Who is eligible to enroll?

All undergraduate students who are registered for 12 or more credit hours, all graduate students taking 9 or more credit hours, and all international students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. Matriculating part-time students are eligible to enroll in this insurance plan.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Civil Union partner or Domestic Partner and dependent children under 26 years of age. See the Definitions section of the Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

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 enters into a Civil Union with the Dependent.
   c. 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.

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/uri. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-1149-1. 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.
# Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Domestic &amp; International Students</th>
<th>Annual 09-01-2022 to 08-31-2023</th>
<th>Spring/Summer 01-01-2023 to 08-31-2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$3,135.00</td>
<td>$2,092.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,135.00</td>
<td>$2,092.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$3,135.00</td>
<td>$2,092.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$6,255.00</td>
<td>$4,169.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$9,375.00</td>
<td>$6,246.00</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.

## Highlights of the Student Health Insurance Plan Benefits

### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.370%

**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](#).

**University of Rhode Island (URI) Health Services 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 URI Health Services for the following services: Physician’s Visits. Policy Exclusions and Limitations do not apply.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the URI Health Services for the following services: 1) Prescription Drugs after a $20 Copay per prescription up to a 31-day supply per prescription; and 2) all other services listed in the Schedule of Benefits. Policy Exclusions and Limitations do not apply.

<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>$0 Per Insured Person, per Policy Year</td>
<td>$200 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum 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>$6,350 Per Insured Person, Per Policy Year $12,700 For all Insureds in a Family, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90% of Allowed Amount for Covered Medical Expenses</td>
<td>60% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$20 Copay for Tier 1 $20 Copay for Tier 2 $20 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP), Retail Network Pharmacy</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Allowed Amount</th>
<th>No Benefits</th>
</tr>
</thead>
</table>

The following services have per service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Allowed Amount</th>
<th>No Benefits</th>
</tr>
</thead>
</table>

Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs
Office Visits: $20 Copay per visit
Other Outpatient Services: Allowed Amount

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Allowed Amount</th>
<th>No Benefits</th>
</tr>
</thead>
</table>

Pediatric Dental and Vision Benefits
Refer to the plan certificate for details (age limits apply).

<table>
<thead>
<tr>
<th>Preventive Care Services</th>
<th>100% of Allowed Amount</th>
<th>No Benefits</th>
</tr>
</thead>
</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:

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.

1. Acupuncture.
2. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems. This exclusion does not apply to Mental Illness and Substance Use Disorders or benefits specifically provided in the Policy.
3. Circumcision for non-Medically Necessary cosmetic reasons.
4. Cosmetic procedures, except:
   - As specifically provided in the Policy for Reconstructive Procedures.
5. 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.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - As described under Dental Treatment in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment.
8. Health spa or similar facilities. Strengthening programs.
9. Hearing examinations. Hearing aids, except as specifically provided in the Benefits for 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.
11. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
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 by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
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, except as specifically provided in the Benefits for Off-Label Drug Use for Cancer Treatment.
   • 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.
17. Reproductive services for the following:
   • Procreative counseling.
   • Genetic counseling and genetic testing.
   • Cryopreservation of reproductive materials, except as specifically provided in the Benefits for the Treatment of Infertility. 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 Benefits for the Treatment of Infertility.
   • 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.
19. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
   • When due to a covered Injury or disease process.
   • To benefits specifically provided in Pediatric Vision Services.
20. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
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. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided in the Policy.
23. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
24. 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).
25. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity). Surgery for removal of excess skin or fat. 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 and your insured spouse, Domestic Partner or Civil Union 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 or Civil Union 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 or Civil Union 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 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 StudentAssist**

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 #2022-1149-1.

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

Amharic
የምንክስ እን Kısa ከማካፋﻫة መሰኝ ብlastName እና 1-866-260-2723 ያስቀምጡ.

Arabic
تُوفر لك خدمات المساعدة اللغوية مجانًا. الرجاء على الرقم 1-866-260-2723

Armenian
Հերթական ծառայությունները անվճար են. Համարենք համար 1-866-260-2723

Bantu- Kirundi
Uronswa ku bantu serivisi zisisi ku runimi zo kugufasha. Utegereza guharamara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangla
ঘরেরা : ভাষা সহায়তা পরিষেবা আপনি বিভিন্নভাবে পেতে পারেন। প্যাস করে 1-866-260-2723-তে কল করুন।

Burmese
ဗဟုံများအား ကြား မည်ဖြစ်သည်။ ပြည်သူ အကြောင်း 1-866-260-2723 ကြည့်ပါ။

Cambodian- Mon-Khmer
စကားပြောရန် အကျည်းအဝန်းသော လူများအတွက် သို့မဟုတ် သို့မဟုတ်
ပြုစုဆောင်ပါ 1-866-260-2723

Cherokee
SOKIĞALI OPOGHOLI OYPOGET H:\ RGÔOOGOOG AT HLEGEGOOG D4GOT. IGGÔ DH O Bikxô 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。

Choclate
Chahta anumpa ish anumpuli hokmvt tohshili yvt peh pilla hq che api hila. I paja y 1-866-260-2723.

Cushite - Oromo
Tajajliliwan gargaarsa afaa mi kanfaltii malee siif jira. Maalooc karaa lakkoosfa bilbila 1-866-260-2723 bilbili.

Dutch
Taalkiezers diensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 te bellen.