



## 2023–2024 Student Health Insurance Plan for William & Mary

### Who is eligible to enroll?

All international students are eligible and are required to participate in the plan on a mandatory basis. All full-time domestic undergraduate and graduate students will be 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 have the insurance plan unless proof of other insurance has been 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 the 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 acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

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

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the College and may be viewed at [www.uhcsr.com/wm](http://www.uhcsr.com/wm). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-1404-2. 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](mailto:customerservice@uhcsr.com).

## Highlights of Coverage offered by UnitedHealthcare StudentResources

### Coverage Dates and Plan Cost

Rates	Annual 8-1-23 to 7-31-24	Fall 8-1-23 to 12-31-23	Spring/Summer 1- 1-/1/24 to 7-31-24	Summer 5-1-24 to 7-31-24
Student	\$3,565.00	\$1,490.00	\$2,075.00	\$897.00
Spouse	\$3,565.00	\$1,490.00	\$2,075.00	\$897.00
One Child	\$3,565.00	\$1,490.00	\$2,075.00	\$897.00
Two or More Children	\$7,130.00	\$2,980.00	\$4,150.00	\$1,794.00
Spouse and 2 or More Children	\$10,695.00	\$4,470.00	\$6,225.00	\$2,691.00

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

### Highlights of the Student Health Insurance Plan Benefits

#### METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 86.850%

**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:

- 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.

**Student Health Center Referral Required:** This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient 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
<b>Overall Plan Maximum</b>	There is no overall maximum dollar limit on the policy	
<b>Plan Deductible</b>	\$150 Per Insured Person, per Policy Year	\$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>	\$7,350 Per Insured Person, Per Policy Year \$14,700 For all Insureds in a Family, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
<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

<p><b>Prescription Drugs</b>  <i>Prescriptions must be filled at a UHCP network pharmacy.</i></p> <p><i>For insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$50 for an individual prescription of up to a 30-day supply.</i></p> <p><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></p> <p><i>Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy for insulin drugs the total amount of Deductible, Copayments or Coinsurance shall not exceed \$150 for an individual prescription of up to a 90-day supply.</i></p>	<p>\$15 Copay per prescription for Tier 1  \$60 Copay per prescription for Tier 2  25% Coinsurance per prescription for Tier 3  Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</p>	<p>No Benefits</p>
<p><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></p>	<p>100% of Allowed Amount</p>	<p>No Benefits</p>
<p><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></p>	<p>Physician's Visits: \$25 not subject to Deductible</p> <p>Room and Board Expense: \$250 per Hospital Confinement after Deductible</p> <p>Medical Emergency: \$100 not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>	<p>Physician's Visits: \$25 not subject to Deductible</p> <p>Room and Board Expense: \$250 per Hospital Confinement after Deductible</p> <p>Medical Emergency: \$100 not subject to Deductible  The Copay will be waived if admitted to the Hospital.</p>
<p><b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b></p>	<p>Office Visits:  \$20 Copay per visit  100% of Allowed Amount not subject to Deductible</p> <p>Other Outpatient Services:  Allowed Amount after Deductible</p>	<p>Office Visits:  \$20 Copay per visit  70% of Allowed Amount not subject to Deductible</p> <p>Other Outpatient Services:  Allowed Amount after Deductible</p>
<p><b>Pediatric Dental and Vision Benefits</b></p>	<p>Refer to the plan certificate for details (age limits apply).</p>	

## 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. Behavioral problems. Developmental delay or disorder or intellectual disability. Learning disabilities. Parent-child problems.  
This exclusion does not apply to conditions classified as a Mental Illness or Substance Use Disorder in the *Diagnostic and Statistical Manual of the American Psychiatric Association* or except as specifically provided in the Policy.
3. Cosmetic procedures, except as specifically provided in the Policy for Reconstructive Procedures.

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 as defined in the Policy.
6. Elective abortion. This exclusion does not apply to therapeutic abortion as specifically provided in the Policy under Maternity Benefits.
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).
8. This exclusion does not apply to routine or preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease
9. 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. Hirsutism. Alopecia.
11. Immunizations for travel or work.
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. Lipectomy.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
15. Prescription Drugs, services or supplies as follows:
  - 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.
  - Growth hormones.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
16. Reproductive services for 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 as specifically provided in the Policy under Sterilization.
  - Impotence, organic or otherwise.
17. 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.
18. Routine Adopted or Newborn Child Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
19. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.

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. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
22. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
23. 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).
24. 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.

## Highlights of Services offered by UnitedHealthcare Student Resources

### Healthiest You: 24/7 Doctor Access

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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 StudentResources, there is no consultation fee for this service.\* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state.

\*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

### HealthiestYou: Virtual Counselor Access

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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.

This Summary Brochure is based on Policy #2023-1404-2.

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 **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.





