Who is eligible to enroll?

All domestic undergraduate students who are enrolled with six (6) or more credit hours and domestic graduate students who are taking three (3) or more credit hours are eligible to enroll in this insurance plan. International students are automatically enrolled in this insurance plan at registration, unless a student meets criteria to request a waiver and comparable coverage is furnished.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1. The Insured Person’s legal spouse.
2. The Insured Person’s Domestic Partner, if Domestic Partner is included as a “Class of Person to be Insured” as specified in the Policyholder Application.
3. Dependent children up to age 26.
4. Disabled children beyond age 26 if the child is:
   a. Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
   b. Chiefly dependent upon the Insured Person for support and maintenance.
5. Children for whom the parent is required by court or administrative order to provide coverage.

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.

When the Policy includes Dependent coverage, 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.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.
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 University and may be viewed at www.uhcsr.com/kent. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-315-2. 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 the Student Injury and Sickness Insurance Plan Benefits

| 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 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.
| Student Health Center Referral Required: This plan includes a Student Health Center Referral Requirement. Benefits will be reduced without a referral from the Student Health Center for treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$1,000 For all Insureds in a Family, Per Policy Year</td>
<td>$2,000 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000 Per Insured Person, Per Policy Year</td>
<td>$8,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>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.</td>
<td>$10,000 For all Insureds in a Family, Per Policy Year</td>
<td>$16,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td>Coincidence</td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</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.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-21-20 to 8-20-21</th>
<th>Fall 8-21-20 to 1-17-21</th>
<th>Spring/Summer 1-18-21 to 8-20-21</th>
<th>Summer 5-17-21 to 8-20-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,750.00</td>
<td>$1,130.00</td>
<td>$1,620.00</td>
<td>$723.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,750.00</td>
<td>$1,130.00</td>
<td>$1,620.00</td>
<td>$723.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,750.00</td>
<td>$1,130.00</td>
<td>$1,620.00</td>
<td>$723.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,500.00</td>
<td>$2,260.00</td>
<td>$3,240.00</td>
<td>$1,446.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,250.00</td>
<td>$3,390.00</td>
<td>$4,860.00</td>
<td>$2,169.00</td>
</tr>
</tbody>
</table>
maximums and Copays as described in the plan certificate.

**Prescription Drugs**

Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services.

Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply.

When Specialty Prescription Drugs are dispensed at a Non-Preferred Specialty Network Pharmacy, the Insured is required to pay 2 times the retail Copay (up to 50% of the Prescription Drug Charge).

$20 Copay per prescription Tier 1  
$40 Copay per prescription Tier 2  
$80 Copay per prescription Tier 3  
Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible

60% of Usual and Customary Charges  
$20 Copay per prescription generic drug  
$40 Copay per prescription brand name drug  
Up to a 31-day supply per prescription not subject to Deductible

**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/ for a complete list of the services provided for specific age and risk groups.

100% of Preferred Allowance  
60% of Usual and Customary Charges after Deductible

**The following services have per service Copays**

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

Physician’s Visits: $25 not subject to Deductible  
Lab: $25 not subject to Deductible  
X-rays: $25 not subject to Deductible  
Urgent Care: $35 not subject to Deductible  
Medical Emergency: $125 not subject to Deductible  
The Copay will be waived if admitted to the Hospital.

Medical Emergency: $125 not subject to Deductible  
The Copay will be waived if admitted to the Hospital.

**Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs**

Office Visits: $25 Copay per visit  
80% of Preferred Allowance not subject to Deductible  
Other Outpatient Services: 80% of Preferred Allowance after Deductible

Office Visits: 60% of Usual and Customary Charges after Deductible  
Other Outpatient Services: 60% of Usual and Customary Charges after Deductible

**Pediatric Dental and Vision Benefits**

Refer to the plan certificate for details (age limits apply).

**Exclusions and Limitations**

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.

**Read the Definitions section and the attached Schedule of Benefits carefully.** Refer to the Medical Expense Benefits section for benefit specific limitations.

No benefits will be paid for services designated as “No Benefits” in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company’s medical policy, clinical coverage guidelines, or benefit policy guidelines.
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. 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. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. 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).
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
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. Injury sustained from playing, practicing, traveling to or from, participating in, or conditioning for any intercollegiate sport for which benefits are paid or payable under a sports accident policy issued to the Policyholder, or for which coverage is provided by the National Collegiate Athletic Association (NCAA), the National Association of Intercollegiate Athletics (NAIA), or any other sports association.
15. Marital counseling.
16. Direct participation in a riot or civil disobedience, nuclear explosion, or nuclear accident. Commission of or attempt to commit a felony.
17. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.
18. 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
19. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.
20. 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.

21. 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.

22. Naturopathic services.


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

25. 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).

26. 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 and your insured spouse, Domestic Partner 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, Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, Domestic Partner 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 the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

• Caller's name, telephone and (if possible) fax number, and relationship to the patient;
• Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
• Description of the patient's condition;
• Name, location, and telephone number of hospital, if applicable;
• Name and telephone number of the attending physician; and
• Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global.
Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

Highlights of Services offered by UnitedHealthcare StudentResources

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 counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners 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 are available to help resolve family-related disputes. 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 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 #2020-315-2.

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)

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

Amharic
አማርኛ እውነት እንዳታ እንዲሁን መወሰን መነሻ መንገዴ ብወር ይሁን ከ 1-866-260-2723 ወይም ያይለ ይሁን.

Arabic
توفر لك خدمات المساعدة اللغوية مجانية. صل على الرقم 1-866-260-2723.

Armenian
2քումաքնիք քումաքնիք լքանակի օգնությունը բանկային։ Մենքներին քումաքարահանում 1-866-260-2723 հաճախում։

Bantu- Kirundi
Uronswa ku bantu servisi zafitiwe ku runimi zo kugufasha. Utegerewe guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangla
বাংলা : চারা সহায়তা পরিষেবা আর্থিক বিমানমূলক পেশে পাসন। প্রাণ করে 1-866-260-2723-ভে কর করা।

Burmese
စာမက်နာမ်ကို ကျွန်ုပ်တို့ လိုအပ်သည်၏ စာမျက်နာမ်ကို လိုအပ်သည်၏ 1-866-260-2723 ၏ကျွန်ုပ်တို့၏

Cambodian- Mon-Khmer
ជីវិតរបស់អ្នកត្រូវបានជួយជាមួយជម្រើស 1-866-260-2723 ដោយអ្នក។

Cherokee
SOHOTUKLI OHOLOLAI OHOLUTUKI HLEEGG xe DHUDEHZAI D4GOT. IGGE HD OBOWEM 1-866-260-2723.

Chinese
您可以免费获得语言援助服务，请致电 1-866-260-2723。

Chontal

Cushite- Oromo

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

French

French Creole- Haitian Creole

German

Greek
Oi υποδείξεις για την υποστήριξη σας διατίθενται δωρεάν. Κάλεστε το 1-866-260-2723.

Gujarati
સહાય સેવાઓ તમારા માટે લિંક ઉપલબ્ધ છે. કૂપા કરીને 1-866-260-2723 પર ક્રમ કરો.

Hawaiian
Kūkua manuahi ma kau ‘ōlelo i loa‘a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आप सहायता सेवाएं तंत्रिक उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Muaj ciov kev tchais las pub dawb rau koj. Thov hru rau 1-866-260-2723.

Ibo

Ilocano
Adda anaw bayadna a serbisio para iti language assistance. Pangasaasim ta tawangan 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuitì. Chiamare il numero 1-866-260-2723.

Japanese
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 までお電話ください。

Karen
ဗားလိုအပ်ပါသည်။ 1-866-260-2723 တွင်ပါ။

Korean
연어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오。

Kru- Bassa
Bot ba hola ni kobol mahop ngui naa wogui bo wa ye ha i nyu von. Sebel i misingi ini 1-866-260-2723.

Kurdish Sorani
خۆمانەکانی زیاتری ئەمەسەیە ئەمەسەیە بۆ تو دەگەیەن. تەکتو لەمەخۆن بەکە بۆ 260-2723.

Laotian
ມາກາງການពិធីសែនសាកស្រាប់អតិថិជ្ឈប្រកបដោយ។ ទំនើបទូរស័ព្ទ 1-866-260-2723.