



2019–2020 Student Health Insurance Plan for Santa Clara University Graduate and Law and Jesuit

Who is eligible to enroll?

All Graduate, Law and Jesuit School of Theology students in a degree seeking program who are enrolled at least half-time in their school or college are automatically enrolled in this Student Health Insurance Plan at registration, unless proof of comparable coverage is furnished. All F-1 Visa students, regardless of number of units, are required to have insurance and are automatically enrolled in this Student Health Insurance Plan. Students enrolled in online courses only and certificate programs are not eligible for this Student Health Insurance Plan. Students on an approved Medical Leave of Absence, who have been previously insured under this Student Health Insurance Plan for at least one semester prior to the Medical Leave, are eligible to continue coverage under this Student Health Insurance Plan for a maximum of one semester, provided the appropriate premium has been paid.

Eligible students 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 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 and correspondence 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 or enters into a Domestic Partnership with 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.

Dependent Enrollment:

1. Go to www.gallagherstudent.com/scu.
2. On the left toolbar, click 'Dependent Enroll'.
3. Log in (if you haven't already).
4. Follow the instructions to complete the form and submit payment.

Students interested in enrolling their eligible dependent(s) should go to www.gallagherstudent.com/scu and click on 'Dependent Enroll' and complete the online form and submit it and the required premium by the deadline. Dependent coverage is in addition to the fee for your individual student coverage. The Effective Date for an Insured's eligible dependent(s) enrolled with an Insured is the Insured's Effective Date provided the required premium for the dependent(s) is received by the enrollment deadline. Dependent Enrollment Forms will not be accepted after the deadline. The deadline to add eligible dependents due to a qualifying event (i.e. birth or marriage), is 31 days from the qualifying event in order to avoid a break in continuous coverage. If the Qualifying Event deadline is not met, the effective date will date on the online Dependent Enrollment Form is submitted.

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.gallagherstudent.com/scu. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-317-2. 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 1-877-355-7114 or www.gallagherstudent.com/scu.

Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

Graduate Rates	Annual 9/15/19 – 9/14/20	Winter/Spring/Summer 1/1/20 – 9/14/20	Spring/Summer 4/1/20 – 9/14/20
Student	\$2,968	\$2,098	\$1,375
Spouse	\$2,938	\$2,068	\$1,345
One Child	\$2,938	\$2,068	\$1,345
Two or More Children	\$5,876	\$4,136	\$2,690
Spouse and Two or More Children	\$8,814	\$6,204	\$4,035

Law Rates	Annual 8/15/19 – 8/14/20	Spring/Summer 1/1/20 – 8/14/20
Student	\$2,968	\$1,849
Spouse	\$2,938	\$1,819
One Child	\$2,938	\$1,819
Two or More Children	\$5,876	\$3,638
Spouse and Two or More Children	\$8,814	\$5,457

Jesuit School of Theology Rates	Annual 9/1/19 – 8/31/20	Spring 2/1/20– 8/31/20
Student	\$2,968	\$1,736
Spouse	\$2,938	\$1,706
One Child	\$2,938	\$1,706
Two or More Children	\$5,876	\$3,412
Spouse and Two or More Children	\$8,814	\$5,118

NOTE: The Non-Premium Cost stated above includes fees charged by the policyholder. Such fees may include amounts which, for example, cover the school's administrative cost associated with offering this health plan as well as amounts which are paid to certain non-insurer vendors and consultants by, or at the direction of, the policyholder.

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.

How do I waive?

Students who are currently enrolled in a health insurance plan of comparable coverage to the Santa Clara University Student Health Insurance Plan and is in effect until August 14, 2020 for Law students, August 31, 2020 for Theology students and September 14, 2019 for Graduate students can elect to waive the school sponsored Student Health Insurance Plan.

Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage to Santa Clara University in order to waive coverage.

Waiver Process

To document proof of comparable coverage, an online waiver form must be completed and submitted by the deadline.

1. Go to www.gallagherstudent.com/scu.
2. Click on the "Student Waive/Enroll" button.
3. Log in (if you haven't already).
4. Select the Red "I Want to Waive" button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting your waiver request, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving the Student Health Insurance Plan.

Santa Clara University reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Santa Clara University Student Health Insurance Plan.

International students can only waive the Student Health Insurance Plan if they are covered by an insurance plan comparable to Santa Clara University Student Health Insurance Plan and the insurance carrier is based in the United States.

In the event that a student waives the Student Health Insurance Plan and then loses their current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If approved, the premium will not be prorated.

Important dates or deadlines

Waiver Deadline

Graduate: The deadline for processing the online waiver is September 27, 2019 for students enrolling in the fall for Annual Coverage.

Law School: The deadline for processing the online waiver is August 23, 2019 for students enrolling in the fall for Annual Coverage.

Jesuit School of Theology: The deadline for processing the online waiver is September 10, 2019 for students enrolling for Annual Coverage.

Students who do not submit the online Waiver Form by the deadline will be automatically enrolled in the Student Health Insurance Plan and the fee will appear on their student account bill.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.510%

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 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) Office visits after a \$20 Copay per visit; and 2) all other services listed in the Schedule of Benefits.
- The Deductible will be waived and benefits will be paid at 80% for Covered Medical Expenses incurred when treatment is referred by the Student Health Center for the following services: Labs sent by the SHC for processing.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	

Plan Deductible	\$500 Per Insured Person, Per Policy Year	\$1,000 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum <i>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.</i>	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$10,000 Per Insured Person, Per Policy Year \$20,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Mail order through UHCP at 2.5 times the retail Copay up to a 90-day supply.</i>	\$10 Copay for Tier 1 \$30 Copay for Tier 2 \$30 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	\$10 Copay for generic drugs \$30 Copay for brand name drugs Up to a 31-day supply per prescription
Preventive Care Services <i>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.</i>	100% of Preferred Allowance	60% of Usual and Customary Charges
The following services have per Service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$20 Medical Emergency: \$150 (Copay will be waived if admitted to the Hospital.)	Physician's Visits: \$20 Lab: \$10 X-rays: \$10 Medical Emergency: \$150 (Copay will be waived if admitted to the Hospital.)
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. Addiction, such as:
 - Caffeine addiction.
 - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
 - Codependency.

This exclusion does not apply to the Mental Illness and Substance Use Disorders benefits outlined in the Medical Expense Benefits section of the Policy.
2. Behavioral problems. Conceptual handicap. Milieu therapy. Parent-child problems.
3. Biofeedback.
4. Cosmetic procedures, except:
 - For reconstructive procedures that are:
 - Medically Necessary for the treatment of gender dysphoria.
 - 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.
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 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. Health spa or similar facilities. Strengthening programs.
 9. 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 specifically provided in the Policy.
 - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
 10. Hypnosis.
 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.

This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.

Injury or Sickness for which benefits are paid:

 - Under any Workers' Compensation or occupational Disease Law or Act, or similar legislation.
 12. Treatment outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
 13. Investigational services.
 14. Marital or family counseling.
 15. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.
 16. Prescription Drug Services – no benefits will be payable for:
 - Therapeutic devices or appliances, including: 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, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene.
 - Growth hormones, except when used for the long-term treatment of Insureds under age 19 with growth failure from the lack of adequate endogenous growth hormone secretion.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
 17. Reproductive/Infertility services including but not limited to the following, except as specifically provided in the Policy:
 - Genetic counseling and genetic testing, except for the prenatal diagnosis of fetal genetic disorders.
 - Cryopreservation of reproductive materials. Storage of reproductive materials.
 - Fertility tests.
 - Premarital examinations.
 - Impotence, organic or otherwise.
 - Reversal of sterilization procedures.
 18. 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.
 19. 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 benefits specifically provided in the Policy.
 - To eye examinations, including preventive screenings, for conditions such as hypertension, diabetes, glaucoma, or macular degeneration.
 20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

21. Physical examinations and tests for non-preventive care purposes in the absence of Injury or Sickness. This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.
22. Services provided normally without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
23. Nasal and sinus surgery, except when Medically Necessary or for treatment of a covered Injury, or treatment of chronic sinusitis.
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.
This exclusion does not apply to the Preventive Care Services benefits outlined in the Medical Expense Benefits section of the Policy.
25. Supplies, except as specifically provided in the Policy.
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, 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; while serving 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 (except surgery for morbid 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 or Civil Union Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse or 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 or Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address and 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, 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.

BetterHelp: 24/7 Online Counselor Access

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

When you first visit the counseling website www.counseling4students.com, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the

service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

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

Gallagher Student Health & Special Risk Complements

Exclusively from Gallagher Student Health & Special Risk, enrolled students have access to the following menu of products at no additional cost. These plans are not considered insurance products and are not underwritten or administered by UnitedHealthcare Insurance Company. More information is available at www.gallagherstudent.com.

EyeMed Vision Care

EyeMed Vision Care offers discounts on vision benefits. EyeMed's provider network gives students access to over 45,000 independent providers and retail stores nationwide, including Lens Crafters, Sears Optical, Target Optical, JC Penney Optical and most Pearle Vision locations. Students will receive a separate EyeMed ID card. There is no waiting period; students can take advantage of the savings immediately upon receipt of their EyeMed ID card. Students can expect 15% to 45% off regular retail pricing on prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses, and even 5% to 15% off laser correction surgery at some of the nation's most highly qualified laser correction surgeons.

Call 1-866-8EYEMED or go online to www.eyemedvisioncare.com and choose the Access network from the drop down network option.

Basix Dental Savings

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides you with a wide range of dental discount services. Basix contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health Insurance plan. Students must pay for the services received at the time of service to receive the negotiated rate. Savings vary but can be as high as 50% depending on the type of service received and the contracted dentist providing the service. To use the program, students must:

- Make an appointment with a contracted dentist. Contracted dentists and their fee schedules are listed on www.basixstudent.com.
- Tell the dental office that they have the student health insurance plan and the Basix program. Students don't need a separate ID card for the Basix program, but will need to show their student health insurance ID card to confirm eligibility.

Full details of the program are available on www.basixstudent.com. Basix can also be reached via email from their website or by telephone at (888) 274-9961.

SilverCloud Behavioral Health

SilverCloud is an online behavioral health platform that lets students work through cognitive behavioral therapy based modules at their own pace. The platform has a broad library of online therapy programs to support positive behavior change, overall mental wellness, and treat anxiety, stress and depression. Each module is comprised of an introductory video and quiz, psychoeducational content with examples and personal stories, interactive activities, homework suggestions and summaries. SilverCloud is available to use anytime, anyplace, on any device.

Go to gsh.silvercloudhealth.com/signup to start using SilverCloud

Broker information

QUESTIONS? NEED MORE INFORMATION?

For general information on benefits, eligibility and enrollment, ID Cards, please contact:

Gallagher Student Health & Special Risk

500 Victory Road

Quincy, MA 02171

1-877-355-7114

www.gallagherstudent.com/scu

ID Cards

Digital ID Cards can be downloaded or printed through www.uhcsr.com/MyAccount, where a student can also request delivery of a permanent ID card through the U.S. mail.
This Summary Brochure is based on Policy #2019-317-2.

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.

UNITEDHEALTHCARE INSURANCE COMPANY

NON-DISCRIMINATION AND LANGUAGE ASSISTANCE PROGRAM

NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not discriminate or treat Insureds differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, 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.

If you think you were treated unfairly because of your ancestry, religion, marital status, gender, gender identity, or sexual orientation, you can also send a complaint to the California Department of Insurance:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
Toll-Free Consumer Hotline: 1-800-927-HELP (4357) or 1-213-897-8921
TDD Number: 1-800-482-4TDD (4833)
<http://www.insurance.ca.gov>

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, 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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

የቋንቋ ለርዳታ አገልግሎቶች በነጻ ይገኛሉ። አባከዎ ወደ 1-866-260-2723 ይደውሉ።

Arabic

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

Armenian

Ձեզ անստիճի են անվճար լեզվակցան օգնությունն ծանայություններ: Խնդրում ենք զանգահարել 1-866-260-2723 համարով:

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দয়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ်ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមម្ស្នកស្នើទៅលេខ 1-866-260-2723។

Cherokee

ᏳᏍᏏᏁᏍᏏ ᏅᏍᏗᏁᏍᏏ ᏅᏍᏗᏁᏍᏏ ᏅᏍᏗ ᏲᏆᏅᏍᏏᏁᏍᏏ ᏲᏆᏅᏍᏏᏁᏍᏏ ᏲᏆᏅᏍᏏᏁᏍᏏ ᏲᏆᏅᏍᏏᏁᏍᏏ 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。

Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla ho chi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten 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 sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

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

Gujarati

ભાષા સહાય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કરો.

Hawaiian

Kōkua manuahi ma kāu 'ōlelo i loa 'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hindi

आप के लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

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

ကျိတ်တီမၤတၢ်အၢ်နီၤနီၤအီၤသ့ၤလၢတၢ်လိၤဟ့ၣ်အပူၤဘၣ်(ခိၣ်)န့ၣ်လီၤ. ဝံသးဂူၤဆဲးကျိးဘၣ် 1-866-260-2723 တတ့ၢ်.

Korean

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

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yonj. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خزمەتگه‌ڵی یارمەتی زمانی به‌خۆڕای بی‌تۆ دابین ده‌کری‌ن. تکایه تەله‌فۆن بکه‌ بی‌ ژماره‌ی 1-866-260-2723.

Laotian

ມີບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໃຫທາງດີ 1-866-260-2723.

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे.
त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jermal in jipañ in kajin ilo ejjelōk wōñāñ. Jouj im kallōk 1-866-260-2723.

Micronesian- Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'í' bee ná'ahoot'i'. T'áá shqōdí kohjí' 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया
1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Kāk ē kuny ajuer ē thok atō tinē yin abac tē cīn wēu yeke thiēec. Yin cōl 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره
1-866-260-2723 تماس بگیرید.

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

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ
1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

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

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē togotogia.
Faamolemole telefoni le 1-866-260-2723.

Serbo- Croatian

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

Somali

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

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

Swahili

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

Syriac- Assyrian

1-866-260-2723

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

1-866-260-2723 కి కాల్ చేయండి.

Thai

บริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi 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 aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

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

Urdu

زبان کے حوالے سے معاونتی خدمات آپ کے لیے بلا معاوضہ دستیاب ہیں۔
براہ مہربانی 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

1-866-260-2723

Yoruba

Isẹ iranlọwọ èdè tí ó jẹ òfẹ́, wà fún ọ. Pe 1-866-260-2723.