
11750 Bird Road  
Miami, FL 33175-3530  
Phone: (305) 223-3000

Westside Regional Medical Center  
8201 W. Broward Boulevard  
Plantation, FL 33324  
Phone: (954) 473-6600

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

**Student Health Center Benefits:** The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the following Student Health Centers for the following services:

- Laboratory Services rendered at the SHC or referred by the SHC to Quest Diagnostics
- All other services listed in the Schedule of benefits

Student Health Centers:

- Nova Southeastern University Student Health Center at Sanford L. Ziff
- Nova Southeastern University Health Center at North Miami Beach
- Nova Southeastern University Student Health Center – The Commons
- Henderson Behavioral Health

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

	Preferred Providers	In-Network Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy		
Plan Deductible	\$0 Per Insured Person, per Policy Year	\$400 Per Insured Person, per Policy Year	\$800 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>	\$5,750 Per Insured Person, 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>	70% of Preferred Allowance for Covered Medical Expenses	70% of Preferred Allowance for Covered Medical Expenses	50% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>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>	Not Available	\$20 Copay for Tier 1 \$50 Copay for Tier 2 \$75 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	\$50 Copay for generic drug \$75 Copay for brand name drug 50% of Usual and Customary Charges Up to a 31-day supply per prescription not subject to Deductible
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 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.</i>	100% of Preferred Allowance	100% of Preferred Allowance not subject to Deductible	Usual and Customary Charges after Deductible



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: \$30 after Deductible Medical Emergency: \$300 after Deductible	Medical Emergency: \$300 after Deductible
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: Preferred Allowance  Other Outpatient Services: Preferred Allowance	Office Visits: \$30 Copay per visit Preferred Allowance after Deductible Other Outpatient Services: Preferred Allowance after Deductible	Office Visits: Usual and Customary Charges after 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:

- Acupuncture.
- Addiction, such as:
  - Caffeine addiction.
  - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
  - Codependency.
- Cosmetic procedures, except as specifically provided in the Policy or 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.
- 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.
- 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.
- 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.
- Elective abortion.
- Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
- Foot care for the following, except as specifically provided in the Policy:
  - 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.
- Health spa or similar facilities. Strengthening programs.
- 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 specifically provided in the Policy.
- 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.
- Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

14. 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;
15. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, business or pleasure.
16. 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 .
17. Investigational services.
18. Lipectomy.
19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
20. Prescription Drugs, services or supplies as follows, except as specifically provided in the Policy:
  - 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.
21. Reproductive services for the following, except as specifically provided in the Policy:
  - 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.
22. 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.
23. 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 the Policy.
24. 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.
25. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
26. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
27. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
28. Sleep disorders.
29. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the Policy.
30. 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.
31. Supplies, except as specifically provided in the Policy.
32. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
34. 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).

35. 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 the Policy.

## UnitedHealthcare Global: Global Emergency Services

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

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

Domestic Students: you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

## Highlights of Services offered by UnitedHealthcare StudentResources

### 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 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

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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

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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 # 2021-84-1.

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](mailto: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

የቋንቋ አርዳታ አገልግሎቶች በነጻ ይገኛሉ። አባከዎ ወደ 1-866-260-2723 ይደውሉ።

### 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 ᏲᏂᏉᏱᏍᏉᏱᏱᏱ ᏱᏱᏲᏂᏉᏱᏍᏉᏱ ᏱᏱᏲᏂᏉᏱᏍᏉᏱ 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 به‌خۆڕایێ بۆ تۆ دابین ده‌کری‌ن. تکایه تەله‌فۆن بکه بۆ ژماره‌ی 1-866-260-2723.

### Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.





POLICY NUMBER: 2021-84-1

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.

NOC6 - 08/03/2021

NOC6 8/3/2021

Bid Policy: N/A

Certificate: N/A

Summary Brochure:

1. Updated Fall rate on Professionals - Final SB from \$1388.00 to \$1,384.00.
2. Updated Winter - Special part of term rate on Professionals - Final SB from \$1,282.00 to \$1,026.00.

NOC5 - 07/20/2021

NOC5 7/20/2021

Bid Policy: N/A

Certificate:

1. Removed 'Dr. Craig Shapiro' from Section 5: Preferred Provider Information.
2. Combined the first two bullets under Student Health Centers on the SOB header from:

- Nova Southeastern University Student Health Center
- Sanford L. Ziff Health Care Center

to:

- Nova Southeastern University Student Health Center at Sanford L. Ziff

Summary Brochure: Combined the first two bullets under Student Health Centers from:

- Nova Southeastern University Student Health Center
- Sanford L. Ziff Health Care Center

to:

- Nova Southeastern University Student Health Center at Sanford L. Ziff

NOC4 - 06/29/2021

NOC 4 6/9/2021

Bid Policy: N/A

Certificate: N/A

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



NOC3 - 06/10/2021

NOC3 6/10/21

Bid Policy: N/A

Certificate:

1. Added 'after Deductible' language for OON benefits for Inpatient Surgery and OON Hospital Outpatient Facility or Clinic.
2. Added '\$30 Copay per visit' to In-Network Provider benefits for Mental Illness Treatment/Substance Use Disorder Treatment Outpatient office visits.

Summary Brochure: Added '\$30 Copay per visit' to In-Network Provider benefits for Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs - Office Visits.

NOC2 - 05/27/2021

NOC2 5/27/2021

Bid Policy; N/A

Certificate:

1. Added new section of Student Health Center - Routine and Preventive Care
2. Added language to the SOB header Student Health Center Benefits section of 'See Section 13 for additional benefits provided at the Student Health Center.'

Summary Brochure: N/A

NOC1 - 05/10/2021

NOC1 5/10/2021

Bid Policy: Removed 'Home study, and correspondence, and online courses do not fulfill the eligibility requirements that the Named Insured actively attend classes.' from Eligibility section.

Certificate: Removed 'Home study, correspondence, and online courses do not fulfill the eligibility requirements that the Named Insured actively attend classes.' from Who is Covered section.

Summary Brochure: N/A