Who is eligible to enroll?

All undergraduate students taking 12 or more credit hours are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

The student (Named Insured, as defined in this 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.

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/saintleo. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-200904-2. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.

Highlights of Coverage offered by UnitedHealthcare StudentResources

<table>
<thead>
<tr>
<th>Coverage Dates and Plan Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rates</td>
</tr>
<tr>
<td>Student</td>
</tr>
</tbody>
</table>

Important dates or deadlines

The deadline for submission of online waivers for Annual/Fall is September 8, 2019. If you do not complete the online waiver by the deadline, the insurance charge will remain on your account, and you will be covered by the Saint Leo University student health insurance plan.

Waiver forms must be completed online at http://studentcenter.uhcsr.com/saintleo, follow the onscreen prompts and answer the required questions. Have your school ID number and current insurance information at hand. You will need this information in order to waive the student health insurance.
### Student Health Center Message

Benefits will be paid for sexually transmitted disease testing that is not covered under the Preventive Care Services benefit provided that the treatment is rendered at the Student Health Center.

### Highlights of the Student Injury and Sickness Insurance Plan Benefits

<table>
<thead>
<tr>
<th>METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 82.490%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers:</strong> The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: <a href="#">UHC Choice Plus</a>.</td>
</tr>
<tr>
<td><strong>Student Health Center Benefits:</strong> 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 Student Health Center.</td>
</tr>
</tbody>
</table>

<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>$150 (For each Injury or Sickness)</td>
<td>$300 (For each Injury or Sickness)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,000 (Per Insured Person, Per Policy Year)</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
</tbody>
</table>

#### Coinsurance

<table>
<thead>
<tr>
<th><strong>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong></td>
</tr>
<tr>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

#### Prescription Drugs

<table>
<thead>
<tr>
<th><strong>No Benefits</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong></td>
</tr>
<tr>
<td>50% of Usual and Customary Charges</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/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.

**Notice to Plan Participants:** The Affordable Care Act requires that your plan provide coverage for contraceptives; however, the organization that provides your Student Health Insurance Coverage has certified that it qualifies as an Eligible Organization with respect to the Federal requirement to cover contraceptive services without cost sharing. Therefore, those benefits will be covered under your plan but will be paid and provided by the Insurance Company underwriting this plan and not Saint Leo University, a Catholic University, which claims a moral and religious exemption to the contraceptive mandate.

#### The following services have per Service Copays

<table>
<thead>
<tr>
<th><strong>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers</strong></td>
</tr>
<tr>
<td>Physician’s Visits: $25</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. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Correct deformity caused by birth defects or growth defects.
2. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
3. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - Benefits for Cleft Lip and Cleft Palate.
4. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
5. Elective abortion.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. 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.
   - Benefits for Cleft Lip and Cleft Palate.
8. Injury or Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
9. Injury or Sickness for which benefits are paid or payable by the prior insurer to the extent of its accrued liability and extension of benefit or benefits period as required by F.S. 627.667.
10. 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.
11. 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.
12. Investigational services.
13. Lipectomy.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
15. Reproductive/Infertility services for the following:
   - Procreative counseling.
   - 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.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.
16. 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.
17. Routine eye examinations. 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 Physician services, soft lenses or sclera shells for the treatment of aphakic patients.
   - To initial glasses or contact lenses following cataract surgery.
   - To benefits specifically provided in Pediatric Vision Services.
18. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
19. Preventive care services which are not specifically provided in the Policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.

20. Services provided normally without charge by the Health Service of the Policyholder.

21. Deviated nasal septum, including submucous resection and/or other surgical correction thereof.


23. Supplies, 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. Nutrition programs. Treatment for obesity. 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 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 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](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.

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

This Summary Brochure is based on Policy #2019-200904-2.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

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

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

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

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


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


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
የለየት እርዳታችና የትግርኛ የሚያስገኝ ይታመኝ ከአማርኛ ከተለያዩ ይታመኝ 1-866-260-2723 ያውቋቸው.

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

Armenian
Հիմնախուծ է ինչպես և փորձագրական գործառույթներ տեղի ունենալ ենք. Անվտանգություն մեզ է տրամադրվում 1-866-260-2723 համար.

Bantu- Kirundi
Uronswa ku bantu servisi zifatiye ku turimi zo kugufasha. Utogerewa guhamagura 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangala
ভাষার সহায়তা পরিষেবা আলাদা বিনামূল্যে পেতে পারেন। দেখা করে 1-866-260-2723-তে কল করুন।

Burmese
ငြိမ်မယ် သင်က ဗားနေသော ဘာသာက သိတ်ဖျင်ပါတယ်။ သိတ်ဖျင်ပါတယ် 1-866-260-2723 ဖြင့်.

Cambodian- Mon-Khmer
នូវសេវាកម្មជាតិជាតិគ្រឹះគ្រឹះរបស់អ្នកសុីតជាដើម 1-866-260-2723 ដៃញ។

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

Chontaw
Chaha anumpa ish anumpuli hokmv teshki yvt peh pilla hq chi apeha hinla. 1 paya 1-866-260-2723.

Cushite- Oromo

Dutch
Taalbijstanddiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.
Marathi
भावनाच्या चर्चेची सुविधा एकमात्र विनम्र उपलब्ध आहे.
त्याच्या 1-866-260-2723 या क्रमांकाचा संपर्क करा.

Marshallese
Kwomaroŋ bok jepal in jipaŋ in kajan iko ejdjok woŋaŋi. Jouj
im kalokoŋ 1-866-260-2723.

Micronesian-Pohnpeian
Mie sawas en masen ong komwi, soh isepi. Mela eker
1-866-260-2723.

Navajo
Saad bə akə'-eyed bə akə'-ni'da'wo'igi tťą jiyé'eh bée nhí'é'hee bée ná'lahoot'. Tťą shoojí kohiyí 1-866-260-2723 hohihin.

Nepali
भाषा सहायता सेवा उपलब्ध करते। कृपया
1-866-260-2723 माहि करें औरीथौस।

Nilot-Dinka
Kàk e kàm a jùəs e thòk, ñà tînë yín abac të cîw yëkè

Norwegian

Pennsylvania Dutch
Schröpoch inwesetse Hilf kannseht du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات امداد زیانی به طور رایگان بر اینترنت توسط می‌باشد. لطفاً اطلاعات کامل در
1-866-260-2723 نمایند برگزار.

Polish
Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń
pod numer 1-866-260-2723.

Portuguese
Oferencemos serviço gratuito de assistência de idioma. Ligue
para 1-866-260-2723.

Punjabi
ਦੋਸ ਮਾਤਾਵਾਂ ਦੀ ਸ੍ਰੇਸ਼ਠਿਆਂ ਦੇ ਕੀਤੇ ਪਦਨਾਲਾਂ ਦੀਆਂ ਸੰਭਾਲਨ ਸ ਚਾਹਿੰਦੇ ਹਨ
1-866-260-2723 ਉੱਤੇ ਲਗਾਉਣਾ।

Romanian
Vi se pun la disponiție, în mod gratuit, serviciul de traducere. Vă
răspunzăm să sunăți la 1-866-260-2723.

Russian
Языковые услуги предоставляются вам бесплатно. Звоните
по телефону 1-866-260-2723.

Samoaan-Fā'asamoa
O loo maus fesamosi mo gagana mo oe ma e lē totogia.
Faaomolele telefoni le 1-866-260-2723.

Serbo-Croatian
Možete bešplatan koristiti usluge prevodioaca. Molimo razvite
1-866-260-2723.

Somali
Adeegyada taageerada luqadda oo bilanah ah ayna la heli karaa.
Fadlan wac 1-866-260-2723.

Spanish
Hay servicios de asistencia de idiomas, sin cargo, a su

Sudanese-Fulfulde
E woddin wallunde dow wolde caahu ngam maada. Noođu
1-866-260-2723.

Swahili
Huduma za msaada wa lugha zinapatikana kwa ajili yakono bure.
Tafadhali piga simu 1-866-260-2723.

Syriac Assyrian
:\n
Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng

Telugu
సాధనాంగ సహాయం ఆంగ్లం సహాయం లో ఉంది. ఇంగ్లీష్ సంస్థల సహాయం లో ఉంది.
తల్లిది చిన్నుండి సరిపోయే పద్ధతిలో ఉంది.
చిన్న దిఫ్ఫ్‌లు 1-866-260-2723 కు సంఖ్య తెలిపండి.

Thai
มีบริการคำแนะนำผู้สูงอายุโดยทีมไม่ต้องเสียค่าใช้จ่าย
ทะเบียนชื่อ โปรดติดต่อสอบถาม
1-866-260-2733

Tongan-Fakatonga
'Oka 'i a'i pē 'a e sēves ki he lea' ke tokoni kiate koe pea 'oku
'atū ia ma'au 'o 'ikai ha totongi. Kūākī 'o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongerin angeni aninisin emon chon chimkku, ese kamo.
Kose mochen kopwe kokkori 1-866-260-2723.

Turkish
Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numaranı aynıınız.

Ukrainian
Посути перекладу надаються вам безкоштовно. Дзвоніть за
номером 1-866-260-2723.

Urdu
زبان کی حوالے سے معاونتی خدمات آپ کی لیے ممکنہ عوامی دستیاب
ہے۔ متعارف ایک وهي 1-866-260-2723 پر کال کریں

Vietnamese
Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish
שפתון תלחין שרתון ייעודית מענה komplekt פארא מיטני פארא פארא פארא
1-866-260-2723

Yoruba