Who is eligible to enroll?

Undergraduate students taking 6 or more credit hours and graduate students taking 3 or more credit hours are eligible to purchase this insurance plan on a voluntary basis.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse and dependent children under 26 years of age.

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.
   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 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/uab. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-505-2. 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.
UnitedHealthcare Student Resources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 6-1-22 to 8-14-23</th>
<th>Fall 8-15-22 to 12-31-22</th>
<th>Spring 1-1-23 to 4-30-23</th>
<th>Spring/Summer 1-1-23 to 8-14-23</th>
<th>Summer 5-1-23 to 8-14-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,088.00</td>
<td>$1,938.00</td>
<td>$1,673.00</td>
<td>$3,150.00</td>
<td>$1,478.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$12,240.00</td>
<td>$4,661.00</td>
<td>$4,024.00</td>
<td>$7,579.00</td>
<td>$3,555.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$12,240.00</td>
<td>$4,661.00</td>
<td>$4,024.00</td>
<td>$7,579.00</td>
<td>$3,555.00</td>
</tr>
</tbody>
</table>

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 84.79%

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.

Student Health Center 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 Student Health Center for the following services: 1) Laboratory procedures performed at the SHC and labs sent to Quest Diagnostic and/or Soltas Lab Partners by the SHC; and 2) all other services listed in the schedule of benefits.

Student Health Center Referral Required: This plan includes a Student Health Center Referral Requirement. No benefits will be paid without a referral from the Student Health Center for outpatient treatment received from a provider other than the Student Health Center. Refer to the plan Certificate of Coverage for details and exceptions.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Plan Maximum</td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>$250 Per Insured Person, per Policy Year $500 For all Insureds in a Family, Per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,000 Per Insured Person, Per Policy Year $8,000 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

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 Allowed Amount for Covered Medical Expenses</td>
<td>60% of Allowed Amount for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

Prescription Drugs
Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy 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>$25 Copay for Tier 1</td>
<td>No Benefits</td>
</tr>
<tr>
<td>$50 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td>$60 Copay for Tier 3</td>
<td></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

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Allowed Amount</td>
<td>Allowed Amount after Deductible</td>
</tr>
</tbody>
</table>
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>The following services have per service Copays</th>
<th>For services listed below, please see the plan certificate for complete listing of Copays.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician's Visits: $30 after Deductible</td>
<td>Physician's Visits: $30 after Deductible</td>
</tr>
<tr>
<td>Medical Emergency: $100 after Deductible</td>
<td>Medical Emergency: $100 after Deductible</td>
</tr>
<tr>
<td>(The Copay will be waived if admitted to the</td>
<td>(The Copay will be waived if admitted to the Hospital.)</td>
</tr>
<tr>
<td>Hospital.)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits: $30 Copay per visit</td>
<td>Office Visits: $30 Copay per visit</td>
</tr>
<tr>
<td>Allowed Amount after Deductible</td>
<td>Allowed Amount after Deductible</td>
</tr>
<tr>
<td>Other Outpatient Services: Allowed Amount after Deductible</td>
<td>Other Outpatient Services</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. Acupuncture.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
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. 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.
7. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the Policy.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
8. Elective Surgery or Elective Treatment.
10. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
11. Health spa or similar facilities. Strengthening programs.
12. 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.
15. 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.
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
17. 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.
18. Injury sustained while:
   • Participating in any 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.

19. Investigational services.

20. Lipectomy.

21. Marital or family counseling.

22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

23. 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.
   • Growth hormones.
   • Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

24. Reproductive services for the following:
   • Procreative counseling.
   • Genetic counseling.
   • Cryopreservation of reproductive materials. Storage of reproductive materials.
   • Fertility tests.
   • Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the
     intent of inducing conception, except to diagnose or treat the underlying cause of the infertility.
   • Premarital examinations.
   • Impotence, organic or otherwise.
   • Reversal of sterilization procedures.

25. 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.

26. 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 benefits specifically provided in Pediatric Vision Services.
    • To one pair of eyeglasses or contact lenses to replace the human lens function as a result of eye surgery or
      eye Injury or defect.
    • To benefits specifically provided in the Policy.

27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided
    in the Policy.

28. 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.

29. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided
    by the student health fee.

30. 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.

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

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

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

34. 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).

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

Domestic Students, insured spouse 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.
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 #2022-505-2.

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)
   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
የአማርኛውን የሚለው እንዲስ መልክ ይቻላል። ይህንም ያስጠቃהלን 1-866-260-2723 ከምን ይስጠቃላል።

Arabic
توفر لك خدمات المساعدة اللغوية مجانيًا. اتصل على الرقم 1-866-260-2723.

Armenian
2քո բուժակցություն եւ մասնագետական օգնության սանդուղքները բացակայում են: Բացի դեպքերում զավակաշարային 1-866-260-2723 հետ հադրեք.

Bantu- Kirundi
Uronswa ku bantu servisivi zitiaye ku rurimi zo kugufasha. Utegezeza guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tanang sa lengguwhe nga walyay bayad. Pulihug tawag sa 1-866-260-2723.

Bengali- Bangla
বাংলা: ভাষা সহায়তা পরিষেবা আপনি বিভিন্ন ভাষায় প্রদান। এর জন্য 1-866-260-2723-তে কথা কথন।

Burmese
ပဲ့ကြောင်းတို့သည် အသိုးအဝေး မြင်ရမည် ရှိသည်။ အရမ်းအတိုင်း 1-866-260-2723 မှ ဖော်ပြပါ။

Cambodian- Mon-Khmer
សម្រាប់ភាសាខ្មែរជាដំបូង 1-866-260-2723 សំរាប់ការជួយ

Cherokee
GCHEL.DG 1OOGHL D1OOGHET 1D RGCHEL.DG 1DHLEGG60 D4GOT. JG60 DH D6B560 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 *

Chocitaw
Chaha anumpa ish anumpuli hojmunt toshkili yv peh pilla hq chi api a hinya. I paya 1-866-260-2723.

Cushite- Oromo
Tajazziliwian gargaarsa afamii kanfaltii malee siif jira. Maaloob karaa jokoofta bibiilaa 1-866-260-2723 bibiili.

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

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

French Creole- Haitian Creole

German

Greek
Oi υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Κάλεστε το 1-866-260-2723.

Gujarati
ભાષા સહાય સેવાઓ તમારા માટે સામેલ હોય છે. ક્લિક કરીને 1-866-260-2723 પર બ્રેકટ કરો.

Hawaiian
Kūkua manuahi ma ka ʻōlelo i loa’a ʻia. E kelepona i ka helu 1-866-260-2723.

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

Hmong
Muaj cov kev pab tchais lus pub dawb rau koj. Thov hru rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangungasim ta tawgamin 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
ဗာဗားများအနေဖြင့် အခြေခံအားဖြင့် 1-866-260-2723 ကို တင်ပြပါ။

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

Kru - Bassa
Bot ba hola ni kobol mahop ngai waa gowoi wa be yé ha i nyuu yon. Sebel i nisingi ini 1-866-260-2723.

Kurdish
زەمەنەکانی بەرگەوەیە نەزەیە. مانەیە بە کەوتووەکە کەوتووەکە 1-866-260-2723.

Laotian
ລາວ

SR LAP 64 (6-18)