2019–2020 Student Injury and Sickness Insurance Plan for University of Nebraska System

University of Nebraska - Kearney
University of Nebraska – Lincoln
University of Nebraska – Medical Center
University of Nebraska – Omaha

Who is eligible to enroll?

University of Nebraska Kearney
International students are automatically enrolled in this plan, unless specific waiver requirements are met. All other students meeting specific eligibility requirements are eligible to enroll in this plan. See specific eligibility and waiver requirements at www.uhcsr.com/unk.

University of Nebraska Lincoln
Graduate assistants and international students meeting specific eligibility requirements are automatically enrolled in this plan, unless specific waiver requirements are met. All other students meeting specific eligibility requirements are eligible to enroll in this plan. See specific eligibility and waiver requirements at www.uhcsr.com/unl.

University of Nebraska Medical Center
All full-time students meeting specific eligibility requirements are automatically enrolled in this plan, unless specific waiver requirements are met. Part-time students meeting specific eligibility requirements are eligible to enroll in this plan. See specific eligibility and waiver requirements at www.uhcsr.com/unmc.

University of Nebraska Omaha
Graduate assistants, student athletes, and international students meeting specific eligibility requirements are automatically enrolled in this plan, unless specific waiver requirements are met. All other students meeting specific eligibility requirements are eligible to enroll in this plan. See specific eligibility and waiver requirements at www.uhcsr.com/unomaha.

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 this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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 this 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 this 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. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-1424-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-866-416-2623 or customerservice@uhcsr.com or contact University of Nebraska System Insurance Advocate: Cynthia Pickinpaugh 1-866-351-4262.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Other Coverage

Accident coverage for Intercollegiate sports injury is provided under a separate policy, 2019-1424-8. Coverage applies to University of Nebraska - Kearney and University of Nebraska - Omaha.

<table>
<thead>
<tr>
<th>Highlights of the Student Injury and Sickness Insurance Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 88.68%</strong></td>
</tr>
</tbody>
</table>

**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><strong>Student Health Center Benefits:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 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 SHC Pharmacies for the following services: Diabetic Supplies.</td>
</tr>
<tr>
<td>2) 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. Policy Exclusions and Limitations do not apply.</td>
</tr>
<tr>
<td>3) The Deductible and Copays will be waived for Covered Medical Expenses incurred when treatment is referred by the Student Health Center for the following services: services received by UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.</td>
</tr>
<tr>
<td>4) UNMC Campus – The Deductible and Medical Emergency Expenses’ Copay will be waived for Covered Medical Expenses incurred when treatment is referred by the UNMC Student Health Clinic for the following services: Emergency Service received by UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.</td>
</tr>
<tr>
<td>5) UNMC Campus – Exclusions and limitations do not apply to Laboratory Services when treatment is referred by the UNMC Student Health Clinic to UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.</td>
</tr>
<tr>
<td>6) Lincoln, Omaha and Kearney Campuses - Exclusions and limitations do not apply when treatment is referred by the Student Health Center to UNMC Physicians and Nebraska Medical Center located at Nebraska Medicine.</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>$500 Per Insured Person, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1,000 for all Insured in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,200 (Per Insured Person, Per Policy Year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$4,400 (For all Insureds in a Family, Per Policy Year)</td>
<td></td>
</tr>
<tr>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</td>
<td>$1,000 Per Insured Person, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,000 for all Insured in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$4,400 (Per Insured Person, Per Policy Year)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$8,800 (For all Insureds in a Family, Per Policy Year)</td>
<td></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>Deductible</th>
<th>Preferred Allowance</th>
<th>Usual and Customary Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

## Prescription Drugs

Mail order Prescription Drugs through UHCP

- A 31-day supply Copay must be the same for mail order as retail.
- A 60-day supply Copay must be the same for mail order as retail.
- A 90-day supply Copay must be the same for mail order as retail.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Copay per prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$25</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$50</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$100</td>
</tr>
</tbody>
</table>

Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)

- 75% of Usual and Customary Charges
- $50 Copay per prescription generic drugs
- $100 Copay per prescription brand name
- Up to a 31-day supply per prescription

## Preventive Care Services

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

- 100% of Preferred Allowance
- 50% of Usual and Customary Charges

## Preventive Care Services Copays

This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

- Physician’s Visits: $20
- Medical Emergency: $300
- The Copay will be waived if admitted to the Hospital. The Policy Deductible applies.

## The following services have per Service Copays

- The Copay will be waived if admitted to the Hospital.
- The Policy Deductible applies.

## 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.
   - Codependency.
3. Developmental delay or disorder or mental retardation.
4. 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 a scar or deformity resulting from cancer or from non-cosmetic surgery.
   - Correct a congenital abnormality when it severely impairs or impedes normal bodily function.
5. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As 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. Elective abortion.
9. Foot care for the following, except as specifically provided in the Policy:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Subluxations of the foot.
   - Fallen arches.
   - Weak feet.
• Chronic foot strain.
• 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.

10. Health spa or similar facilities. Strengthening programs.

11. 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.

12. Alopecia.

13. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.

14. 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 in excess of $2,000.

15. 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.

16. Investigational services.

17. Lipectomy.

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

19. 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 Benefits for Diabetes.
• Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs except for drugs on the basis that the drug or combination of drugs has not been approved by the federal Food and Drug Administration for treatment of another specific type of cancer if (a) the drug or combination of drugs is recognized for treatment of the other specific type of cancer in the United States Pharmacopeia-Drug Information and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration, or (b) the drug or combination of drugs is recognized for treatment of the other specific type of cancer in medical literature and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration, or any drug or combination of drugs on the basis that the drug or combination of drugs has not been approved by the federal Food and Drug Administration for treatment of human immunodeficiency virus or acquired immunodeficiency syndrome if (a) the drug or combination of drugs is recognized for treatment of human immunodeficiency virus or acquired immunodeficiency syndrome in the United States Pharmacopeia-Drug Information and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration, or (b) the drug or combination of drugs is recognized for treatment of human immunodeficiency virus or acquired immunodeficiency syndrome in medical literature and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration.
• 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.

20. Reproductive/Infertility services including but not limited to 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.

21. 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.


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 benefits specifically provided in the Policy.
• To one pair of eyeglasses or contact lenses when ordered by a Physician because of a change in prescription as a direct result of a covered intraocular surgery or ocular injury.

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

24. 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.

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

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

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

28. 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).

29. Weight management. Weight reduction. 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.

**UnitedHealthcare Global: Global Emergency Services**

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 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 #2019-1424-1.

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

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

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

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

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

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

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

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


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


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

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

Albanian

Arabic
خدمات المساعدة اللغوية مجاناً. أتصل على الرقم 1-866-260-2723.

Armenian
Անվճար ծառայություններ են տարածված համար ձեր մասին հեռախոս 1-866-260-2723.

Bantu- Kirundi
Uroniswa ku bantu servisivu zafitaye ku rumiri zo kugufasha. Utegereza guhamangara 1-866-260-2723.

Bisayan-Visayan (Cebuano)
Magamit mimo ang mga serbisyo sa tabang sa lengguwahe nga walyay bayad. Pulihug tabaw sa 1-866-260-2723.

Bengali- Bangala
যোগাযোগের সাহায্য পেতে কিছু ভাবে নিয়ে যেতে পারেন। এখন 1-866-260-2723 থেকে কথা বলার।

Burmese
သင့်၏ ရှာဖွေနိုင်သော ရှာဖွေများ သင်၏ အသုံးပြုသော ကြည့်ရှုနိုင်သော 1-866-260-2723 ဖြင့် တွေ့ရှိနိုင်သည်။

Cambodian- Mon-Khmer
មានជម្រើសសំរាប់ការជួយផលិតផលរុក្កើយ អំពីការប្រើប្រាស់។ 1-866-260-2723 ដោយសារតែបាន។

Cherokee
 Cherokee
Cherokee
Cree

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

Chotaw
Chahta anumpa ish anumpuli hokmvt tholshili yvt peh pilla hq ch apiela hina. I paya 1-866-260-2723.

Cushite- Oromo
Tajajajjijwan gargaara afamii kanfaltti malee siif jira. Maaloo karaa lakoofisa bilbila 1-866-260-2723 billitu.

Dutch
Taalbijstandsdiens ten 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

German

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

Hausa
Kaugawa mawaki ma kau ‘ëlele i leia’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
आप के लिए अंग्रेजी सहायता उपलब्ध है। कृपया 1-866-260-2723 पर कॉल करें।

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

Ibo

Ilocano
Adda anawan bayadna a serbissio para iti language assistance. Pangunahin ta tawang 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

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

Kru- Bassa
Bot ba hola ni kobol mahop ngai waa wogui wa bo ye ha i nyu yon. Sebel i nisingi mi 1-866-260-2723.

Kurdish Sorani
کەلکنکە کەراوە زەمانێی زەمانی بەپێکەوە بۆ تەنای دەکرێ. لەکەبێت دەتەوێتە بکەی بە زەمانی 1-866-260-2723.

Laotian
 объем услуг предоставляется бесплатно. Звоните по телефону 1-866-260-2723.
Marathi
भारतीय नागदेशी सुविधा आपल्यास दिलेल्या उपलब्ध आहे.
त्साहाय 1-866-260-2723 या कॅलकॉर्स उपयोग करा.

Marshallese
Kwomaranik bok jerbal in jipa ni kajin ile ejeljok wohnim. Jouj
im kalok 1-866-260-2723.

Micronesian-Pohnpeian
Mie sawas en mahsen og komwi, soh isape. Melau eker
1-866-260-2723.

Navajo
Sata dib ak'ee'neyed dib akuninawa'igi t'aa jij'eh beech nich'ii
beeb na'ahooy. T'aa shiqadi kohji 1-866-260-2723 hodilnih.

Nepali
भाषा सहायता सेवाहरु निःशुल्क उपलब्ध छ। कृपया
1-866-260-2723 सा कल गर्नुहोस्।

Nilotic-Dinka
Kuk é ku ny ajsor é thok. a'ti tiné yin yrin 'é cin wé yek

Norwegian

Pennsylvania Dutch
Schprooch iwweseté Hilf kamnicht du frei hawwe. Ruf
1-866-260-2723.

Persian-Farsi
خدمات آسانی به خوبی و رایگان در اختیار شما می‌باشد. لطفاً تا تماس بگیرید.
1-866-260-2723

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

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

Punjabi
ਭਾ਷ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਦੀ ਸੁਖੀ ਭੁਜਾ ਨਿਸ਼ਚਿਤ ਤਰੀਕਾ ਦੌਰਾਨ ਦੇਖਾਉਂ
1-866-260-2723 'ਤੇ ਕਹੋ ਕਹੋਂ।

Romanian
Vi se pun la dispoziţie, în mod gratuit, servicii de traducere. Vă
răspunzăm și sunăți la 1-866-260-2723.

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

Samoan- Fa’asamoa
O locu maou fesacauimo mo gagana mo oe ma e le totoaga.
Fiafiamolole telefoni le 1-866-260-2723.

Serbo-Croatian
Možete besplatno koristiti usluge prevodioca. Molimo nazovite
1-866-260-2723.

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

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

Sudanese-Fulfulde
E woode walliandow doowolde caahu ngam maada. Noonu
1-866-260-2723.

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

Syriaic-Assyrian
1-866-260-2723

Tagalog
Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng

Telugu
భాషా సహాయ సర్వేత్తి నిశ్చితగా ఉపయోగించవచ్చు.
తెలుగు 1-866-260-2723 ను నంతర ఆసక్తి కౌంటీ చేసి,

Thai
มีบริการความช่วยเหลือที่คุณไม่ต้องเสียค่าใช้จ่าย
บนโทรศัพท์ฟรี โปรดโทรเข้าสู่
1-866-260-2723.

Tongan-Faka Tonga
‘Oka ‘i ai pe a e sēvē ki he lea’ ke tokoni kiate koe pea ‘oku
‘atā ia ma’au ‘o ‘ikai ha totongi. Kātaki ‘o tā ki he
1-866-260-2723.

Trukese (Chuukese)
En mei tongeni angei arainisin emon chon chiakku, ese kamo.
Kose mochen kopwe kolokki 1-866-260-2723.

Turkish
Dil yardımı hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen
1-866-260-2723 numaranı arayınız.

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

Urdu
زبان کی حوالے سے معاونتی خدمات آپ کی لئی بھی موجود ہیں.
براءہ سرکاری 260-260-866-1 پر گال کریک

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

Yiddish
טיסטארן טוקאリスクטערן טוגןע ארטשאיבן מיר און די
1-866-260-2723

Yoruba
Isi iranlọwọ ede ti o je ofe, wa fun o. Pe 1-866-260-2723.
NOTICE: The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 06/06/2019
CERTIFICATE AND SUMMARY BROCHURES FOR THE FOLLOWING ACCOUNTS WERE UPDATED AS FOLLOWS:
2019-182-1
2019-5508-1
2019-5594-1
2019-6005-1

ACTUARIAL VALUE UPDATED

FROM
GOLD WITH ACTUARIAL VALUE OF 83.410%

TO
PLATINUM WITH ACTUARIAL VALUE OF 88.68%

OUT-OF-POCKET UPDATED

FROM
Out-of-Pocket Maximum Preferred Provider $7,350 (Per Insured Person, Per Policy Year)
Out-of-Pocket Maximum Preferred Provider $14,700 (For all Insureds in a Family, Per Policy Year)
Out-of-Pocket Maximum Out-of-Network $14,700 (Per Insured Person, Per Policy Year)
Out-of-Pocket Maximum Out-of-Network $29,400 (For all Insureds in a Family, Per Policy Year)

TO
Out-of-Pocket Maximum Preferred Provider $2,200 (Per Insured Person, Per Policy Year)
Out-of-Pocket Maximum Preferred Provider $4,400 (For all Insureds in a Family, Per Policy Year)
Out-of-Pocket Maximum Out-of-Network $4,400 (Per Insured Person, Per Policy Year)
Out-of-Pocket Maximum Out-of-Network $8,800 (For all Insureds in a Family, Per Policy Year)