

PLEASE NOTE:  
THIS DOCUMENT HAS  
CHANGED. PLEASE SEE THE  
BACK COVER FOR DETAILS



## 2022 - 2023 Student Health Insurance Plan for University of Arizona

### Who is eligible to enroll?

---

Undergraduate students taking 6 or more units; Seniors with less than 6 units (one time exception) who are completing their final graduation requirements (documentation from advisor is required) and who had the Student Health Insurance the previous semester; Graduate students taking 3 or more units or 1 dissertation/thesis unit; Graduate non-degree students who have applied to a degree program and taking 6 or more transferable units, are in a certificate program, or are full-time students taking 9 or more units; Post-Doctoral Fellows, J-1 Visiting Scholars, or J-1 Student Interns are eligible to enroll in this insurance Plan; All international students on a non-immigrant visa are automatically enrolled in this insurance Plan at registration.

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.

### Medicare Eligibility

Any person who has Medicare at the time of enrollment in this student insurance plan is not eligible for coverage under the Master Policy.

If an Insured Person obtains Medicare after the Insured Person is covered under the Master Policy, the Insured Person's coverage will not end due to obtaining Medicare.

As used here, "has Medicare" means that an individual is entitled to benefits under Part A (receiving free Part A) or enrolled in Part B or Premium Part A.

### Enrollment

---

#### When you can join the plan

As a student you can enroll yourself:

- During the enrollment period
- At other special times during the year

If you do not enroll yourself when you first qualify for medical benefits, you may have to wait until the next enrollment period to join.

#### Special times you can join the plan

You can enroll in these situations:

- When you did not enroll in this plan before because:
  - You were covered by another health plan, and now that other coverage has ended.
  - You had COBRA, and now that coverage has ended.

- You become eligible for State premium assistance under Medicaid or an S-CHIP plan for the payment of your premium contribution for coverage under this plan.
- When you are a victim of domestic abuse or spousal abandonment and you don't want to be enrolled in the perpetrator's health plan.

We must receive your completed enrollment information from you within 31 days of that date on which you no longer have the other coverage mentioned above.

During "Open Enrollment," notices are sent by broadcast email in compliance with The University of Arizona email policy. These notices go to the student's official University of Arizona email address ([@email.arizona.edu](mailto:@email.arizona.edu)).

Auto-Enrollment: Once enrolled, you will be automatically re-enrolled and billed the appropriate premium through the UA Bursar's Office in future semesters (each fall and spring) upon registering for units, providing you meet eligibility. This also applies to students who have or had a graduate assistantship. If you wish to cancel coverage, you must do so during the published open enrollment. All open enrollment notices and information regarding the Student Health Insurance Plan are sent to the student's official University of Arizona address. The UA Campus Health Insurance Office notifies students who are not meeting eligibility requirements through their official UA email address.

### 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/arizona](http://www.uhcsr.com/arizona). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-738-1. 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 1-866-654-7445 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

Rates	Annual 8-16-22 to 8-15-23	Fall 8-16-22 to 12-31-22	Spring 1-1-23 to 8-15-23	Pre-Session '23 5-15-23 to 8-15-23	Summer 6-1-23 to 8-15-23
Student	\$2,765.00	\$1,045.00	\$1,720.00	\$705.00	\$576.00

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 Health Insurance Plan Benefits

#### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 91.770%

**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](#)

#### 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 Student Health Center for the following Services: Well-Woman Care, Lab & X-ray and Preventive Care.
- The Prescription Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at The UA Campus Health Service Pharmacy subject to the following Copays (up to a 31-day supply):
  - Tier 1: \$15 Copay per prescription
  - Tier 2: \$40 Copay per prescription
  - Tier 3: \$80 Copay per prescription
  - Specialty Drugs (may be in any Tier): \$80 Copay per prescription
  - Policy Exclusions and Limitations do not apply

- 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 Center for the following services:
  - Physical Therapy: Initial Visit after \$25 Copay per visit, Follow-up Visit after \$15 Copay per visit.
  - Behavioral Health Triage after \$5 Copay per visit.
  - Travel Immunizations after \$15 Copay per visit.
  - General Medicine, Women’s Health, Walk-in Clinic, Psychiatric Services and Psychologist/Therapist after \$20 Copay per visit.
  - Specialist Care after \$25 Copay per visit.
  - All other services listed in the Schedule of Benefits.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. Benefits will be reduced 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.

	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$250 Per Insured Person, per Policy Year	\$1,000 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$1,500 Per Insured Person, Per Policy Year	\$3,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <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 Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <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. The outpatient prescription drug policy year deductible and the prescription drug copayment will not apply to female contraceptive methods when obtained at an in-network pharmacy.</i>  The Prescription Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at The UA Campus Health Service Pharmacy subject to the following Copays (up to a 31-day supply): Tier 1: \$15 Copay per prescription Tier 2: \$40 Copay per prescription Tier 3: \$80 Copay per prescription Specialty Drugs (may be in any Tier): \$80 Copay per prescription	\$125 Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay for Tier 1 \$40 Copay for Tier 2 \$80 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	\$125 Deductible (per Policy Year) does not apply to Policy Deductible \$15 Copay for generic drugs \$40 Copay for brand name drugs Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <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 Allowed Amount	50% of Allowed Amount after Deductible

<p><b>The following services have per service Copays</b>  <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i></p>	<p>Physician's Visits: \$25  not subject to Deductible  Urgent Care Center: \$25  not subject to Deductible  Physiotherapy: \$25  not subject to Deductible  Medical Emergency: \$200  not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>	<p>Medical Emergency: \$200  not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>
<p><b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b></p>	<p>Office Visits:  \$25 Copay per visit  100% of Allowed Amount  not subject to Deductible  Other Outpatient Services:  100% of Allowed Amount  not subject to Deductible</p>	<p>Office Visits:  50% of Allowed Amount  after Deductible  Other Outpatient Services:  50% of Allowed Amount  after Deductible</p>
<p><b>Pediatric Dental and Vision Benefits</b></p>	<p>Refer to the plan certificate for details (age limits apply).</p>	

## Exclusions and Limitations

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

1. Acupuncture, except as specifically provided in the Policy.
2. Behavioral problems.  
This exclusion does not apply as specifically provided in Benefits for Autism Spectrum Disorder.
3. Cosmetic procedures, except as specifically provided in the Policy for the necessary care and treatment of medically diagnosed Congenital Conditions 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.
4. Custodial Care.
  - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
  - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
5. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As described under Dental Treatment in the Policy.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Elective abortion.
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, except as specifically provided in the Policy:
  - Flat foot conditions.
  - Supportive devices for the foot, except as specified in the Policy.
  - 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, or as specifically provided in the Policy.
10. Health spa or similar facilities. Strengthening programs.
11. Hypnosis.
12. Immunizations for work.
13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
14. 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.
15. 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.
16. Lipectomy.
  17. Marital or family counseling.
  18. Nuclear, chemical or biological Contamination, whether direct or indirect. "Contamination" means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.
  19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
  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.
    - 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:
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Fertility tests, except to diagnose infertility only.
    - 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. Routine eye examinations, except vision screening provided during an annual Routine Physical/Well Visit or as provided in Preventive Care Services. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems.  
This exclusion does not apply as follows:
    - When due to a covered Injury or disease process.
    - To benefits specifically provided in Pediatric Vision Services.
    - To benefits specifically provided in the Policy.
    - To the initial pair of contact lenses for the treatment of keratoconus or post-cataract surgery.
  24. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
  25. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis. This exclusion does not apply to benefits specifically provided in the Policy.
  26. Skydiving. Parachuting. Hang gliding. Glider flying. Parasailing. Sail planing. Bungee jumping.
  27. Naturopathic services.
  28. 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.
  29. Supplies, except as specifically provided in the Policy.
  30. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
  31. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
  32. 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).
  33. Weight management. Weight reduction. Nutrition programs, except as specifically provided for in the Policy. Treatment for obesity, except as specifically provided in the Policy for Bariatric Surgery. 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 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 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. You can learn more about this benefit and how to use it in My Account.

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; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

## HealthiestYou: Virtual Counselor Access

---

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

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

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

\*Available to Insured students; age restrictions may apply, depending on your state.

## 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:

- 24/7 Crisis & Counseling Support – counseling services are offered by Master's Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming
- Financial and Legal Advice – financial services are provided by licensed CPA's and Certified Financial Planners who 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 – available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
- Living Well Portal – access to [liveanworkwell.com](http://liveanworkwell.com) where insureds can participate in personalized self-help programs and find information on many helpful resources.
- CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- Sanvello – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount) under Additional Benefits.

This Summary Brochure is based on Policy # 2022-738-1.

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.



**Marathi**

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.  
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

**Marshallese**

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 1-866-260-2723.

**Micronesian- Pohnpeian**

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

**Navajo**

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'í' bee ná'ahoot'í'. T'áá shqōdí kohjí' 1-866-260-2723 hodíilnih.

**Nepali**

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया  
1-866-260-2723 मा कल गर्नुहोस्।

**Nilotic-Dinka**

Kāk ē kuny ajuer ē thok atō tinē yin abac tē cin wēu yeke thiēec. Yin cōl 1-866-260-2723.

**Norwegian**

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

**Pennsylvania Dutch**

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

**Persian-Farsi**

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً 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**

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਵਿਰਥਾ ਕਰਕੇ  
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

**Romanian**

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

**Russian**

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

**Samoan- Fa'asamoa**

O loo maua fesoasoani mo gagana mo oe ma e lē togotogia. Faamolemole telefoni 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 ayaa la heli karaa. Fadlan wac 1-866-260-2723.

**Spanish**

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

**Sudanic- Fulfulde**

E woodi walliinde dow wolde caahu ngam maada. 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

**Tagalog**

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

**Telugu**

1-866-260-2723 కి కాల్ చేయండి.

**Thai**

บริการความช่วยเหลือด้านภาษาให้โดยที่คนไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

**Tongan- Fakatonga**

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

**Trukese (Chuukese)**

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

**Turkish**

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

**Ukrainian**

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

**Urdu**

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔  
براہ مہربانی 1-866-260-2723 پر کال کریں۔

**Vietnamese**

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

**Yiddish**

1-866-260-2723

**Yoruba**

Isẹ iranlọwọ èdè tí ó jẹ ọfẹ, wà fún ọ. Pe 1-866-260-2723.

POLICY NUMBER: 2022-738-1

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.

NOC 7 – 6/6/2023

Summary Brochure:

Deleted Hirsutism and Alopecia exclusion

NOC 6 – 11/11/2022 -

n/a

NOC 5 – 10/14/2022

Summary Brochure:

Schedule of Benefits: Student Health Center Benefits for Prescription Drugs – added “Policy Exclusions and Limitations do not apply.”

NOC 4

n/a

NOC 3

n/a

NOC 2 – 9/7/2022

Summary Brochure:

1. Schedule of Benefits - SHC benefit paragraph: added text to last bullet paying at 100%, deductible does not apply ‘All other services listed in the Schedule of Benefits.’

2. Added exclusion: Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

3. Added exclusion: Weight management. Weight reduction. Nutrition programs, except as specifically provided for in the Policy. Treatment for obesity, except as specifically provided in the Policy for Bariatric Surgery. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

NOC 1 - 08/10/2022

Summary Brochure:

Schedule of Benefits: Student Health Center Benefits section and Prescription Drugs benefit line item – added text:

- The Prescription Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at The UA Campus Health Service Pharmacy subject to the following Copays (up to a 31-day supply):
  - Tier 1: \$15 Copay per prescription
  - Tier 2: \$40 Copay per prescription

- Tier 3: \$80 Copay per prescription
- Specialty Drugs (may be in any Tier): \$80 Copay per prescription