2020–2021 Student Injury and Sickness Insurance Plan for
University of Alaska Fairbanks

Who is eligible to enroll?

All students who are enrolled in a UA graduate program and are receiving Research, Teaching, and/or Service Assistantships and/or Graduate Fellowships must be enrolled in this insurance plan on a mandatory basis. Graduate students not on RA/TA/Fellowships but who are receiving tuition and/or fee awards are eligible to be enrolled in this insurance plan. The premium is paid by the University on behalf of the student. Plan enrollment is not automatic. Graduate students must contact the Graduate School and complete an enrollment form to finalize their enrollment process.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse 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 45 days after the date for which coverage is purchased. 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 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 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/uaf. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-335-2. 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 1-888-344-5989 or customerservice@uhcsr.com.
Such Person’s responsibility to make timely premium payments to avoid a lapse in coverage. 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.

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 Injury and Sickness Insurance Plan Benefits

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td><strong>$400 Per Insured Person, per Policy Year</strong></td>
</tr>
<tr>
<td><strong>$800 Per Insured Person, per Policy Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td><strong>$6,850 Per Insured Person, per Policy Year</strong></td>
</tr>
<tr>
<td><strong>$13,700 For all Insureds in a Family, per Policy Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$13,700 Per Insured Person, per Policy Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$27,400 For all Insureds in a Family, per Policy Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>80% of Preferred Allowance for Covered Medical Expenses</strong></td>
<td><strong>70% of Usual and Customary Charges for Covered Medical Expenses</strong></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td><strong>$25 Copay for Tier 1</strong></td>
</tr>
<tr>
<td><strong>$45 Copay for Tier 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>$75 Copay for Tier 3</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHC) not subject to Deductible</strong></td>
<td><strong>$25 Copay for generic drug</strong></td>
</tr>
<tr>
<td><strong>$75 Copay for brand name drug</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Up to a 31-day supply per prescription not subject to Deductible</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td><strong>100% of Preferred Allowance</strong></td>
</tr>
<tr>
<td><strong>Usual and Customary Charges after Deductible</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Care Services** are not subject to Deductible.
No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.

Please visit https://www.healthcare.gov/preventive-care-benefits/ for a complete list of services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>The following services have per service Copays</th>
<th>Medical Emergency: $200 after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
<th>Office Visits: Preferred Allowance after Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Office Visits: Usual and Customary Charges after Deductible</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. Acne.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
3. Learning disabilities.
4. Circumcision, except as specifically provided in the Policy benefits for Routine Newborn Care.
5. 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.
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. Foot care for the following:
   - 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, except as specifically provided in the Benefits for Newborn Infant Hearing Screening. 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 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.
14. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
15. 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.
16. Reproductive 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.
17. 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 for Approved Clinical Trials
   and Benefits for Routine Care Costs for Cancer Clinical Trials.
    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.
    • To eyeglasses or contact lenses for the following medical conditions of the eye: corneal ulcer, bullous
      keratopathy, recurrent erosion of the cornea, tear film insufficiency, aphakia, Sjogren’s syndrome, congenital
      cataract, corneal abrasion and keratoconus.
19. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in
    the Policy benefit for Routine Newborn Care.
20. Preventive services including:
    • Routine physical examinations and routine testing.
    • Preventive testing or treatment.
    • Screening exams or testing in the absence of Injury or Sickness.
    • This exclusion does not apply to benefits specifically provided in the Policy for Preventive Care Services.
21. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided
    by the student health fee.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. Temporomandibular
    joint dysfunction. Deviated nasal septum, including submucous resection and/or other surgical correction thereof.
    Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
24. Sleep disorders.
25. Speech therapy, except as specifically provided in the Policy for Physiotherapy.
26. Supplies, except as specifically provided in the Policy.
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except
    as specifically provided in the Policy.
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
29. 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).
30. Weight management. Weight reduction. Nutrition programs, except as specifically provided in the Policy for Nutrition
    Programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits
    specifically provided in the Policy.
If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

**Highlights of Services offered by UnitedHealthcare StudentResources**

**Healthiest You: 24/7 Doctor Access**

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.
This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

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

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

**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 and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

This Summary Brochure is based on Policy #2020-335-2.

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

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

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

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

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

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

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

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


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


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English
Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Amharic
አማርኛ ከአማርኛ እንደ Fetish የእን ሃንదየ ስለት ተ/libs የቁፋል 1-866-260-2723 መንገድ ያሆን ረ.

Arabic
توفرعال خدمات المساعدة اللغوية مجانًا حسب الطلب على الرقم 1-866-260-2723.

Armenian
Հայերեն
1-866-260-2723

Bantu- Kirundi
Uronswa ku bantu servisivi zifiatiye ku turimi zo kugufasha. Utugezwa guhamenta 1-866-260-2723.

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

Bengali- Bangla
ধাঁধা বা সহায়তা গ্রহণের জন্য আমরা ভাষা বিভাগে পেড়ে যেতে পারেন।

Burundese
1-866-260-2723

Cambodian- Mon-Khmer

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

Chocotaw
Chakta anumpa ish anumpuli hokmw toshhle yvt peh pilla hq chi apa hina. 1 paya 1-866-260-2723.

Cushite- Oromo

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

French
Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

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

German

Greek
Oi οποιεσδήποτε γλωσσικές βοηθήσεις σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati
સાહાય્યા સાહાય સેવાઓ તમારા માટે લિસ્ટ ડેસ્કમાં છે. ક્લિક કરીને 1-866-260-2723 પર ક્રમ કરો.

Haitian
Kòkou manmou ki m a ñwale la 'lolelo i la'a 'ia. E kelepa ina ka helu 1-866-260-2723.

Hindi
आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। क्लिक करें 1-866-260-2723 पर कॉल करें।

Hmong
Muaj cew kev pthaw tus pub dawb rau koj. Thov hii rau 1-866-260-2723.

Ibo

Ilocano
Adda ayan bayadana a serbiso para iti language assistance. Pangangasiw 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
1-866-260-2723

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu saa wogoi wu ba ye ha ni yuu yon. Sebel i nisinga imi 1-866-260-2723.

Kurdish / Sorani
ازهاراکی زه‌پردازی زمانی بی‌خودی به‌صورت آزاد و رایگان تهیه می‌گردد. راهنما به‌صورت 1-866-260-2723 می‌باشد.

Laotian
มีบริการที่คุณสามารถใช้ได้ในทุกต่าง ๆ. ติดต่อที่ 1-866-260-2723.

SR LAP 64 (6-18)