

**PLEASE NOTE:**

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



## 2023–2024 Student Health Insurance Plan for University of St. Thomas

### Who is eligible to enroll?

All International students who are registered for classes and all OPT students are required to purchase this insurance Plan at registration unless proof of comparable coverage is furnished.

All J-1 Visa students are automatically enrolled in this insurance Plan at registration.

Eligible students who do enroll may also insure their Dependents.

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.
  - 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.

### How do I enroll / Waive?

To complete the Enrollment or Waiver process, please go to <https://studentcenter.uhcsr.com/stthomas> and follow the directions. Once you are enrolled in the plan, there are no refunds or cancellations.

### 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 College and may be viewed at [www.uhcsr.com](http://www.uhcsr.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-203096-61. The Policy is a Non-Renewable One-Year Term Policy.

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

If you have questions please contact Customer Service at 1-800-505-4160 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare Student Resources

### Coverage Dates and Plan Cost

Rates	Fall 8/1/23 to 1/14/24	Spring/Summer 1/15/24 to 7/31/24	Summer 5/21/24 to 7/31/24
Student	\$1,226.00	\$1,451.00	\$527.00
Spouse	\$1,226.00	\$1,451.00	\$527.00
One Child	\$1,226.00	\$1,451.00	\$527.00
Two or More Children	\$2,452.00	\$2,902.00	\$1,054.00
Spouse + Two or More Children	\$3,678.00	\$4,353.00	\$1,581.00

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.

### Important dates or deadlines

Students are required to Enroll or Waive for EACH SEMESTER. If a student waived or enrolled in the Fall, the student must waive or enroll again for the Spring Semester.

Important Information for Hard Waiver Students:

If you are a student in the Fall semester and eligible to purchase coverage and you choose not to enroll/waive for coverage before the Fall Enrollment/Waiver Deadline of \*September 28, 2023, you will not be eligible to enroll/waive again until the start of the Spring semester.

\*For new and renewing students in the Spring semester, your open enrollment/waiver deadline is February 28, 2024.

\*For new students in the Summer semester, your open enrollment/waiver deadline is June 15, 2024.

Health Services

Center for Well-Being at the University of St. Thomas 35 South Finn Street, St. Paul Campus

The deductible will be waived and benefits will be paid at 100% when treatment is rendered at the Student Health Center for the following services: Services listed on the approved fee schedule on file with the Student Health Center.

For more information, please visit: [www.stthomas.edu/center-for-well-being](http://www.stthomas.edu/center-for-well-being)  
or call 651-962-6750.

Notice: Cancellations/Refunds

Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

### Highlights of the Student Health Insurance Plan Benefits

METALLIC LEVEL –GOLD WITH ACTUARIAL VALUE OF 84.24%

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

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

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	

<b>Plan Deductible</b>	\$250 Per Insured Person, per Policy Year	\$600 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>	\$7,500 Per Insured Person, Per Policy Year \$13,700 For all Insureds in a Family, Per Policy Year	\$15,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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>	\$25 Copay per prescription Tier 1 \$60 Copay per prescription Tier 2 \$75 Copay per prescription Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	No Benefits
<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	No Benefits
<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>	Physician's Visits: \$25 80% of Allowed Amount not subject to Deductible  Medical Emergency: \$150 80% of Allowed Amount not subject to Deductible	Medical Emergency: \$150 80% of Allowed Amount not subject to Deductible
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$25 80% of Allowed Amount not subject to Deductible  Other Outpatient Services: Allowed Amount after Deductible	Allowed Amount not subject to Deductible  Other Outpatient Services: Allowed Amount after Deductible
<b>Pediatric Dental and Vision Benefits</b>	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. Behavioral problems, except as defined as a Mental Illness. Developmental delay or disorder or intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems.  
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. Custodial Care or domiciliary care provided in any type of facility.
7. 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.
8. 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.
9. Elective abortion. This exclusion does not apply when the life of the mother is at risk.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
11. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for 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.
12. Genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
13. Health spa or similar facilities. Strengthening programs.
14. 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 three 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.
15. Hirsutism.
16. Hypnosis.
17. 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.
18. 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.
19. Experimental or Investigational Services.
20. Lipectomy.
21. Commission of or attempt to commit a felony.
22. 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.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
23. 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.
24. 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 under Approved Clinical Trials in the Medical Expense Benefits section.
25. 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.
26. Preventive care services except as required by the ACA or Minn. Statute 62Q.46 (Coverage for Preventive Services) and referenced in the Preventive Care Services benefit in the Medical Expense section.
27. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except as provided for Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder and as provided for Benefits for Cleft Lip and Cleft Palate. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
29. Sleep disorders.
30. Speech therapy, except as covered in the Physiotherapy and Habilitative Services benefits in the Medical Expense Benefits section of the Policy.
31. Supplies, except as covered in the Hospital Miscellaneous Expenses, Day Surgery Miscellaneous, Medical Emergency Expenses, and Diabetes Services sections of the Policy.
32. 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.
33. Treatment where there is no legal obligation for the Insured Person to pay for such treatment.
34. 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.
35. 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 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. Domestic Students, insured spouse 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; 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 [liveandworkwell.com](http://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](http://www.uhcsr.com/MyAccount) under Additional Benefits.

## 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 #2023-203096-61.

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 StudentResources 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](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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

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



**Marathi**

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

**Marshallese**

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

**Micronesian- Pohnpeian**

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

**Navajo**

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

**Nepali**

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

**Nilotic-Dinka**

Kāk ē kuny ajuser ē thok atō tīnē yīn abac tē cīn wēu yeke thiēc. Yīn col 1-866-260-2723.

**Norwegian**

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

**Pennsylvania Dutch**

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

**Persian-Farsi**

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره  
1-866-260-2723 تماس بگیرید.

**Polish**

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

**Portuguese**

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

**Punjabi**

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

**Romanian**

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

**Russian**

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

**Samoan- Fa'asamoa**

O loo maua fesoasoani mo gagana mo oe ma e lē totogia.  
Faamolemole telefoni le 1-866-260-2723.

**Serbo- Croatian**

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

**Somali**

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa.  
Fadlan wac 1-866-260-2723.

**Spanish**

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

**Sudanic- Fulfulde**

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

**Swahili**

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure.  
Tafadhali piga simu 1-866-260-2723.

**Syriac- Assyrian**

1-866-260-2723

**Tagalog**

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

**Telugu**

1-866-260-2723 కి కాల్ చేయండి.

**Thai**

บริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่าย  
1-866-260-2733

**Tongan- Fakatonga**

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

**Trukese (Chuukese)**

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

**Turkish**

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

**Ukrainian**

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

**Urdu**

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

**Vietnamese**

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

**Yiddish**

1-866-260-2723

**Yoruba**

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

POLICY NUMBER: 2023-203096-61

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 – 09/01/2023

Bid Policy : NA

SOB: NA

Summary Brochure:

Section 10 Exclusions and Limitations

#26

FROM:

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 Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits section.

TO:

Preventive care services except as required by the ACA or Minn. Statute 62Q.46 (Coverage for Preventive Services) and referenced in the Preventive Care Services benefit in the Medical Expense section.

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 10 Exclusions and Limitations

#26

FROM:

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 Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits section.

TO:

Preventive care services except as required by the ACA or Minn. Statute 62Q.46 (Coverage for Preventive Services) and referenced in the Preventive Care Services benefit in the Medical Expense section.

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.

#### Schedule of Benefits

IN and OON.

Coinsurance percentage amounts have been added throughout the SOB

From:

Allowed amount

To:

80% of allowed amount.

50% of allowed amount.

REMOVED note from footer.

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.

