Who is eligible to enroll?

All students taking six (6) or more credit hours and Co-op students are automatically enrolled in this insurance Plan at Registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this plan on a voluntary basis. Distance Learning Programs do not meet the eligibility requirements. The requirement to attend classes for the first 31 days is waived for Co-op students. Eligible Dependents of enrolled students may participate on a voluntary basis.

If the plan includes Dependent coverage, then eligible students who do enroll may also insure their Dependents.

When the policy includes Dependent coverage, eligible Dependents include:

1) The Insured Person’s legal spouse.
2) The Insured Person’s Domestic Partner, if Domestic Partner is included as a “Class of Person to be Insured” as specified in the Policyholder Application.
3) Dependent children up to age 26.
4) Disabled children beyond age 26 if the child is:
   (a) Incapable of self-sustaining employment by reason of intellectual disability or physical handicap.
   (b) Chiefly dependent upon the Insured Person for support and maintenance.
5) Children for whom the parent is required by court or administrative order to provide coverage.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

When the Policy includes Dependent coverage, 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.

Coverage availability is guaranteed for all individuals who meet the eligibility requirements specified above.
Online Student Waiver Process

Student Health Insurance Waiver Agreement

In order to be accepted, your health insurance policy must:

- be gold-tier equivalent: [http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/metal_tiers.pdf](http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/metal_tiers.pdf)
- be in compliance with the Patient Protection and Affordable Care Act (PPACA) including the Ten Essential Health Benefits: [http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/10ebs.pdf](http://www.uc.edu/content/dam/uc/University%20Health%20Services/docs/student_health_insurance/10ebs.pdf)
- not contain a pre-existing condition waiting period, or the waiting period must already have been exhausted;
- contain only less restrictive limitations than the U.C. Student Health Insurance policy;
- be active the entire time for which you are enrolled in classes; and
- be through a U.S. based insurance company employing a U.S. based claims administrator.

Currently, and in the future, you must be covered by an active health insurance policy (not a mini-med policy, nor a fixed-benefit indemnity policy, nor a discount plan) containing the same or less restrictive exclusions than that of the Student Health Insurance (SHI) policy on pages 4 and 5 of this summary brochure.

If you are the dependent of a UC employee and that UC employee has enrolled both you and herself/himself in a UC-sponsored employee health plan available through UC employee benefits, you are eligible to waive UC SHI. Your coverage must be effective for the entire academic year.

**Do not write a note or call a UC office to waive coverage.**

To avoid problems, properly complete the online waiver and submit prior to the deadline. Students who lose eligibility under their then current policy and who submitted a waiver with that policy’s information, must immediately inform the SHI Office of such.

**The Single Student Waiver Deadlines are September 5, 2017 and January 23, 2018 and May 22, 2018.**

Waivers are accepted on or before the Waiver Deadline.

**The Dependent Coverage enrollment deadline is September 5, 2017.**

Students who successfully waive coverage for the then current fall semester are—for the remainder of the policy year—neither enrolled for coverage automatically (unless the waiver is later audited and declined) nor charged for SHI on their UC tuition bill. It is the student’s responsibility to ensure the charge is removed from the UC bill no later than the Waiver Deadline.

**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](http://www.uhcsr.com). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2017-202-1. 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 1-844-206-0377 or [akronclaims@healthsmart.com](mailto:akronclaims@healthsmart.com).

**Student Health Center Message**

The student and Dependents should use the services of the University Health Services (UHS) first where treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the UHS for which no prior approval or referral is obtained will be paid at 60% of the benefits otherwise payable under the Schedule of Benefits up to a maximum reduction of $750.00 Per Policy Year. A referral issued by the UHS must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

A UHS referral for outside care is not necessary only under any of the following conditions:

1. Medical Emergency. The student should return to UHS for necessary follow-up care.
2. Medical care received when the student is more than 50 miles from campus.
3. Maternity, obstetrical and gynecological care.
4. Medical care obtained when a student is no longer able to use the UHS due to a change in student status.

Dependent children (under 18 years of age) are not eligible to use the UHS; and therefore, are exempt from the above limitations and requirements.

### Other Coverage

Also available for University of Cincinnati students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to [www.uhcsr.com](http://www.uhcsr.com).

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Other Coverage

Also available for University of Cincinnati students is a UnitedHealthcare Insurance Company fully insured Dental plan. To enroll go to [www.uhcsr.com](http://www.uhcsr.com).

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

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 81.490 %**

**Preferred Providers:** The Preferred Provider Network for this plan is UHS (University Health Services) and UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [Options PPO](#).

**University Health Services Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred for primary care services when treatment is rendered at University Health Services.

<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><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,000 Per Insured Person, 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>$10,000 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>80% of Preferred Allowance</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs covered under the Preventive Care Services benefit will be paid at the benefit levels shown under Preventive Care Services. For prescriptions filled at UHS Pharmacy, $15 Copay per prescription for Generic / $30 Copay per prescription for Preferred Brand / $60 Copay per prescription for non-Preferred Brand</td>
<td>80% of Usual and Customary Charges for prescriptions filled outside the UHS Pharmacy, the Insured must pay for the prescriptions and submit the receipts for reimbursement to HealthSmart, 3320 W. Market St., Suite 100, Fairlawn, OH 44333.</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 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

60% of Usual and Customary Charges

The following services have per Service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

Physician's Visits: $35
Medical Emergency: $150, waived if admitted to the Hospital. The copay is reduced to $50 with a health center referral.

Medical Emergency: $150, waived if admitted to the Hospital.

Pediatric Dental and Vision Benefits
Refer to the plan certificate for details (age limits apply).

Exclusions and Limitations

This Exclusions and Limitations section describes items which are excluded from coverage and are not considered to be Covered Medical Expenses.
Read the Definitions section in the Certificate of Coverage and the Schedule of Benefits carefully. Refer to the Medical Expense Benefits section in the Certificate of Coverage for benefit specific limitations.
No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for procedures, equipment, services, supplies, or charges which the Company determines are not Medically Necessary or do not meet the Company's medical policy, clinical coverage guidelines, or benefit policy guidelines. 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. Cosmetic procedures. Cosmetic procedures are primarily intended to preserve, change, or improve the Insured Person's appearance, including surgery or treatments to change the size, shape, or appearance of facial or body features (such as the Insured's skin, nose, eyes, ears, cheeks, chin, chest, or breasts).
   This exclusion does not apply to:
   • Benefits specifically provided in the Policy for Reconstructive Procedures.
   • Myocardial infarction.
   • Pulmonary embolism.
   • Thrombophlebitis.
   • Exacerbations of co-morbid conditions.
3. 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.
4. Any dental treatment not specifically provided for in the Policy.
5. Elective Surgery or Elective Treatment.
6. Elective abortion. This exclusion does not apply to therapeutic abortions as specified under Maternity Benefits.
7. Examinations related to research screenings.
8. Foot care for the following:
   • 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).
9. Health spa or similar facilities. Strengthening programs.
10. Hearing aids or exams to prescribe or fit them.
11. Hypnosis.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury sustained while:
   - Participating in any intercollegiate or professional sport, contest or competition.
   - Traveling to or from such sport, contest or competition as a participant.
   - Participating in any practice or conditioning program for such sport, contest or competition.


15. Marital counseling.

16. Voluntary participation in a riot or civil disorder. Commission of or attempt to commit a felony.

17. Physical exams and immunizations required for enrollment in any insurance program, as a condition of employment, or for licensing.

18. 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 under Preventive Care Services.
   - 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.

19. Reconstructive procedures, except as specifically provided in the benefits for Reconstructive Procedures.

20. Reproductive/Infertility services including but not limited to the following:
   - 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.
   - Impotence, organic or otherwise.
   - Reversal of sterilization procedures.

21. When the Policyholder has a Student Health Center, services provided by the Student Health Center for which the Insured Person has no legal obligation to pay.

22. Naturopathic services.


24. Services provided by any Governmental unit, unless otherwise required by law or regulation.

25. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

26. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in benefits for Preventive Care Services or Weight Management/Dietician.

Highlights of Services offered by UnitedHealthcare StudentResources

Healthiest You: National Telehealth Service

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 compliment 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. Not available in Arkansas; limited services in Idaho and Texas.

*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**

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**

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, 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.

**UnitedHealthcare Global: Global Emergency Services**

If you are a member insured with this insurance plan, you and your insured spouse or Domestic Partner and 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 Emergency Medical Evacuation 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 Services include:**
- Transfer of Insurance Information to Medical Providers
- Monitoring of Treatment
- Transfer of Medical Records
- Medication, Vaccine
- Worldwide Medical and Dental Referrals
- Dispatch of Doctors/Specialists
Emergency Medical Evacuation
Facilitation of Hospital Admittance up to $5,000.00 payment
Transportation to Join a Hospitalized Participant
Transportation After Stabilization
Coordinate the replacement of Corrective Lenses and Medical Devices
Emergency Travel Arrangements
Hotel Arrangements for Convalescence
Continuous Updates to Family and Home Physician
Return of Dependent Children
Replacement of Lost or Stolen Travel Documents
Repatriation of Mortal Remains
Worldwide Destination Intelligence Destination Profiles
Legal Referral
Transfer of Funds
Message Transmittals
Translation Services
Security and Political Evacuation Services
Natural Disaster Evacuation Services

Please visit www.uhcsr.com/UHCGlobal for the UnitedHealthcare Global brochure which includes service 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 Value Added Benefits: 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 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.

UnitedHealthcare Global is not travel or medical insurance but a service provider for emergency medical assistance services. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage. All assistance services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. Please refer to the UnitedHealthcare Global information in My Account at www.uhcsr.com/MyAccount for additional information, including limitations and exclusions.

Broker information

Servicing Agent:
Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA 02171

Claim Status and all other Claim Inquiries:
Claims Administrator
HealthSmart Benefit Solutions, Inc.
3320 West Market Street, Suite 100
Fairlawn, OH 44333-3306
1-844-206-0377
Email: Klaisclaims@klais.com

For general information on benefits, eligibility and enrollment, ID Cards, please contact:
U.C. Student Health Insurance Office
1-513-556-6868
Email: studins@ucmail.uc.edu
Website: www.med.uc.edu/studenthealthinsurance
This Summary Brochure is based on Policy #2017-202-1.

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

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

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

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

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

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

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


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


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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

XIN LUÚ Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1-866-260-2723.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723번으로 전화하십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Mangyaring tumawag sa 1-866-260-2723.


تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال بـ 1-866-260-2723.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-866-260-2723.

ATTENTION : Si vous parlez français (French), des services d’aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1-866-260-2723.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-866-260-2723.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

ATTENZIONE: in caso la lingua parlata sia l’italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Si prega di chiamare il numero 1-866-260-2723.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie 1-866-260-2723 an.

注意事項：日本語 (Japanese) を話される場合、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にお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می‌باشد. 1-866-260-2723
कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723.

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.
POLICY NUMBER: 2017-202-1

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.

NOC 1 - 08/29/2017

Certificate:
1.) Change the eligibility

From:
All graduate students taking six (6) or more credit hours, Medical students registered for one (1) or more credit hours and Co-op students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this insurance plan. Distance Learning Programs do not meet the eligibility requirements.

To:
All students taking six (6) or more credit hours and Co-op students are automatically enrolled in this insurance Plan at Registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this plan on a voluntary basis. Distance Learning Programs do not meet the eligibility requirements. The requirement to attend classes for the first 31 days is waived for Co-op students. Eligible Dependents of enrolled students may participate on a voluntary basis.

Summary Brochure:

1.) Change the eligibility

From:
All graduate students taking six (6) or more credit hours, Medical students registered for one (1) or more credit hours and Co-op students are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. All graduate students with fewer than six (6) credit hours are eligible to enroll in this insurance plan. Distance Learning Programs do not meet the eligibility requirements.

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