

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



2023–2024 Student Health Insurance Plan for Minnesota State University - Mankato

Who is eligible to enroll?

All international students, international scholars, international faculty, and international visitors engaged in educational activities (or on medical leave approved by the Dept. of Homeland Security) are required to enroll in this insurance plan except for those whose sponsoring government or agency certifies in writing that coverage is in effect under a plan provided by the sponsoring government or agency. F and J visa International students and scholars on Optional Practical Training (OPT) and Academic Training are eligible to enroll in this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

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.

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.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including 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. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-1757-4. 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 1-888-251-6243 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Rates	Annual 8-10-23 to 8-09-24	Spring/Summer 01-01-24 to 8-09-24	Summer 5-15-24 to 8-09-24
Student	\$2,289.00	\$1,388.00	\$544.00
Spouse	\$2,289.00	\$1,388.00	\$544.00
One Child	\$2,289.00	\$1,388.00	\$544.00
Two or More Children	\$4,578.00	\$2,776.00	\$1,088.00
Spouse and 2 More Children	\$6,867.00	\$4,164.00	\$1,632.00

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 89.660%

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO and Boynton Health Services. Preferred Providers can be found using the following link: [UHC Options PPO](#)

Student Health Service Benefits: 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 Service. The Deductible will be reduced to \$25 if the student is referred by the Student Health Service for outside treatment.

Student Health Center Pharmacy Benefits: Winona Clinic Pharmacy and Parkview Pharmacy utilize the UnitedHealthcare Pharmacy card. Contraceptives and other prescriptions are covered at 100% for Tier 1 drugs and at 100% after a \$15 Copay for Tier 2 or 3 drugs. At all other SHC pharmacies, generic prescription drugs (including contraceptives) are covered at 100%; and brand-name prescription drugs (including contraceptives) are covered at 100% after a \$15 Copay. Dependents are not eligible to use the Student Health Services and therefore would be subject to the benefits and limitations described in the Schedule of Benefits. Boynton Health Services, located on the University of Minnesota Twin Cities Campus, can be utilized as a medical provider under this Policy. (MnSCU students CANNOT utilize the mental health clinic at Boynton Health Services.) Benefits for Covered Medical Expenses are covered at 100% after a \$10 Copayment per visit, including Prescription Drugs. Benefits for Preventive Care Services as required by law are covered at 100% at Boynton Health Services, with no Copay.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$50 For each Injury or Sickness	
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	
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 Allowed Amount to \$2,500 then 100% thereafter for Covered Medical Expenses	80% of Allowed Amount to \$2,500 then 100% thereafter 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>	\$15 Copay for Tier 1 \$30 Copay for Tier 2 \$40 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	No Benefits

	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 www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	No Benefits
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: 80% of Allowed Amount after Deductible Other Outpatient Services: 80% of Allowed Amount after Deductible	Office Visits: 80% of Allowed Amount after Deductible Other Outpatient Services: 80% of Allowed Amount 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. Addiction, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.
3. Learning disabilities. This exclusion does not apply to benefits specifically provided for the treatment of a Mental Illness or Substance Use Disorder as defined in the Policy in the Definitions section.
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.
 - Remove port wine stains.
 - As described under Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.
This exclusion does not apply to Medical Emergency complications from cosmetic surgery.
6. Dental treatment, except:
 - For accidental Injury to Sound, Natural Teeth.
 - As specifically provided in the Schedule of Benefits under Dental Treatment.
 - As described under Dental Treatment in the Policy in the Medical Expense Benefits section.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment as defined in the Policy in the Definitions section. This exclusion does not apply to:
 - Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.
 - Cosmetic procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy where the primary result of the procedure is not a changed or improved physical appearance.
 - Removal of port wine stains.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored activity.
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. Genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
11. 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.

- External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person with a hearing loss that is not correctable by other services provided in the Policy.
 - Benefits specifically provided in the Policy in the Schedule of Benefits.
12. Hirsutism.
13. Immunizations, that are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section. Medicines or vaccines that are not required for the treatment of a covered Injury or are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
14. Injury sustained from playing, practicing, traveling to or from, or participating in, or conditioning for any intercollegiate sport for which benefits are paid under a sports accident policy issued to the Policyholder, or for which coverage is paid by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletics (NAIA) or any other sports association.
15. Commission of or attempt to commit a felony.
16. Prescription Drugs, services or supplies as follows:
- Prescription drug related therapeutic devices or appliances, including: hypodermic needles and syringes, this exclusion does not apply to the treatment of diabetes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy in the Medical Expense Benefits section and Mandated Benefits section.
 - Immunization agents, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section and Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
 - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in Benefits for Cancer Drug Coverage.
 - 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.
17. Reproductive services for the following:
- Procreative counseling.
 - Genetic counseling and genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except to diagnose the underlying cause of the infertility.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Female sterilization procedures, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section.
 - Vasectomy.
 - Reversal of sterilization procedures.
18. 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 benefits specifically provided in Pediatric Vision Services.
 - To the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconus.
 - To benefits specifically provided in the Policy in the Schedule of Benefits.
19. Preventive care services including routine physical exam, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness which are not specifically provided under Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits section.
20. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
21. Supplies, except as covered in the Hospital Miscellaneous Expenses, Day Surgery Miscellaneous, Medical Emergency Expenses, and Diabetes Services sections of the Policy.
22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as provided in the Reconstructive Breast Surgery Following Mastectomy, Benefits for Reconstructive Surgery, and Benefits for Conditions Caused by Breast Implants provisions in the Policy.

23. Treatment where there is no legal obligation for the Insured Person to pay for such treatment.
24. Active participation in any war or any act of war, declared or undeclared, while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered). This exclusion does not apply to an Insured civilian who is injured or otherwise affected by war, any act of war, or an act of terrorism in non-war zones.
25. Weight management. Weight reduction. Nutrition programs, except Medically Necessary programs provided to an Insured Person with a medical condition such as diabetes, phenylketonuria or a Mental Illness eating disorder. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in Preventive Care Services.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse 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 and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

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

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 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. 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 and their covered Dependents; 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 Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during your policy period.

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

24/7 StudentAssist

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 Support – access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- 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 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.
- Self Care – 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 under Additional Benefits.

This Summary Brochure is based on Policy #2023-1757-4

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:

Thomas J. Wilder
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.

Bid Policy: NA

Summary Brochure:

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Non EHB endorsement was removed

NOTE: UnitedHealthcare reserves the right to adjust the terms of the policy (i) in the event of any changes in federal, state or other applicable legislation or regulation; (ii) in the event of any changes in Plan design required by the applicable state regulatory authority; and (iii) as otherwise permitted in the our policy

SOB:

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Coinsurance percentage amounts have been added throughout the SOB

From:

Allowed amount

To:

80% of allowed amount.

80% of allowed amount.

Certificate:

Section 4: Pre-Admission Notification

From:

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission to provide notification of any admission due to Medical Emergency.

To:

2. NOTIFICATION OF MEDICAL EMERGENCY ADMISSIONS: The patient, patient's representative, Physician or Hospital should telephone 1-877-295-0720 within two working days of the admission, or as soon as reasonably possible, to provide notification of any admission due to Medical Emergency.

Section 7 Mandated Benefits

FROM: N/A

TO:

BENEFITS FOR GENDER AFFIRMING SERVICES

Benefits will be paid the same as any other Sickness for Medically Necessary Gender Affirming Services when provided by or under the direction of a Physician.

"Gender affirming services" means Covered Medical Expenses, including medical, surgical, counseling, referral, and telehealth services, that an Insured may receive to support and affirm that Insured's gender identity or gender expression and that are legal under the laws of the State of Minnesota

Benefits shall be subject to all Deductible, Copayment, Coinsurance, limitations, or any other provisions of the Policy.

PHYSICIAN means a duly qualified licensed physician, physician assistant, advanced practice registered nurse, or any other provider of medical care and treatment when such services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws, other than a member of the person's immediate family.

Section 13 Complaint Resolution

FROM: N/A

TO:

The Company will notify the Insured Person in writing of its determination and the reasons no later than 45 days after the receipt of a complaint appeal by hearing.

FROM: N/A

TO:

Section 14 Standard Utilization Review Request

When the Company receives all information reasonably necessary to make a determination, then standard review determinations on all requests for Utilization Review must be communicated to the Physician and Insured within five business days after the Company's receipt of the request.

If the determination is made to authorize the request, then the Company must promptly notify the Physician by telephone. The Company will follow-up with a written notification to the Physician and shall maintain an audit trail of the determination and the telephone notification. "Audit trail" includes documentation of the telephone notification, including date, name of person spoken to, name of Insured, the date and type of service, procedure or admission that was authorized. For the purpose of this section, notification may also be made by facsimile to a verified number or by electronic mail to a secure electronic mailbox. Electronic forms of notification satisfy the audit trail requirements.

UTILIZATION REVIEW DEFINITION

For the purpose of a standard Utilization Review request, the following term is defined as shown below:

Utilization Review means the evaluation of the necessity, appropriateness, and efficacy of the use of health care services, procedures, and facilities, by a person or entity other than the attending Physician, for the purpose of determining the Medical Necessity of the service or admission. Utilization review also includes prior authorization and review conducted after the admission of the Insured. It includes situations where the Insured is unconscious or otherwise unable to provide advance notification. Utilization review does not include a referral or participation in a referral process by a Participating Provider unless the provider is acting as a utilization review organization.

Section 18 Important Company Contact Information

From:

805 Executive Center Drive West, Suite 220
St. Petersburg, FL 33702

TO:

11399 16th Court North, Suite 110
St. Petersburg, FL 33716

Section 21: UnitedHealthcare Pharmacy (UHCP) Prescription Drug Benefits

From: N/A

TO: When Are Benefits Available for Prescription Drug Products?

From:

20. Durable medical equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which benefits are provided in the Policy.

To:

20. Durable medical equipment, and related supplies for which benefits are provided in the medical expense benefits portion of this Policy. This exclusion does not apply to supplies as referenced in the definition of a Prescription Drug Product.

Section 19: Pediatric Dental Services Benefits

Section 3: Pediatric Dental Exclusions

FROM:

23. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the Policy. Benefits are available for temporomandibular joint disorder and craniomandibular disorder under Section 7: Mandated Benefit.

TO:

23. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the Policy. Benefits are available for temporomandibular joint disorder and craniomandibular disorder in the medical expense benefits portion of this Policy under the Mandated Benefit titled "Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder."

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