Who is eligible to enroll?

All international students and all full time domestic students taking 8 or more credit hours are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished. All part time domestic students taking 5 to 7 credit hours and OPT Students are eligible to enroll in this insurance plan on a voluntary basis.

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/bgsu. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-637-2. 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.

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### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-15-20 to 8-14-21</th>
<th>Fall 8-15-20 to 12-31-20</th>
<th>Spring/Summer 1-01-21 to 8-14-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,294.00</td>
<td>$873.00</td>
<td>$1,421.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,294.00</td>
<td>$873.00</td>
<td>$1,421.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,294.00</td>
<td>$873.00</td>
<td>$1,421.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,543.00</td>
<td>$1,729.00</td>
<td>$2,814.00</td>
</tr>
<tr>
<td>Spouse Two or More Children</td>
<td>$6,792.00</td>
<td>$2,585.00</td>
<td>$4,207.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

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.

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### Highlights of Coverage offered by UnitedHealthcare StudentResources

**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](https://uhcsr.com/bgsu).

#### METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 85.87%

<table>
<thead>
<tr>
<th>Benefits Description</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$1,000 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> After the Out-of-Pocket Maximum</td>
<td>$7,150 Per Insured Person, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td>has been satisfied, Covered Medical Expenses will be paid</td>
<td>$14,300 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td>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></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong> Mail order Prescription Drugs through UHCP at 2.5 times the retail Copay up to a 90-day supply.</td>
<td>$15 Copay per prescription Tier 1</td>
<td>$30 Copay per prescription generic drug</td>
</tr>
<tr>
<td></td>
<td>$30 Copay per prescription Tier 2</td>
<td>$45 Copay per prescription brand name drug</td>
</tr>
<tr>
<td></td>
<td>$45 Copay per prescription Tier 3</td>
<td>50% of Usual and Customary Charges</td>
</tr>
<tr>
<td></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td>Up to a 31-day supply per prescription not subject to Deductible</td>
</tr>
<tr>
<td></td>
<td>not subject to Deductible</td>
<td></td>
</tr>
</tbody>
</table>

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20PPOSB-637-2

Page 2 of 6

UnitedHealthcare StudentResources
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 50% 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
Medical Emergency: $125 not subject to Deductible
The Copay will be waived if admitted to the Hospital.

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: 50% of Usual and Customary Charges after Deductible
Other Outpatient Services: 50% of Usual and Customary Charges after Deductible

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

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.

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**Highlights of Services offered by UnitedHealthcare StudentResources**

**HealthiestYou: 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 calling the toll-free number listed on the front of your medical ID card or 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.

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 ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $40 service fee before being connected to a board-certified physician.

### 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](http://www.uhcsr.com/MyAccount).

### 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 #2020-637-2.

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

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


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


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
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 ከአማርኛ እንግታት በምርጥ ወንጀል ያለው ገለOpenHelper። ላይ የአማርኛ ከአማርኛ እንግታት ከ1-866-260-2723 ከተወስዴዉ。

Arabic
توفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 1-866-260-2723.

Armenian
Արմենական ծանոթական ծրագրեր լրացնում են նորաձև բարդությունները։ կան կարճ և եջազգային հեռախոսային նվիրյալներ 1-866-260-2723 համարով。

Bantu- Kirundi
Uronswa ku bantu servisivi zifatanye ku rurimi zo kugufasha. Utegereza guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Maunat nimo ang mga serbisyo sa tabang sa lalong walay nga walay bayad. Pulihug tawag sa 1-866-260-2723.

Bengali- Bangala
ঘোষণা : ভাষা সহায়তা পরিষেবা ব্যবহার করেন, এর ফলে সহায়তা করা হবে। 1-866-260-2723 এর মাধ্যমে করুন।

Burmese
သင့်အား၏ အသိပေးမှု အမှုအနေအထိ အလိုအပ်သော အားဖွားများ ပေးပြီး သင့်အား ဝင်ရန် 1-866-260-2723 ဖြင့် အသိအမှတ်ပြုပါ။

Cambodian- Mon-Khmer
ជាមួយនៃជីវិតនិងទិសដirection ជាប្រចាំពេល 1-866-260-2723 អាចទទួលបាន។

Cherokee
 Cherokee
1-866-260-2723

Chinese
您可以免費獲得語言援助服務，請致電 1-866-260-2723。

Choc tak
Chah ta unumpi ish amumpi hoknwt tolshki yv_pe peh pilla hq chi ahele hina. 1 paya 1-866-260-2723.

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 yperotheses glasaonikes bohtisas xoas diasthnedoixon dekarx. Kalame to 1-866-260-2723.

Guarant
शास्त्रीय सहायता सेवाएं तपाईंले लिन सक्नुहुनुहोस् एकै प्रकारकै। 1-866-260-2723 पर खेलल करेल।

Haitian
Koula maranvi ma ka ëlélo i loa” i a. Ekalepon a i ka helu 1-866-260-2723.

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

Hmong
Mua j cov kew tchais luw pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Panghahagis na tawag 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
กรุณาระบุที่ติดต่อเพื่อติดต่อกับเรา 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngai waa sogi wa bo ya h i nyu yon. Sebel i nisingi ini 1-866-260-2723.

Kurdish
خزمکادیلی بیزمەتی زمینی بیزمەتی پارسیان چکیده نیست. تکلیف تفاوت باید بر
زمایش 1-866-260-2723.

Laotian
แข่งขันกีฬาที่เกี่ยวข้องกับการใช้จ่ายที่ไม่เหมาะสม ระเบียบการใช้จ่าย 1-866-260-2723.

SR LAP 64 (6-18)