

2025-2026
Student Health Insurance Plan

Policy Number: 2025-1083-1

Effective: 8/1/2025 – 7/31/2026

DENISON

Welcome to the UnitedHealthcare Student Resources Student Health Insurance Plan for Denison University.

The Denison University logo, featuring the word "DENISON" in white, serif, all-caps font, centered within a red rectangular background.

This plan is underwritten by UnitedHealthcare Insurance Company.

Who is Covered?

The Master Policy covers students who have met the Policy's eligibility requirements (as shown below) and who:

1. Are properly enrolled in the plan, and
2. Pay the required premium.

All students who are registered are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. Dependents are not eligible to enroll in this insurance plan.

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.

Where can I get more information?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2025-1083-1. The policy is a Non-Renewable One-Year Term Policy.

Please contact Customer Service with any questions about the plan at 888-799-7716. The Insured can also write to the Company at:

UnitedHealthcare Student Resources
P.O. Box 809025
Dallas, TX 75380-9025

Or by email: customerservice@uhcsr.com

Who is Eligible?

All registered full-time students are required to have health insurance coverage, either through this Student Health Insurance Plan or through another individual or family plan. Students will need to opt-in or waive the coverage.

Students who do not take an action to Waive or Enroll before the waiver deadline will be automatically enrolled in the Student Health Insurance Plan and the premium will be added to the student's tuition fees.

Dependents

Dependents are not eligible.

Coverage Dates and Plan Costs		
Coverage Start Date	Coverage End Date	Waiver/Enrollment Deadline
08/01/2025	07/31/2026	07/24/2025
Effective Date	08/01/2025 – 07/31/2026	
Annual Rate	\$1,622.00	

**Rates are subject to state approval*

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

Waiving Coverage

Denison University requires all registered full-time students to carry personal health insurance. If you are currently covered by comparable health insurance coverage until the end of the academic year, you may be able to waive automatic enrollment in the school-sponsored plan. To waive your school's coverage, follow these simple steps:

1. Have your school ID number and current insurance information available
2. Go to studentcenter.uhcsr.com
3. Follow the prompts and fill out your information

Key Plan Benefits

	UnitedHealthcare Student Resources	
	METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 93.090%	
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
Plan Maximum		
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Coinsurance	90% of Allowed Amount for Covered Medical Expenses	80% of Allowed Amount for Covered Medical Expenses
Annual Deductible		
Individual	\$100 Per Insured Person, per Policy Year	
Maximum Out-of-Pocket		
Individual	\$2,500 Per Insured Person, per Policy Year	
Physician Office Visit		
Primary Care	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Specialty Care	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Telehealth	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Allergy Testing	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Preventive Care		
Adult Periodic Exams	100% of Allowed Amount (dw)	80% of Allowed Amount after Deductible
Well-Child Care	100% of Allowed Amount (dw)	80% of Allowed Amount after Deductible
Diagnostic Services		
X-ray and Lab Tests	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Complex Radiology	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Urgent Care Facility	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Emergency Room Facility Charges	90% of Allowed Amount after Deductible	
Inpatient Facility Charges	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Outpatient Facility and Surgical Charges	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible

(dw) = deductible waived

*Benefits are subject to change and pending state approval

DENISON UNIVERSITY STUDENT HEALTH INSURANCE PLAN SUMMARY

Mental Health		
Inpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Outpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Substance Use Disorder		
Inpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Outpatient	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Other Services		
Gender Transition Benefit (pre-certification required)	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Home Health Care Expenses (pre-certification required)	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Home Health Care Expenses Maximum Visits Per Policy Year	100	100
Hospice Care Coverage	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Acupuncture Services (Medically Necessary Treatment Only)	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Acupuncture Services Max Visits Per Policy Year	30	30
Chiropractic Care Benefit	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Chiropractic Care Benefit Maximum visits per Policy Year	30	30
Non-emergency Care While Traveling Outside of the United States	90% of Allowed Amount after Deductible Subject to \$10,000 maximum per Policy Year	
Medical Evacuation Expense	100% of Allowed Amount (dw) Subject to \$50,000 maximum per Policy Year	
Repatriation Expense	100% of Allowed Amount (dw) Subject to \$50,000 maximum per Policy Year	
Emergency Services, Ambulance and Non-Emergency Services		
Emergency Services in an emergency department for Emergency Medical Conditions.	90% of Allowed Amount after Deductible	
Emergency Ambulance Service ground and/or air, (fixed wing and rotary wing), water, transportation	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible

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DENISON UNIVERSITY STUDENT HEALTH INSURANCE PLAN SUMMARY

Non-Emergency Ambulance Expenses ground and/or air (fixed wing and rotary wing) transportation Pre-Certification Required for nonemergency air Ambulance (fixed wing and rotary wing)	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Pediatric Dental (up to age 19)		
Type A – Basic Services (1 exam every 6 months)	100% of Allowed Amount	
Type B – Intermediate Services	80% of Allowed Amount	
Type C – Major Services	50% of Allowed Amount	
Type D: - Medically Necessary Orthodontic Services - General Services	50% of Allowed Amount	
Pediatric Vision (up to age 19)		
Exam – Once Per Year	100% of Allowed Amount	
Lenses – Once Per Year - Single Vision - Bifocal - Trifocal - Lenticular	100% of Allowed Amount	
Frames – Once Per Year	100% of Allowed Amount	
Contacts – Once Per Year	100% of Allowed Amount	
Adult Vision (age 19 and older)		
Exam – Once Per Year	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Lenses & Frames OR Contacts (Once Per Year)	90% of Allowed Amount after Deductible	80% of Allowed Amount after Deductible
Retail Pharmacy (up to 31 Day Supply)		
Tier 1	\$10 copay (dw)	\$10 copay (dw)
Tier 2	\$25 copay (dw)	\$25 copay (dw)
Tier 3	\$50 copay (dw)	N/A

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Voluntary Dental and Vision Benefits

Denison University offers students voluntary dental and vision benefits through UnitedHealthcare. Students will be able to purchase a plan option that works best for them at an additional charge. The plan options include a vision only plan, a dental only plan, and a dental & vision bundle plan. It is important to note that these plans are independent and in addition to your student health insurance plan should you choose to purchase one. Please visit www.UHOne.com/UHCSR for more information and pricing.

Voluntary Dental	Plan 1000	Plan 2000	Plan 3000
Waiting Period	None	None, except for implants	None, except for implants
Deductible	\$100	\$100	\$100
Maximum	\$1,000	\$2,000	\$3,000
Preventive (2 exams and cleanings per policy year)	100% (dw)	100% (dw)	100% (dw)
Basic Services (includes simple filings)			
First Policy Year	They Pay: 60% after deductible	They Pay: 60% after deductible	They Pay: 60% after deductible
Second Policy Year and After	They Pay: 80% after deductible	They Pay: 80% after deductible	They Pay: 80% after deductible
Major Services (includes bridges, crowns, dentures, extractions, partials, root canals)			
First Policy Year	They Pay: 15% after deductible	They Pay: 15% after deductible	They Pay: 15% after deductible
Second Policy Year and After	They Pay: 50% after deductible	They Pay: 50% after deductible	They Pay: 50% after deductible
Implants (12 month waiting period) \$1,500 Implant Maximum Lifetime Benefit	Not Covered	They Pay: 50% after deductible	They Pay: 50% after deductible
Voluntary Vision	In-Network		Out-of-Network
Exam – Once Per Year	You Pay: \$0 They Pay: 100%		They pay up to \$50 allowance
Lenses and Frames – Once Per Year			
Single-Vision Lenses	You Pay: \$10 copay They Pay: 100% after copay		They Pay: Up to \$40 allowance
Bifocal-Lined Lenses	You Pay: \$10 copay They Pay: 100% after copay		They Pay: Up to \$60 allowance
Trifocal-Lined Lenses	You Pay: \$10 copay They Pay: 100% after copay		They Pay: Up to \$80 allowance
Frames	They Pay: up to \$150 allowance		They Pay: Up to \$75 allowance
Contacts – Once Per Year	You Pay: \$10 copay They Pay: up to \$150 allowance		They Pay: Up to \$105 allowance

(dw) = deductible waived

***Benefits are subject to change and pending state approval**

Exclusions and Limitations

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; b) treatment, services or supplies for, at, or related to any of the following:

1. Acupuncture.
2. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts). This exclusion does not apply to:
 - Benefits specifically provided in the Policy for Reconstructive Procedures.
 - Myocardial infarction.
 - Pulmonary embolism.
 - Thrombophlebitis.
 - Exacerbations of co-morbid conditions.
3. Custodial Care.
 - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
 - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
4. Any dental treatment not specifically provided for in the Policy.
5. Elective Surgery or Elective Treatment.
6. Examinations related to research screenings.
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 preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
8. Health spa or similar facilities. Strengthening programs.
9. Hearing aids or exams to prescribe or fit them.
10. Hypnosis.
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
 - Return of Minor Children
 - Repatriation of Remains
12. Investigational services
13. Marital counseling
14. Direct participation in riot or civil disobedience, nuclear explosion, or nuclear accident.
 - Commission of or attempt to commit a felony
15. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
16. Prescription Drugs, services or supplies as follows:

- Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, not specifically provided for in the Policy.
- Immunization agents, except as specifically provided under Preventive Care Services.
- 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 or sexual enhancement drugs.
- Growth hormones.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

17. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.

18. Reproductive services for the following:

- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Fertility tests.
- Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception.
- Impotence, organic or otherwise.
- Reversal of sterilization procedures.

19. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.

20. Naturopathic services.

21. Surgical treatment of gynecomastia.

22. Services provided by any Governmental unit, unless otherwise required by law or regulation.

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. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in benefits for Preventive Care Services.

UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you are eligible for United Healthcare Global Emergency Services.

International Students: You are eligible to receive United Healthcare Global services worldwide, except in your home country.

Domestic Students: You are eligible when 100 or more miles 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 related to 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.**

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:

- a. Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- b. Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- c. Description of the patient's condition;
- d. Name, location, and telephone number of hospital, if applicable;
- e. Name and telephone number of the attending physician; and
- f. 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, 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; 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 Student Resources, there is no consultation fee for this service. Every communication with a provider is covered 100% during the policy period.

**Available to Insured students; age restrictions may apply, depending on your state.*

24/7 Student Assist

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 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 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 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 #2025-1083-1

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.