

2022-2023 Student Health Plan for St. Catherine University

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



ST. CATHERINE UNIVERSITY

Who is eligible to enroll?

All full time Domestic Undergraduate degree seeking students taking 8 or more credit hours (at least half of the credit hours must be taken on campus) are automatically enrolled unless proof of comparable coverage is provided.

All Domestic Undergraduate College for Adults Baccalaureate students taking 8 or more credit hours (at least half of the credit hours must be taken on campus) are automatically enrolled unless proof of comparable coverage is provided.

All international students who are enrolled at St. Catherine University are automatically enrolled unless proof of comparable coverage is provided.

All Occupational Therapy Assistant students taking 8 or more credit hours in person with a clinical component are automatically enrolled into this Insurance plan unless proof of comparable coverage is furnished.

Students 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.

Eligible students who do enroll may also insure their Dependents.

How do I Enroll / Waive?

To complete the Enrollment or the Waiver process, please go to www.firststudent.com, select your school, click on either the Enroll Now - Health Insurance or the Waive Your School's Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds or cancellations.

To enroll your Dependents, please go to www.firststudent.com, select your school, and click on the Enroll Now – Health Insurance page. To enroll them, please download and complete the enrollment form and mail it to the address on the second page, along with payment.

Important Communication Information

All personal e-mails are sent securely from the following companies:

- Microsoft Office 365
- Cisco

Most Communication will come from UHCSR.com or Firstriskadvisors.com. **Your school email is the main forum of communication and it is the student's responsibility to maintain and read those communications in a timely fashion.**

Who can answer questions I have about the plan?

If you have questions regarding benefits please contact Customer Service at 800-505-4160. With questions regarding enrollment or waiver please contact customerservice@firstriskadvisors.com.

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. The certificate of coverage can be viewed at www.firststudent.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-203096-61. The Policy is a Non-Renewable One-Year Term Policy.

Important dates or deadlines

If you are eligible to purchase coverage in the fall and you choose not to enroll in coverage before the Annual Enrollment Deadline listed below, you and your dependents, will not be eligible to enroll again until the start of the next Fall semester.

ENROLLMENT DEADLINES FOR DOMESTIC UNDERGRADUATE AND INTERNATIONAL STUDENTS:

- Annual Enrollment Deadline: **9/1/22**
- Spring/Summer Enrollment Deadline: **2/3/23**

ENROLLMENT DEADLINES FOR OTA STUDENTS:

- Annual Enrollment Deadline: **9/11/22**
- Spring/Summer Enrollment Deadline: **1/11/23** (for new incoming OTA students only)
- Summer Enrollment Deadline: **5/14/23** (Summer is for new incoming OTA students only)

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.

University Health Services

St. Paul Campus, Butler Center, Room 100
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 call 651-690-6714 or email healthwellness@stkate.edu.

Coverage Dates and Plan Cost

Rates	Annual 8/15/22 – 8/14/23	Spring / Summer 1/1/23 – 8/14/23	Summer (OTA Students Only) 5/1/23 – 8/14/23
Student	\$2,652.00	\$1,622.00	\$774.00
Spouse	\$2,652.00	\$1,622.00	\$774.00
One Child	\$2,652.00	\$1,622.00	\$774.00
Two or More Children	\$5,304.00	\$3,244.00	\$1,548.00
Spouse + Two or More Children	\$7,956.00	\$4,866.00	\$2,322.00

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-203096-61. The Policy is a Non-Renewable One-Year Term Policy.

Highlights of the Student Health Insurance Plan Benefits offered by UnitedHealthcare StudentResources

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.580%

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	
Plan Deductible	\$250 per Insured Person, per Policy Year	\$600 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$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
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	50% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$25 Copay for Tier 1 \$60 Copay for Tier 2 \$75 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	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	No Benefits
The following services have per service Copays/Deductibles <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 Copay per visit 80% of Allowed Amount not subject to Deductible Medical Emergency: \$150 Copay per visit 80% of Allowed Amount not subject to Deductible	Physician's Visits: Allowed Amount after Deductible Medical Emergency: \$150 Copay per visit 80% of Allowed Amount not subject to Deductible
Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs	Office Visits: \$25 Copay per visit 80% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible	Office Visits: \$25 Copay per visit 80% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible
Pediatric Dental and Vision Benefits	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 for Insured Persons with diabetes.
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. 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.
 - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person with a hearing loss that is not correctable by other services provided in the Policy.
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 provided 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
 - 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, including routine physical exam, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness which are not specifically provided under Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits 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 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.

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, 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

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 StudentResources, 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.

This Summary Brochure is based on Policy #2022-203096-61.

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.

24/7 Student Support

- Insureds have immediate access to the Student Assistance Program, 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 Advice - financial services are provided by licensed CPA's and Certified Financial Planners who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law.
- Mediation services - 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.
- ColleagueLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
- Sanvello – 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.firststudent.com under Additional Benefits.

ID Cards

Insured students will receive emailed instructions on how to create a **My Account** and access their electronic ID card. From the My Account at www.firststudent.com 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.

Online Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.firststudent.com. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your School ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

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>

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.

LANGUAGE ASSISTANCE PROGRAM

We 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 toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Sherbimet e ndihmes ne gjuhen amtare ofrohen falas. Ju lutemi telefononi ne numrin 1-866-260-2723.

Amharic

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Bantu- K. irundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

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Chinese

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Choctaw

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Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

Des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

Gen sevis ed pou Jang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

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Gujarati

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Hawaiian

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Hindi

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Hmong

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Ibo

Enyemaka na-ahazi asl,ls1,l, bu n'efu, diri gi. Kp99 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare ii numero 1-866-260-2723.

Japanese

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Korean

'2:Joi ;,,:l A7t:Jl_'.": 1 1 Ol\$of1ek;ø-a'Llc.f 1-866-260-2723 _c:>_ 2-fof Al2..

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba ye ha i nyuu yo!). Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

J!,s_ UJ'4W <\,K.i .u!..J.000,;ll> J' j/ '!.J.PA-! Lo j fa, j. 1-866-260-2723 c.,.Jl..oj

Laotian

Du3mulfl'>)O'DW'l:;i'l0c::iei 'l'okcilui'lu n::: mllflm'lcu 1-866-260-2723.

Marathi

3114<"1।<।। ru...।।-1<'<1 31W.
1-866-260-2723 "।IT s:FiJ-licf>।i'H cf>"U.

Marshallese

Kwomarofi bokjerbal inJipafi in kajin ilo ejjelok wonaan. Jouj im kal)9k 1-866-260-2723.

Micronesian- Pohnpeian

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

Navajo

Saad bee aka'e'eyeed bee aka'nida'wo'igii t'aajiiik'eh bee nich'i' bee na'ahoot'i'. T'aa shQQdi kohji' 1-866-260-2723 hodiilnih.

Nepali

f=: Tc>cf," u;.,। i:f>"4<TT
1-866-260-2723 m if,"i," I -

Nilotic-Dinka

Kake kuny ajUEsr e thok at:> tihe y'n abac rE cm weu yeke thieec. Yin c;:il 1-866-260-2723.

Nonvegian

Du kan fa gratis sprakhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

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

Persian-Farsi

۔۔۔ L,,Ul.l ,,,;l,, ts" W _),;:,;..I J" u[f,l,J J _l.'-! u-3L,j,1,, 1c;L,;: ., _., (.)W 1-866-260-2723

Polish

Mozesz skorzystac z bezplatnej pomocy j;,:zykoweJ. Zadzwon pod numer 1-866-260-2723.

Portuguese

Oferecemos servi<;o gratuito de assistencia de idioma. Ligue para 1-866-260-2723.

Punjabi

ੴ ਸਤਿਗੁਰ ਪ੍ਰਸਾਦਿ ॥
1-866-260-2723 "3 c@"I

Romanian

Vise punla dispozitie, M mod gratuit, servicii de traducere. Va rugam sa sunati la 1-866-260-2723.

Russian

5hb!KOBb!e ycnyn!rpe!locTaB!J!5!IOTC5!BaM 6ecrumTHO. 3BOH!ITE rro Teneqioey 1-866-260-2723.

Samoan- Fa'asamoa

0 loo maua fesoasoani mo gagana mo oe ma e le togia. Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

Mozete besplatno koristiti usluge prevodioca. Molima 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 disposici6n. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maacfa. 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

'_'''''''. ---.= r< , , , r<ln>;m, r<:iiJ .1-866-260-2723 ,4. ... J,ic

Tagalog

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

Telugu

eJ"on5&i oe.'i.065 :::i s,) E; Oon" oeue:N:xitf' E;;;J"l<ll. adi:l;=, 1-866-260-2723 S S"eJ i=,di:loc..

Thai

ihJ5fi1'iA17J'l.11U1,1f1<1!il1t1m 111,11:r;imiiAm":uGfo'1LifoA11"lfsi1 mLGimi7,i1r;i 'tl'iGl'i vm,,wvii'i,i1,1muw1"l . 1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pe 'a e sevesi ki he lea' ke tokoni kiate koe pea 'oku 'ata ia ma'au 'o 'ikai ha totongi. Kataki 'o ta ki he 1-866-260-2723.

Trukese (Chuukese)

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

Turkish

Dil yardl m hizmetleri size iicretsiz olarak sunulmaktadr. Liitfen 1-866-260-2723 numarayl araylmz.

Ukrainian

Ilcnyl rrepeKna lly H3/13!0TbC51 BaM 6e3K0!ITOBHO. ,(3BOHiTb 33 H0MepoM 1-866-260-2723.

Urdu

u.fi c,,t ,;,,, ,...Jt.... 2 y1 ci...; cs3-iJL... c cll _.,2 ul,,j -<Y..fi Jts .; 1-866-260-2723 u-3L,,Y,,iY.

Vietnamese

Dich vu h6 trq ng6n ngfr, miSn phi, danh cha quy vi. Xin vui long g9i 1-866-260-2723.

Yiddish

llt":J .7N:!!N J!l "1!! 1"N1N!!7:Jl17!111N J!l:Jlll O!H0"111110 '17:7 1N1!!! .1-866 260-2723 tll!11

Yoruba

Ise iran16w6 ede ti 6 je OfE, wa fun Q Pe 1-866-260-2723.

POLICY NUMBER: 2022-203096-61

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 - 09/08/2022

The following members are impacted by the updates:

2022-758-61

2022-1539-61

2022-1541-61

2022-202447-61

Section 9 Definitions

Allowed Amount: Text has been updated for bullets #2 and #3.

From:

2. For Emergency Services provided by an Out-of-Network Provider, the allowed amount is based on one of the following in the order listed below as applicable:

- The reimbursement rate as determined by a state All Payer Model Agreement.
- The reimbursement rate as determined by state law.
- The initial payment made by the Company or the amount subsequently agreed to by the Out-of-Network Provider and the Company.
- The amount determined by Independent Dispute Resolution (IDR).

3. For Air Ambulance transportation provided by an Out-of-Network Provider, the allowed amount is based on one of the following in the order listed below as applicable:

- The reimbursement rate as determined by a state All Payer Model Agreement.
- The reimbursement rate as determined by state law.
- The initial payment made by the Company or the amount subsequently agreed to by the Out-of-Network Provider and the Company.
- The amount determined by Independent Dispute Resolution (IDR).

To:

2. For Emergency Services provided by an Out-of-Network Provider:

The Insured is not responsible, and the Out-of-Network Provider may not bill the Insured, for amounts in excess of the Insured's applicable Copayment, Coinsurance, or Deductible which is based on the rates that would apply if the service was provided by a Preferred Provider which is based on the Recognized Amount as defined in this Certificate.

3. For Air Ambulance transportation provided by an Out-of-Network Provider:

The Insured is not responsible, and the Out-of-Network Provider may not bill the Insured, for amounts in excess of the Insured's applicable Copayment, Coinsurance, or Deductible which is based on the rates that would apply if the service was provided by a Preferred Provider which is based on the Recognized Amount as defined in this Certificate.

Section 10 Exclusions and Limitations

Exclusion #14: Hearing exclusion updated:

From:

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.
- External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person with a hearing loss that is not correctable by other services provided in the Policy.

To:

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 3 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.

Exclusion #10: Intercollegiate Sports updated:

From:

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 provided by the National Collegiate Athletic Association (NCAA), National Association of Intercollegiate Athletics (NAIA) or any other sports association.

To:

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.

Section 19: Pediatric Dental Services Benefits:

The following text has been added under Section 3: Pediatric Dental Exclusions.

“These exclusions apply specifically to Pediatric Dental benefits included in this provision. They do not apply to any Covered Medical Expenses provided elsewhere in the Policy.”

Exclusion #12 updated

From:

Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including surgery related to the temporomandibular joint). Orthognathic surgery, jaw alignment, and treatment for the temporomandibular joint. Benefits are available for temporomandibular joint disorder and craniomandibular disorder under Section 7: Mandated Benefits.

To:

Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including surgery related to the temporomandibular joint). Orthognathic surgery, jaw alignment, and treatment for the temporomandibular joint. 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:

Hearing Aid benefit line item text updated:

From:

See Hearing Aids for Individuals 18 Years of Age or Younger

To:

See Benefits for Hearing Aids