Who is eligible to enroll?
All full-time undergraduate students taking 12 credits or more are automatically enrolled in this insurance Plan, unless proof of comparable coverage is furnished. Full-Time Graduate students participating in the Masters Speech-Language Pathology program, Doctorate of Psychology program, Washington Montessori Institute and the Emerging Leaders MBA based programs are automatically enrolled in the plan unless proof of comparable coverage is furnished.

Students 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.

Eligible students who do enroll may also insure their Dependents.

How do I Enroll / Waive?
To complete the Enrollment or the Waiver process, please go to www.firststudent.com, select your school, click on either the Enroll Now - Health Insurance or the Waive Your School’s Health Insurance button and follow the directions. Once you are enrolled in the plan, there are no refunds or cancellations.

Important Communication Information
All personal e-mails sent securely from the following companies:
· Microsoft Office 365
· Cisco
Most Communication will come from UHCSR.com or Firstriskadvisors.com. Your school email is the main forum of communication.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 800-505-4160 or customerservice@firstriskadvisors.com

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.firststudent.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-1370-67. The Policy is a Non-Renewable One-Year Term Policy.

Loyola University Maryland
Student Health Services
8:30am to 5:00pm
Loyola University Health and Education Services is committed to sustaining a welcoming environment where diversity, equity and inclusion are valued and demonstrated in our organization practices, policies, services and programs. We respect the uniqueness of the students we serve, and embrace the opportunity to provide culturally sensitive health care. The Center is open for medical care weekdays by appointment during the regular school year from 8:30 am to 5:00 pm. For after-hours medical care please call Sinai Hospital at (410) 583-9396 and the on call provider will return your call. Please be within reach of your phone to receive this call back.

Important dates or deadlines
Important Information for Hard Waiver Students:
Open Enrollment Periods for Hard Waiver Students: If you are a student in the fall semester and eligible to purchase coverage and you choose not to enroll for coverage before the Fall Enrollment Deadline of August 31, 2019, you will not be eligible to enroll again until the start of the next fall unless you experience a Qualifying Life Event during the year.

*For new or renewing students in the Spring semester, your open enrollment deadline is January 28, 2020.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th></th>
<th>Undergraduate Rates</th>
<th>Graduate Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8/15/19 – 8/14/20</td>
<td>8/15/19 – 8/14/20</td>
</tr>
<tr>
<td>Student</td>
<td>$2,501.00</td>
<td>$3,430.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,501.00</td>
<td>$3,430.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,501.00</td>
<td>$3,430.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,002.00</td>
<td>$6,860.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$7,503.00</td>
<td>$10,290.00</td>
</tr>
<tr>
<td></td>
<td>Spring / Summer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1/1/20 – 8/14/20</td>
<td>1/1/20 – 8/14/20</td>
</tr>
<tr>
<td>Student</td>
<td>$1,550.00</td>
<td>$2,126.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,550.00</td>
<td>$2,126.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,550.00</td>
<td>$2,126.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$3,100.00</td>
<td>$4,252.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$4,650.00</td>
<td>$6,378.00</td>
</tr>
</tbody>
</table>

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-1370-67. The Policy is a Non-Renewable One-Year Term Policy.
## Highlights of the Coverage and Services offered by UnitedHealthcare Student Resources

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 84.070%**

### 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>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$250 per Insured Person, per Policy Year</td>
<td>$600 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,850 Per Insured Person, Per Policy Year</td>
<td>$15,000 Per Insured Person, Per Policy Year</td>
</tr>
</tbody>
</table>

*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.*

### Coinsurance

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

### Prescription Drugs
Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 Copay for Tier 1</td>
<td>$15 Deductible for generic drugs</td>
</tr>
<tr>
<td>$40 Copay for Tier 2</td>
<td>$35 Deductible for brand name drugs</td>
</tr>
<tr>
<td>$65 Copay for Tier 3</td>
<td>Up to a 31-day supply per prescription</td>
</tr>
<tr>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive Care Services
Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for complete details of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>80% of Usual and Customary Charges</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency: $150</td>
<td>Medical Emergency: $150</td>
</tr>
<tr>
<td>Urgent Care Center: $50</td>
<td>Urgent Care Center: $50</td>
</tr>
</tbody>
</table>

### Pediatric Dental and Vision Benefits
Refer to the plan certificate for details (age limits apply).
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. Sexual dysfunction not related to organic disease.
2. Cosmetic procedures, surgery, or related services to improve appearance.  
   This exclusion does not apply to reconstructive procedures to restore bodily function or correct deformity resulting from disease, trauma or congenital or developmental anomalies for which benefits are otherwise payable under the Policy, as determined by the treating Physician.
3. Personal care services and domiciliary care services.
4. Dental treatment which includes Hospital or professional care in connection with:
   - The operation or treatment for the fitting or wearing of dentures.
   - Orthodontic care or malocclusion.
   - Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of Injury to natural teeth due to an accident if the treatment is received within 6 months of the accident.
   - Dental implants.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services and benefits specified under Dental Treatment in the Policy.
5. Experimental Services.
6. Foot care for the following:
   - Supportive devices for the foot, including arch supports, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting.
   - Routine foot care including the care, cutting and removal of corns, calluses, and toenails.
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes or treatment of a covered Injury or Sickness, as determined necessary by the treating Physician.
7. Lifestyle improvements, including nutritional counseling, or physical fitness programs, except as specifically provided in the Policy.
8. The purchase, examination, or fitting of hearing aids or supplies, and tinnitus maskers. This exclusion does not apply to:
   - Treatment for hearing defects or hearing loss as a result of an infection or Injury. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process.
   - Hearing aids as specifically provided in the Policy.
9. Immunizations related to foreign travel.
10. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
11. Services resulting from accidental bodily Injury arising out of a motor vehicle accident to the extent that services are payable under a medical expense payment provision of an automobile insurance policy.
12. Reproductive services as follows, except as specifically provided in Infertility Services:
   - Services to reverse a voluntary sterilization procedure.
   - Services for sterilization or reverse sterilization for a Dependent minor, except for FDA approved sterilization procedures for women with reproductive capacity.
13. The purchase, examination, or fitting of eyeglasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for use in the treatment of an Injury or Sickness.
   This exclusion does not apply to benefits specifically provided in Pediatric Vision Services.
14. Services performed or prescribed under the direction of a person who is not a Physician or performed beyond the scope of practice of the Physician.
15. Services for which the Insured Person is not legally, or as a customary practice, required to pay in the absence of an Insurance policy.
16. Temporomandibular joint syndrome (TMJ) treatment and treatment for craniofacial pain syndrome (CPS), except surgery to treat joint abnormalities due to Injury and Sickness and where clear demonstrable radiographic evidence of joint abnormality exists.
17. Services to the extent they are covered by any government unit, except for veterans in Veteran's Administration or armed forces facilities for services received for which the Insured is liable.
18. Medical or surgical treatment or regimen for reducing or controlling weight. This exclusion does not apply to:
   - Benefits specifically provided in Benefits for Morbid Obesity.
   - Benefits specifically provided in Nutritional Services.

**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
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.
Healthiest You: 24/7 Doctor Access
Starting on the effective date of your policy, 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, 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.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

Student Assistance: 24/7 Counseling 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, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.firststudent.com.

BetterHelp: 24/7 Online Counselor Access
Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and family therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC) through BetterHelp, a national virtual counseling service. These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

Online Services
UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at www.firststudent.com. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple’s App Store.

This Summary Brochure is based on Policy #2019-1370-67.

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 ከማለከት ያማለከተወ ከማለከት ያላማለከተወች. ከማለከት ያለው ላት ከማለከተወች፣ 1-866-260-2723 ከሚለከተወች.

Arabic
توفر لك خدمات المساعدة اللغوية مجاناً. راصل على الرقم 1-866-260-2723.

Armenian
Հիմնականում են անվճար համագործակցության միջոցներ։ Համագործակցության միջոցների 1-866-260-2723 համար կարելի.

Bantu- Kirundi
Uronzwa ku bantu servisivi zifiziye ku runumi zo kugufasha. Utingereza ghumagura 1-866-260-2723.

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

Bengali- Bangla
গ্রাহকের জন্য সহযোগী পরিষেবা প্রদান করা বিষয় যা বিনিয়োগী সেবা হিসেবে প্রদান। আপনি 1-866-260-2723-এ কল করুন।

Burmese
ကျန်စိတ်အများစု မီးရှိစွဲဖော်ပြထားသော ပါဝင်သော စာရင်း 1-866-260-2723 ဖော်ပြထားသည်

Cambodian- Mon-Khmer
មានសំណត់ន័យសារ អំពួតស្រាយសម្រាប់អ្នកជាច្រើន។ 1-866-260-2723 ស្ថិតក្នុងបំណង។

Cherokee
 Cherokee

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

Choclaw
Chahta anumpa ish anumpuli hokmv tshohli yvt peh pilla hh che aple hina. I paya 1-866-260-2723.

Cushite- Oromo
Tajagiilliwwan gargaarsa afaami kanfaltti malee siif jira. Maalooy kana laakkoosha bilbila 1-866-260-2723 bilbila.

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

French

French Creole- Haitian Creole
Gen sevis dò pa lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Greek
Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
સાંભાળ સાધારણ સેવાએ તમારા માટે લાભક્ષક છે. કોન કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian
Kôkua manuahi ma ka ‘ōlelo i lea’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
अपने लिए आप सहायता तैयार हैं। नीचे 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cov kev pab tchais lus pub dabw rau koi. Thov hu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasaan 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
كران

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu sowa wogoi wa bo ye ha i nyu yon. Sebel i misinga ini 1-866-260-2723.

Kurdish Sorani
کوردسکیی بیژنیتی زمانی بیژنیتی بر تو داکر نکل درک. دلکی نیشتر نیشتر بک دیس 1-866-260-2723.

Laotian
มีบริการให้คำแนะนำเพื่อการติดต่อกัน ตลอดเวลาทุกวัน 1-866-260-2723.