2023-2024 Student Health Insurance Plan for the International Students of University of Wyoming

Who is eligible to enroll?

All International students with a current passport and student visa (F-1 or J-1) engaged in educational activities at the University are required to enroll in this insurance plan at registration, unless proof of comparable coverage is furnished. Scholars in J-1 status, Undergraduate student teachers during their teaching term and OPT students and engaged in educational activities at the University of Wyoming are able to purchase this plan on a voluntary basis.

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

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

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of the Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.uhcsr.com/uwyo. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2023-5857-4. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8-1-23 to 7-31-24</th>
<th>Fall 8-1-23 to 12-31-23</th>
<th>Spring/Summer 1-1-24 to 7-31-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,970.00</td>
<td>$1,485.00</td>
<td>$1,485.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,970.00</td>
<td>$1,485.00</td>
<td>$1,485.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,970.00</td>
<td>$1,485.00</td>
<td>$1,485.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$5,908.00</td>
<td>$2,954.00</td>
<td>$2,954.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$8,846.00</td>
<td>$4,423.00</td>
<td>$4,423.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school’s administrative costs associated with offering this health plan.

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 31 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

### Section 9: Student Health Service (SHS) Referral Required

**STUDENTS ONLY**

**OUTPATIENT SERVICES ONLY**

The student must use the services of the Health Center first where outpatient treatment will be administered or referral issued. Expenses incurred for medical treatment rendered outside of the Student Health Service for which no prior approval or referral is obtained are excluded from coverage. A referral issued by the SHS must accompany the claim when submitted. Only one referral is required for each Injury or Sickness per Policy Year.

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

1. Medical Emergency. The student must return to SHS for necessary follow-up care.
2. When the Student Health Service is closed.
3. When service is rendered at another facility during break or vacation periods.
4. Medical care received when the student is more than 40 miles from campus.
5. Medical care obtained when a student is no longer able to use the SHS due to a change in student status.
6. Maternity, obstetrical and gynecological care.

Dependents are not eligible to use the SHS and therefore are exempt from the above limitations and requirements.

### Highlights of the Student Health Insurance Plan Benefits

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 84.290%**

**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 Service 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 Service.

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

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$400 Per Insured Person, per Policy Year</td>
<td>$800 Per Insured Person, per Policy Year</td>
</tr>
</tbody>
</table>

United-Healthcare Student Resources
<table>
<thead>
<tr>
<th><strong>Out-of-Pocket Maximum</strong>&lt;br&gt;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.</th>
<th>$7,150 Per Insured Person, Per Policy Year&lt;br&gt;$12,700 For all Insureds in a Family, Per Policy Year</th>
<th>$14,300 Per Insured Person, Per Policy Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance</strong>&lt;br&gt;All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</td>
<td>80% of Allowed Amount for Covered Medical Expenses</td>
<td>60% of Allowed Amount for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong>&lt;br&gt;Prescriptions must be filled at a UHCP network pharmacy.</td>
<td>$15 Copay for Tier 1&lt;br&gt;$40 Copay for Tier 2&lt;br&gt;40% Coinsurance for Tier 3&lt;br&gt;Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible&lt;br&gt;Prescriptions filled at the SHS are subject to a&lt;br&gt;$10 Copay for Tier 1&lt;br&gt;$30 Copay for Tier 2&lt;br&gt;40% Coinsurance for Tier 3&lt;br&gt;up to a 31-day supply per Prescription</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong>&lt;br&gt;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 <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</td>
<td>100% of Allowed Amount</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>The following services have per service Copays</strong>&lt;br&gt;This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>Medical Emergency: $150&lt;br&gt;not subject to Deductible&lt;br&gt;The Copay will be waived if admitted to the Hospital.</td>
<td>Medical Emergency: $150&lt;br&gt;not subject to Deductible&lt;br&gt;The Copay will be waived if admitted to the Hospital.</td>
</tr>
<tr>
<td><strong>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</strong></td>
<td>Office Visits: Allowed Amount after Deductible&lt;br&gt;Other Outpatient Services: Allowed Amount after Deductible</td>
<td>Office Visits: Allowed Amount after Deductible&lt;br&gt;Other Outpatient Services: Allowed Amount after Deductible</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan certificate for details (age limits apply).</td>
<td></td>
</tr>
</tbody>
</table>

**Exclusions and Limitations**

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne.
2. Acupuncture.
3. Addiction, such as:
   • Caffeine addiction.
   • Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   • Codependency.
5. Biofeedback.
6. Circumcision.
7. 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.
   • Required as a result of a birth defect.
8. 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.
9. Elective Surgery or Elective Treatment.
10. Elective abortion.
11. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline, or chartered aircraft only while participating in a school sponsored activity.
12. 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).
   This exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
13. Genetic testing, except as specifically provided in the Policy.
14. 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.
16. 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.
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
18. 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.
19. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
20. Prescription Drugs, services or supplies as follows:
   • Therapeutic devices or appliances, including: support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   • Immunization agents, except as specifically provided in the Policy.
   • Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   • Products used for cosmetic purposes.
   • Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   • Anorectics - drugs used for the purpose of weight control.
   • Fertility agents or sexual enhancement drugs.
   • Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
21. Reproductive services for the following:
   • Procreative counseling.
   • Genetic counseling and genetic testing, except as specifically provided in the Policy.
   • Cryopreservation of reproductive materials. Storage of reproductive materials.
   • Fertility tests.
   • Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except for the treatment of the underlying cause.
• Premarital examinations.
• Impotence, organic or otherwise.
• Reversal of sterilization procedures.

   This exclusion does not apply as follows:
   • When due to a covered Injury or disease process.
   • To benefits specifically provided in Pediatric Vision Services.
   • To one pair of prescription eyeglasses or contact lenses when necessary to replace the human lens lost through intraocular surgery or ocular Injury.

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

24. Preventive care services which are not specifically provided in the Policy, including:
   • Routine physical examinations and routine testing.
   • Preventive testing or treatment.
   • Screening exams or testing in the absence of Injury or Sickness.

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

26. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except for orthognathic surgery to treat a Congenital Condition or restoration as a result of a covered Injury. Temporomandibular joint dysfunction. Deviated nasal septum, including submucous resection and/or other surgical correction thereof. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.


28. Speech therapy, except as specifically provided in the Policy.

29. 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.

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

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

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

33. 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).

34. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except 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 and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

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

Key Assistance Benefits include:
• Emergency Evacuation
• Dispatch of Doctors/Specialists
• Medical Repatriation
• Transportation After Stabilization
• Transportation to Join a Hospitalized Insured Person
• Return of Minor Children
• Repatriation of Remains
Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

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

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

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

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global.

**Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

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### Highlights of Services offered by UnitedHealthcare Student Resources

### Healthiest You: 24/7 Doctor Access

Starting on the effective date of your coverage under the student insurance plan, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service.* By 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 Student Resources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period. You can learn more about this benefit and how to use it in My Account.

This service is meant to complement your Student Health Center. If possible, we encourage you to visit your SHC first before using this service.

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

*Available to Insured students and their covered Dependents; age restrictions may apply. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a service fee before being connected to a board-certified physician.

### 24/7 StudentAssist

Insureds have immediate access to the StudentAssist, a service that coordinates care using a network of resources. Services available include:

- **24/7 Crisis Support** - access to trained master's level specialists, 24/7/365, who provide in-the-moment support and consultation.
- **Financial and Legal Counseling** – two 30 minute telephonic consultations with money coaches who offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by licensed state-specific attorneys. One 30 minute telephonic or face-to-face legal consultation per issue per year at no cost.
• Mediation services – one 30 minute telephonic or face-to-face consultation per issue per year available to help resolve family-related disputes, including but not limited to separation, child custody, child support, divorce property and debt division, etc.
• Living Well Portal – access to liveanworkwell.com where insureds can participate in personalized self-help programs and find information on many helpful resources.
• CollegeLife – direct access to experts on the Optum team and through referrals to a broad spectrum of pre-screened and qualified convenience resources.
• Self Care – access to an evidence-based mobile care solution created by clinical experts that allows insureds to access on-demand help for stress, anxiety, and depression.

Translation services are available in over 170 languages for most services. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount under Additional Benefits.

This Summary Brochure is based on Policy #2023-5857-4.

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

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

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

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

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

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

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

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


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

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

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

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

Albanian

Amharic

Arabic
تتوفر لك خدمات المساعدة اللغة مجانيةاً تصل على الرقم 1-866-260-2723.

Armenian
24x7 məşərət və təqdimatlar 30-dan 30-ə qədər mə-opçiyalı ısraflışdırır. Işıqçi tərəfindən təşkilatlıdır 1-866-260-2723 huşduşu qədər

Bantu-Kirundi
Uronswa ku bantu servisi zizifite ku rurimi zo kugufasha. Utegereza guhamagara 1-866-260-2723.

Bisayan-Visayan (Cebuano)

Bengali-Bangala
বাংলা: ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন।

Burmese
ဗိုလ်ချင်းစာရင်းစိန်မှာ ပါဝင်ပါသည်။ 1-866-260-2723

Cambodian-Mon-Khmer

Chinese
您可以免费获得语言援助服务。请致电 1-866-260-2723。

Chtocaw
Chahta anumpa ish anumpulim hokmyt tokshol iyt peh pilla hu chipey hina. 1 paya 1-866-260-2723.

Cuscite-Oromo
Tajagalignaan gargaarsa afaanii kaafaaluu maa amii siif jira.

Dutch
Taalbijstandsdiesten 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. Καλέστε το 1-866-260-2723.

Gujarati
ભાષા સહાય સફાઈ શેલાઓ તમારા માટે બિલલ્સ ઉપલબ્ધ છે. કોઈ કરીલે 1-866-260-2723 પર કોટલ કરો.

Hawaiian
Kokua manuahi ma kau ‘olelo i le’a ‘ia. E kelepona i ka helu 1-866-260-2723.

Hindi
अपने के लिए भाषा सहायता सेवाएं निश्चयक उपलब्ध हैं। कृपया 1-866-260-2723 पर कौट करें।

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

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasis ta tawangan 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
 Cherokee

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

Kru-Bassa
Bot ba hola ni kobol mahpog ngai nswa wogui wo ba ye ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani
خزمه كهکی زمانى دهیاری بیوزكرابایی بر توان دوو چوک. تکلیفون هاباک زمانه 1-866-260-2723.

Laotian

SR LAP 64 (6-18)