2022–2023 Student Health Insurance Plan for University of Colorado – Anschutz Medical Campus

Student Letter

This is a student only plan and coverage for Dependents is not available for purchase.

Who is eligible to enroll?

All students enrolled in a degree-seeking program or approved certificate programs taking 1 or more credit hours are automatically enrolled in this insurance plan on a hard waiver basis.

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 and correspondence 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 about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/anschutz. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-202512-1. 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 Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-22 to 7-31-23</th>
<th>Fall 8-1-22 to 12-31-22</th>
<th>Spring/Summer 1-1-23 to 7-31-23</th>
<th>Summer 6-1-23 to 7-31-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$6,120.00</td>
<td>$2,565.00</td>
<td>$3,555.00</td>
<td>$1,023.00</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 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.
### Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 84.560%**

**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

<table>
<thead>
<tr>
<th>Feature</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><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,000 Per Insured Person, Per Policy Year</td>
<td>$12,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Allowed Amount for Covered Medical Expenses</td>
<td>50% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$15 Copay for Tier 1 20% Coinsurance for Tier 2 20% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>$15 Copay per prescription generic drug 20% Coinsurance per prescription brand name drug 100% of Allowed Amount Up to a 31-day supply per prescription not subject to Deductible</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Allowed Amount</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td><strong>The following services have per service Copays</strong></td>
<td>Physician's Visits: $25 not subject to Deductible Medical Emergency: $100 after Deductible The Copay will be waived if admitted to the Hospital. Urgent Care Center: $50 not subject to Deductible All covered services related to the visit will be paid at 100% after the Copay.</td>
<td>Medical Emergency: $100 after Deductible The Copay will be waived if admitted to the Hospital.</td>
</tr>
<tr>
<td>Service</td>
<td>Benefit Description</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Acupuncture/Massage Therapy</td>
<td>$500 maximum per Policy Year. Massage Therapy benefits are payable for non-Medically Necessary maintenance. Rehabilitative Services are provided under Outpatient Physiotherapy.</td>
<td>80% of Allowed Amount not subject to Deductible</td>
</tr>
<tr>
<td>Routine Eye Exam</td>
<td>$300 maximum per Policy Year. One eye exam and hardware, contact lenses and/or glasses per Policy Year.</td>
<td>$25 Copay per visit 100% of Allowed Amount not subject to Deductible</td>
</tr>
<tr>
<td>Hospital Outpatient Facility or Clinic</td>
<td>The Policy Deductible will be waived and benefits will be paid at 100% of Allowed Amount for the Hospital Outpatient Facility or Clinic fees billed by UCHealth Facilities and Clinics.</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Limits per Policy Year as follows: 40 visits of physical therapy 40 visits of occupational therapy 40 visits of speech therapy 40 visits of manipulative therapy Separate physical, occupational, and speech therapy limits apply to rehabilitative and Habilitative Services. Cardiac rehabilitation, occupational therapy and speech therapy will be paid at 80% of Allowed Amount at Preferred Providers subject to the Policy Deductible.</td>
<td>$25 Copay per visit 100% of Allowed Amount after Deductible</td>
</tr>
<tr>
<td>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</td>
<td>Office Visits: $25 Copay per visit 100% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount not subject to Deductible</td>
<td>Office Visits: Allowed Amount after Deductible</td>
</tr>
<tr>
<td>Pediatric Dental and Vision Benefits</td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>

**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. Learning disabilities.
2. Biofeedback.
3. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness.
   - Treat a congenital hemangioma on the face or neck for an Insured age 18 or younger.
   - Correct a congenital defect, disease or anomaly for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
4. 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.
5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.

6. Elective Surgery or Elective Treatment.

7. Elective abortion, except in cases of rape, incest, or when the life of the mother is endangered.

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).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.

9. Hearing examinations. Hearing aids. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   This exclusion does not apply to:
   - Hearing defects or hearing loss as a result of an infection or Injury.
   - Hearing Aids specifically provided for in Benefits for Hearing Aids for Minor Children.
   - Hearing exams and tests to determine the need for hearing correction.


11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

12. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.

13. Injury sustained while:
   - Participating in any intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.


15. Lipectomy.

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, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents 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.

17. Reproductive services for the following:
   - Genetic counseling and genetic testing.
   - 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, except as specifically provided in the Policy.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.

18. 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.

   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 benefits specifically provided in the Policy.

20. Speech therapy, except as specifically provided in the Policy.
21. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

22. Supplies, except as specifically provided in the Policy.

23. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.

24. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

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 programs. Treatment for obesity (except surgery for morbid obesity). Treatment for Morbid Obesity associated with serious and life threatening disorders such as diabetes mellitus and hypertension is covered. Morbid Obesity means a body weight of two times the normal weight or greater, or 100 pounds in excess of normal body weight based on normal body weight using generally accepted height and weight tables for a person of the same age, sex, height and frame. Benefits will be provided only upon written request for treatment with a treatment plan written by a Physician, and services or treatment must meet the Company’s medical criteria. This exclusion does not apply to benefits specifically provided in the Policy.

**UnitedHealthcare Global: Global Emergency Services**

If you are a student insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students: you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students: 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.

## Highlights of Services offered by UnitedHealthcare Student Resources

### 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 visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.*

Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account. This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

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

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

### 24/7 Student Assist

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.
• CollegeLife – 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.uhcsr.com/MyAccount under Additional Benefits.

This Summary Brochure is based on Policy #2022-202512-1.

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.
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.
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**

**Anhacar**
పరిమాణ కాల్వేట్ గ్రాంటియున్న సంస్థ నిషేధించింది: సంస్థ నుండి కాట నిషేధించింది 1-866-260-2723 హోమ్ పాస్ జాబ్స్.

**Arabic**
تتوفر خدمات المساعدة اللغوية مجانًا لأفراد على الرقم 1-866-260-2723.

**Armenian**
Բուղաման է մշակված Խաղաղացու օժանդակության համար: Խաղաղացու հետ կապ հաստատի 1-866-260-2723 համագրություն.

**Bantu - Kirundi**
Uronswa ku bantu servvisi zifiatiky ku turimi zo kugufasha. Utegererwa guhamangura 1-866-260-2723.

**Bisayan - Visayan (Cebuano)**
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walyaw bayad. Palihug tawag sa 1-866-260-2723.

**Bengali - Bangla**
বাংলা মুন্ন শায়া পরিসেবা অর্থনীতি চিন্তা তা দেওয়া পারে। দেওয়া করে 1-866-260-2723-এ একটি কর্ম.

**Burmese**
မြန်မာစိုက်ပျိုးသည် ကြည့်စံပြုသော ဗီးဗီးလော်ဗီး ရေး ရေး ရေးကြည့် ကြည့်နှင့် 1-866-260-2723 ဗီးဗီးလော်ဗီး.

**Cambodian - Mon-Khmer**

**Cherokee**
 Cherokee 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。

**Chontaw**
Chaha ananupa ish anumpul holmvi toshahi yvt peh pilla hq chi apa hina 1 paya 1-866-260-2723.

**Cushite - Oromo**
Tajaggiinwan gargaarsa afanii kanfaltii malee siif jira. Maaalo karaa laakootsoa bibilaal 1-866-260-2723 bibuli.

**Dutch**
Taakbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 om te bellen.

**French**

**French Creole - Haitian Creole**
Gen sévis iè pou lang ki disponib gris pou ou. Rele 1-866-260-2723.

**German**

**Greek**
Oi υπηρεσίες γλωσσικής βοήθειας σας διατηρούνται δωρεάν. Καλέστε το 1-866-260-2723.

**Gujarati**
સામર્થ્ય સેવાઓ તમામ ભાષાઓ વિશે બીજુ હું પરતી હશે. જ્યાં કરીને 1-866-260-2723 પર કેટલીક કરીને.

**Hawaiian**
Kūkua manaohi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

**Hindi**
आप के लिए आपका सहयोग सेवा में निष्ठावान उपलब्ध है। कृपया 1-866-260-2723 पर कृपया करें।

**Hmong**
Muaj cov kev pab txijas lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

**Ibo**

**Ilocano**
Adda awan bayadna a serbisyo para iti language assistance. Pangungasim ti tawagam ti 1-866-260-2723.

**Indonesian**

**Italian**
Sono disponibili servizi di assistenza linguistica gratuiti. 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**
 Cherokee 1-866-260-2723.

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

**Kru - Bassa**
Bot ba holohi kobol mahop ngi la wogri wo ba yé ha i nyu yan. Sebel i nsingha ini 1-866-260-2723.

**Kurdish Sorani**
خۆبنا دەکاتی بەرمەخەی زمانی بەکۆریایی ژووت دا دەکەوێتە. نۆکیاری نەکاتە بەکۆریاییە. زەمرەیەر 1-866-260-2723.

**Laotian**
Mổlieng khawthip thøng sai Tøengli lao. Thamdaat bëjët 1-866-260-2723.