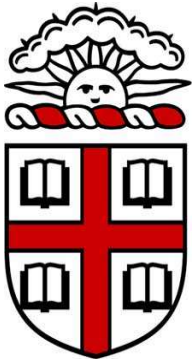


PLEASE NOTE:  
THIS DOCUMENT HAS  
CHANGED. PLEASE SEE THE  
BACK COVER FOR DETAILS



# BROWN



## 2023–2024 Student Health Insurance Plan for Brown University

**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.

### Who is eligible to enroll?

All registered part-time and full-time undergraduate and graduate students enrolled in a degree granting program are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Students enrolled in exclusively online classes are not eligible except for those enrolled in select Masters programs.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse, Civil Union partner or Domestic Partner and dependent children under 26 years of age. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

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

Dependent eligibility expires concurrently with that of the Named Insured.

### Leave of Absence Policy

When a student is granted a Leave of Absence from the University, they are eligible to continue their coverage for a maximum of one year upon meeting the following requirements:

- Student must be currently enrolled in the University's Student Health Insurance Plan
- Student must provide a copy of the leave of absence verification form (separation authorization form) signed by a dean or an advisor

- Student intends to return to the University and remain a degree-seeking candidate

To enroll, obtain a Leave of Absence Enrollment form from the Brown University Insurance Office. Complete and submit the enrollment application with an approved copy of the leave of absence verification form to Haylor, Freyer & Coon, Inc. by the enrollment deadline. Include payment of \$4,636 for coverage effective August 15, 2023 to August 14, 2024. Please call the Insurance Office at 401-863-1703 with any questions.

Students who take a leave of absence after the start of the semester remain enrolled in the plan until the end of the policy year.

## Dependent Eligibility and Enrollment

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Insured students can enroll their eligible Dependents. Eligible Dependents are the student's legal spouse or Civil Union Partner or Domestic Partner and dependent children under 26 years of age. Dependent eligibility expires concurrently with that of the Insured Student. Students can submit an online Dependent enrollment form through <https://haylor.com/college/brown-university/> by September 1. Insured Students can also add eligible Dependents within 31 days after the Insured Student acquires a new Dependent, i.e., by birth, adoption or marriage. In the event a Dependent enrollment form is received after these dates, payments will not be pro-rated. If this deadline is not met, the effective date of coverage will be the date the online Dependent enrollment form is submitted or the correct payment and Dependent enrollment form are received by the Company (or its authorized representative), whichever is later.

It is the student's responsibility to ensure the timely enrollment of eligible Dependents each policy year. Dependents are not automatically re-enrolled.

In the event of the birth of a child to a covered student while the student's Plan is in force, that child will automatically become a Covered Person from the moment of birth. Payment for the child's coverage must be remitted within that 31-day period, or the coverage will terminate for that child at the end of the 31-day period. The applicable costs will not be prorated.

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

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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 <https://haylor.com/college/brown-university/>. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-464-The Policy is a Non-Renewable One-Year Term Policy.

## Who can answer questions I have about the plan?

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For eligibility, enrollment or waiver questions visit <https://haylor.com/college/brown-university/>, or contact Brown University's Insurance Office at 401-863-1703.

For benefit or claim questions contact UHCSR at 1-800-767-0700.

## How Do I Waive?

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Eligible students need to complete an online waiver request at <https://haylor.com/college/brown-university/>. Under My Profile, click "Waive" and follow the instruction to log-in and submit a waiver request.

## Highlights of Coverage offered by UnitedHealthcare Student Resources

	Early Arrival Period 7/15/2023 – 8/14/2024	Annual Period 8/15/2023 – 8/14/2024	Spring/Summer Period 1/1/2024 - 8/14/2024	Summer Period 6/1/2024 - 8/14/2024
Enrollment/Waiver Deadline	July 31, 2023	September 1, 2023	February 1, 2024	June 2, 2024
Early Arrival Student**	\$5,027			
Student only**		\$4,636	\$2,875	\$950
One Dependent*	See Annual Dependent Rates	\$4,616	\$2,863	\$946
Two or More Dependents*		\$9,162	\$5,683	\$1,878

\*A nominal, non-refundable processing fee applies

\*\*The above rates include an administrative fee

### Important dates or deadlines

Online waivers must be submitted by the deadlines listed above in the Coverage dates and Plan Cost grid.

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 93.310%

**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](#)

#### University Health Services Benefits:

- The Deductible will be waived when treatment is referred by the Brown University Health Services for the following services: Diagnostic Tests and Procedures, X-ray Services, and Laboratory Procedures when treatment is rendered at any LifeSpan Labs location, Rhode Island Medical Imaging, Brown Dermatology Inc., or at any facility when ordered by Brown University Health Services.
- The Deductible will be waived when treatment is rendered at the Brown University Health Services for the following services: Prescription Drugs after a \$20 Copay per prescription Tier 1, \$40 Copay per prescription Tier 2, and \$60 Copay per prescription Tier 3 up to a 31-day supply per prescription. A 90-day supply may be dispensed at 2.5 times the 31-day supply Copays.
- 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 Brown University Health Services for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$300 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>	\$8,100 Per Insured Person, Per Policy Year \$12,700 For all Insureds in a Family, Per Policy Year	
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations,</i>	100% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses

<i>maximums and Copays as described in the plan certificate.</i>		
<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.</i>  For Prescription Insulin Drugs, the total amount of Deductible, Copayments, or Coinsurance shall not exceed \$40 for an individual prescription of up to a 30-day supply.	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	\$20 Copay for generic drugs \$40 Copay for brand name drugs 70% of billed charge Up to a 31-day supply per prescription not subject to Deductible
<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	70% of Allowed Amount after Deductible
<b>Routine Eye Exam</b> <i>Includes one routine adult eye exam per Policy Year.</i>	\$15 Copay per visit 100% of Allowed Amount not subject to Deductible	\$15 Copay per visit 70% of Allowed Amount not subject to Deductible
<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>	Room and Board \$100 not subject to Deductible Day Surgery: \$100 not subject to Deductible Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.	Room and Board \$100 not subject to Deductible Day Surgery: \$100 not subject to Deductible Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$100 not subject to Deductible The Copay will be waived if admitted to the Hospital.
<b>Medical Emergency Expenses</b> The Copay will be waived if admitted to the Hospital.	\$100 Copay per visit 100% of Allowed Amount not subject to Deductible	\$100 Copay per visit 100% of Allowed Amount not subject to Deductible
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$30 Copay per visit 100% of Allowed Amount not subject to Deductible Other Outpatient Services: 100% of Allowed Amount after Deductible	Office Visits: \$30 Copay per visit 70% of Allowed Amount not subject to Deductible Other Outpatient Services: 70% of Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

## Mandated Benefits

Benefits are provided as mandated by the state of Rhode Island for the benefits listed below. Details of the mandates can be found in the Certificate of Coverage.

- Benefits for Treatment of Mental Illness and Substance Use Disorder
- Benefits for Mammography and Pap Smear
- Benefits for Mastectomy Treatment
- Benefits for Prostate and Colorectal Cancer Screening
- Benefits for Postpartum Care
- Benefits for Contraceptives
- Benefits for the Treatment of Infertility
- Benefits for Diabetes Treatment

- Benefits for Off-Label Drug Use for Cancer Treatment
- Benefits for Human Leukocyte Antigen or Histocompatibility Locus Antigen Testing
- Benefits for Treatment of Lyme Disease
- Benefits for Pediatric Preventive Care
- Benefits for Screening for Lead Poisoning
- Benefits for Early Intervention Services
- Benefits for Hearing Aids
- Benefits for Orthotic and Prosthetic Services for the Aged and Disabled
- Benefits for Scalp Hair Prosthesis
- Benefits for Tobacco Cessation
- Benefits for Enteral Nutrition Products
- Benefits for Autism Spectrum Disorders
- Benefits for Orally Administered Anticancer Medications
- Benefits for Perinatal Doula Services

## Exclusions and Limitations

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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:

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.

1. Cosmetic procedures, except:
  - As specifically provided in the Policy for Reconstructive Procedures.
2. 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.
3. 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.
4. Elective Surgery or Elective Treatment.
5. 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.
6. Health spa or similar facilities. Strengthening programs.
7. Hearing aids, except as specifically provided in the Benefits for Hearing Aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
 

This exclusion does not apply to:

  - Hearing defects or hearing loss as a result of an infection or Injury.
8. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
9. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
10. 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.
11. Investigational services.
12. Lipectomy.
13. Marital or family counseling, except as specifically provided for the treatment of a Mental Illness.
14. Prescription Drugs, services or supplies as follows:
  - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
  - Immunization agents, except as specifically provided in the Policy.



- Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in the Benefits for Off-Label Drug Use for Cancer Treatment.
  - 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.
15. Reproductive services for the following:
    - Procreative counseling.
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials, except as specifically provided in the Benefits for the Treatment of Infertility. 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, except as specifically provided in the Benefits for the Treatment of Infertility.
    - Premarital examinations.
    - Impotence, organic or otherwise.
    - Reversal of sterilization procedures.
  16. 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.
  17. 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.
  18. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
  19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except for surgery to treat functional impairments. Temporomandibular joint dysfunction.
  20. 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.
  21. Supplies, except as specifically provided in the Policy.
  22. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the Policy.
  23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
  24. 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).
  25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner or Civil Union 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 or Civil Union 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 or Civil Union 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 Student Resources

### 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 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

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

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

As an insured with 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

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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 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](http://www.uhcsr.com/MyAccount) under Additional Benefits.

## Broker information

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Haylor, Freyer & Coon, Inc.  
300 South State St, Suite 1000  
Syracuse, NY 13202  
Phone: 866-535-0456  
<https://haylor.com/college/brown-university/>

## ID Cards

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Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the [uhcsr.com/myaccount](http://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 #2023-464-1.



## 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.





POLICY NUMBER: 2023-464-1

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.

NOC2 – 11/10/2023

1. Schedule of Benefits header: 3rd bullet updated from:

The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Brown University Health Services for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

To:

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 Brown University Health Services for the following services: All other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

NOC1 – 9/15/2023

Customer service number changed from 866-948-8472 to 800-767-0700