Who is eligible to enroll?

All international students are required to purchase this insurance plan. All full-time domestic undergraduate and graduate students are automatically enrolled in this insurance plan and premium added to their tuition billing unless proof of comparable coverage is provided. All Visiting Faculty Scholars and Graduate Research and Graduate Teaching Assistants who are approved by the College to pursue academic work are eligible and are required to purchase this insurance plan unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse 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 this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

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 this 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 this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, 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/wm. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-1404-2. 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 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-18 to 7-31-19</th>
<th>Fall 8-1-18 to 12-31-18</th>
<th>Spring/Summer 1-1-19 to 7-31-19</th>
<th>Summer 5-1-19 to 7-31-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,233.00</td>
<td>$936.00</td>
<td>$1,297.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,233.00</td>
<td>$936.00</td>
<td>$1,297.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,233.00</td>
<td>$936.00</td>
<td>$1,297.00</td>
<td>$563.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,466.00</td>
<td>$1,872.00</td>
<td>$2,594.00</td>
<td>$1,126.00</td>
</tr>
<tr>
<td>Spouse and 2 or More Children</td>
<td>$6,699.00</td>
<td>$2,808.00</td>
<td>$3,891.00</td>
<td>$1,689.00</td>
</tr>
</tbody>
</table>

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 31 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: UHC Options PPO.

Student Health Center Benefits:
1) The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services: Outpatient Physician’s Visits.
2) The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center for the following services:
   a) Prescription Drugs after a $5 Copay per prescription for generic and $15 Copay per prescription for brand-name drugs, up to a 31-day supply per prescription;
   b) Laboratory Procedures after a $10 Copay; and
   c) All other services listed in the Schedule of Benefits.

Overall Plan Maximum
Preferred Providers: There is no overall maximum dollar limit on the policy.


Out-of-Pocket Maximum
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.

80% of Preferred Allowance for Covered Medical Expenses
50% of Usual and Customary Charges for Covered Medical Expenses

Prescription Drugs
Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.

80% of Preferred Allowance for Covered Medical Expenses
50% of Usual and Customary Charges for Covered Medical Expenses

25% Coinsurance Tier 3
Up to a 31-day supply per prescription filled at a

No Benefits
### Preventive Care Services

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Physician’s Visits</th>
<th>Room and Board Expense</th>
<th>Medical Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25</td>
<td>$250 per Hospital Confinement</td>
<td></td>
</tr>
<tr>
<td>(The Copay is in addition to the Policy Deductible.)</td>
<td>(The Copay will be waived if admitted to the Hospital.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The following services have per Service Copays</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatric Dental and Vision Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to the plan certificate for details (age limits apply).</td>
</tr>
</tbody>
</table>

### 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.
3. 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.
   - Correct a Congenital Condition that causes a functional impairment.
   - Correct significant deformities caused by congenital or developmental abnormalities, disease, trauma or previous therapeutic process in order to create a more normal appearance.
4. Dental treatment, except:
   - As provided in the Dental Treatment benefit.
   - As specifically provided in the Schedule of Benefits.

This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
7. 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 routine or preventive foot care for Insured Persons with diabetes. It also does not apply to an Insured Person with vascular disease.
8. Hearing examinations. 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.
   - Benefits specifically provided in Benefits for Newborn Infant Hearing Screening.
10. Immunizations for travel or work.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
12. Lipectomy.
13. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
14. Prescription Drugs, services or supplies as follows, except as specifically provided in the Schedule of Benefits:
   - Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents, such as Parodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
15. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in Genetic Testing
   - 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 or treat the underlying cause of the infertility.
   - Premarital examinations.
   - Reversal of sterilization procedures, except for reversal of sterilization that was due to non-elective sterilization that resulted from Sickness or Injury.
   - Impotence, organic or otherwise.
16. 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 eyeglasses or contact lenses as described under Vision Correction in the Policy.
   - To benefits specifically provided in the Schedule of Benefits.
17. Routine Adopted or Newborn Child Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
18. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
19. 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.
20. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
21. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
22. 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).
23. Weight management. Weight reduction. Treatment for obesity (except morbid obesity). Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Schedule of Benefits.
NurseLine and Student Assistance: 24/7 Access to Nurse and Counseling Support

Insureds have immediate access to nurse advice and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

This Summary Brochure is based on Policy #2018-1404-2.

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 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:

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


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


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.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Практически само переводится: Если вы говорите на русском языке, у вас есть возможность бесплатно обратиться за помощью. Позвоните по номеру 1-866-260-2723.

ATTENTION : Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。1-866-260-2723 にお電話ください。
कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Cambodian: ឪយើយឪយើយឪយ (Khmer) បានឈរបានសារកំរើសរុបេនឹងនិយាយភាសាសម្រាប់អ្នក។ ទុកឈមី ការឈមី 1-866-260-2723។

PAKDAAR: Nu saritarem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lennguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA’ÁKÓNÍNZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jiik'eh, bee ná'ahóóti'. T'áá shoodi kohjì 1-866-260-2723 hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.