



2023–2024 Student Health Insurance Plan for Cleveland State University

Who is eligible to enroll?

All domestic and undergraduate students enrolled in six or more credit hours, graduate students or law students taking credit hours, including those enrolled in independent study classes and OPT students are eligible to enroll in this insurance plan on a voluntary basis. All international students with F1 or J1 visas who are registered for one or more credit hours per term and International scholars, visitors, and professors on the University's exchange program holding a J-1 Visa, those students who live in the Residence Halls, Graduate Speech and Hearing students and those students who are Physical Therapy, Occupational Therapy, or Nursing Students are required to purchase this insurance plan, unless proof of comparable coverage is furnished. Eligible Dependents, including Domestic Partners, of students enrolled in the plan are eligible to enroll and may only enroll in the same plan as the student.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person's legal spouse.
2. The Insured Person's Domestic Partner, if Domestic Partner is included as a "Class of Person to be Insured" as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
 - a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
 - b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

When the Policy includes Dependent coverage, the eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of the Certificate.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.

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/csuoio. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-444-2. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-799-7716 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

| Rates | Annual 8-13-23 to 8-12-24 | Fall 8-13-23 to 12-31-23 | Spring/Summer 1-1-24 to 8-12-24 | Summer 5-18-24 to 8-12-24 |
|----------------------|------------------------------|-----------------------------|------------------------------------|------------------------------|
| Student | \$2,777.00 | \$1,078.00 | \$1,699.00 | \$661.00 |
| Spouse | \$2,777.00 | \$1,078.00 | \$1,699.00 | \$661.00 |
| One Child | \$2,777.00 | \$1,078.00 | \$1,699.00 | \$661.00 |
| Two or More Children | \$5,554.00 | \$2,156.00 | \$3,398.00 | \$1,322.00 |

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

Student Health and Wellness Services

Welcome to the Student Health & Wellness Services (SH&WS)

Cleveland State University offers health care to all students of the University community. The clinic is staffed by certified Nurse Practitioners and Physicians who are qualified to discuss your health history, perform physical examinations, and provide care for you. When you are in need of quality health care that is convenient and affordable, the SH&WS professionals are here (right on campus) to care for your medical, psychological, and health educational needs. Our highly trained and experienced staff offers students a variety of services; laboratory testing; prescription and over-the-counter medication. We also offer students educational programs, activities, and classes to enhance their knowledge and understanding of the many benefits in choosing healthier lifestyles.

Important Telephone Numbers:

SH&WS Appointment Desk (216) 687-3649

Counseling Center (216) 687-2277

All Emergency Situations Off Campus 911

Campus Police (216) 687-2020

Poison Control Center (216) 231-4455

Academic Year: 2023-2024

Hours of Operation:

Monday & Tuesday 8:00 a.m. - 5:30 p.m.

Wednesday-Friday 8:00 a.m. - 5:00 p.m.

Summer Hours:

Monday-Friday 8:00 a.m. - 5:00 p.m.

Eligibility for Use:

All CSU registered students are eligible to use the many services offered at the SH&WS.

Payment:

There is no charge for visits for students with the Student Health Insurance. There is a \$5 Copay for covered generic prescriptions dispensed by Health Wellness Services. Payments can be accepted by cash, check or IOU. No IOU's are accepted without a CSU ID and a current registration number.

Obtaining Service and Canceling Appointments:

There are two ways to be seen by a health care provider at the Student Health & Wellness Services. The first (and most preferred) is to call and make an appointment in advance. If you cannot get to your appointment for some reason, it is your responsibility to call and cancel. "Same day appointments" are available if you have an acute illness that needs immediate attention. You must call beginning at 8:10 a.m. and request an appointment for the same day. Same day appointments are limited and are intended only for students who are acutely ill.

Student Health & Wellness Services

- Assessment and treatment of illness or injury
- Preventive services, including immunizations, screening for blood pressure, cholesterol, HIV, pregnancy, rubella, rubeola, strep throat, annual gynecological exams, and physical exams
- Educational materials and individual or group counseling on many health related topics
- Campus wide health promotion campaigns
- Laboratory services
- Emergency contraception and birth control
- Care for most illness or problems for which you would see your own doctor

Confidentiality

We keep your records private and confidential. Medical records do not become a part of any other University record or go to anyone outside the Student Health & Wellness Services without your written consent. This consent is valid for 90 days from the date signed. However, please note that patients under 18 may be subject to guardian/parent review if they (parents) sign a release.

Patient Rights

1. Patients are:
 - a. Treated with respect, consideration and dignity.
 - b. Provided appropriate privacy.
 - c. Provided, to the degree known, complete information concerning their diagnosis, evaluation, treatment, and prognosis, or when it is medically inadvisable to give such information to a person designated by the patient or to a legally authorized person.
 - d. Given the opportunity to participate in decisions involving their health care, except when such participation is contradicted for medical reasons.
 - e. Informed of the names and positions of people involved in their care by official name tag and/or personal introduction.
 - f. Provided with appropriate information regarding the absence of malpractice insurance coverage.
2. Patient disclosures and records are treated confidentially, and are released by a signed release by the patient or court order or subpoena. Exception is made for personal health information released for payment or treatment.
3. Information is available to patients and staff concerning:
 - a. Patient conduct and responsibilities.
 - b. Services available.
 - c. Provisions for after-hours and emergency care. When clinic is closed patients should go to an urgent care or emergency room with any urgent or emergency medical problem.
 - d. Fees for services.
 - e. Payment policies.
 - f. Methods for expressing grievances and suggestions to the organization. Yearly evaluations on the clinic and personnel are done by patients seen. A suggestion box is available on a daily basis.
4. Patients are informed of their rights to change primary providers, view their charts and amend charts, but not change what provider has written.
5. Marketing or advertising regarding the competence and capabilities of the organization is not misleading to patients.

Your Health Is Your Responsibility

More and more people are realizing that they are responsible for their own health. Being healthy is not just being from disease or illness. It is a state of mind and body, encompassing the WHOLE you. Health includes learning about wellness so that you can maintain and improve your health status. We are always open to questions and concerns regarding your health. Make use of your Student Health & Wellness Services. Be Well!

Policy Periods

1. Students: Coverage for all insured students enrolled for the Fall Semester will become effective at 12:01 a.m. on August 13, 2023 and will terminated at 12:01 a.m. on December 31, 2023.
2. New Spring Semester students: Coverage for all insured students enrolled for the Spring Semester will become effective at 12:01 a.m. on January 1, 2024 and will terminated at 12:01 a.m. on May 20, 2024.
3. Summer Coverage: Coverage for all insured students enrolled for the Summer Semester will become effective at 12:01 a.m. on May 21, 2024 and will terminated at 12:01 a.m. on August 12, 2024.

Insured Dependents: Coverage will become effective on the same date the insured student's coverage becomes effective, or the day after the postmarked date when the completed application and premium are sent, if later. Coverage for Dependent terminates in accordance with the Termination Provisions described in the Master Policy. Examples include, but are not limited to: the date the student's coverage terminates, the date the Dependent no longer meets the definition of a Dependent.

Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 86.330%

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 will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

Student Health Center Referral Required: This plan includes a Student Health Center Referral Requirement. Benefits will be subject to an additional \$350 Deductible without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions

| | Preferred Providers | Out-of-Network Providers |
|---|---|---|
| Overall Plan Maximum | There is no overall maximum dollar limit on the policy | |
| Plan Deductible | \$500 Per Insured Person, per Policy Year \$1,000 For all Insureds in a Family, Per Policy Year | \$1,000 Per Insured Person, per Policy Year \$2,000 For all Insureds in a Family, Per Policy Year |
| Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i> | \$6,500 Per Insured Person, Per Policy Year \$13,000 For all Insureds in a Family, Per Policy Year | \$10,400 Per Insured Person, Per Policy Year \$20,800 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 for Covered Medical Expenses | 60% of Allowed Amount for Covered Medical Expenses |
| Prescription Drugs <i>When Specialty Prescription Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail Copay (up to 50% of the Prescription Drug Charge). 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> <i>Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services.</i> | \$20 Copay per prescription Tier 1 \$40 Copay per prescription Tier 2 \$80 Copay per prescription Tier 3 up to a 31-day supply per prescription UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible | \$20 Copay per prescription generic drug \$40 Copay per prescription brand name drug 60% of billed charge 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.</i> <i>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 | 60% of Allowed Amount 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 not subject to Deductible Lab: \$25 not subject to Deductible X-rays: \$25 not subject to Deductible Medical Emergency: \$150 not subject to Deductible The Copay will waived if admitted to the Hospital. | Medical Emergency: \$150 not subject to Deductible The Copay will waived if admitted to the Hospital. |
| Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs | Office Visits: \$30 Copay per visit 80% of Allowed Amount not subject to Deductible Other Outpatient Services: 80% of Allowed Amount after Deductible | Office Visits: 60% of Allowed Amount after Deductible Other Outpatient Services: 60% of Allowed Amount after Deductible |
| Pediatric Dental and Vision Benefits | Refer to the plan certificate for details (age limits apply). | |

Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

Read the Definitions section and the attached Schedule of Benefits carefully. Refer to the Medical Expense Benefits section for benefit specific limitations.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines.

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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).

This exclusion does not apply to:

- Benefits specifically provided in the Policy for Reconstructive Procedures.
 - Myocardial infarction.
 - Pulmonary embolism.
 - Thrombophlebitis.
 - Exacerbations of co-morbid conditions.
3. 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.
 4. Any dental treatment not specifically provided for in the Policy.

5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).

This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained from playing, practicing, traveling to or from, participating in, or conditioning for any intercollegiate sport for which benefits are paid or payable under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), or any other sports association.
14. Investigational services.
15. Marital counseling.
16. Direct participation in a riot or civil disobedience, nuclear explosion, or nuclear accident. Commission of or attempt to commit a felony.
17. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
18. Prescription Drugs, services or supplies as follows:
 - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, not specifically provided for in the Policy.
 - Immunization agents, except as specifically provided under Preventive Care Services.
 - 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.
 - Growth hormones.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.
20. Reproductive services for the following:
 - 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.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
21. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.
22. Naturopathic services.
23. Surgical treatment of gynecomastia.
24. Services provided by any Governmental unit, unless otherwise required by law or regulation.
25. 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).
26. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in benefits for Preventive Care Services.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

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

Key Assistance Benefits include:

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

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

To access services please refer to the phone number on 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 Student Resources, 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 StudentAssist, 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 Counseling – two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
- Mediation services – one 30 minute telephonic or face-to-face consultation per issue per year 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 liveandworkwell.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.

ID Cards

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the uhcsr.com/myaccount website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their My Account. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

This Summary Brochure is based on Policy #2023-444-2.

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

NON-DISCRIMINATION NOTICE

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

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

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

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

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

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

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

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

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

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

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

