2022-2023
Student Health Plan for Allegheny College

Who is eligible to enroll?
All Undergraduate students taking at least 9 credit hours and students enrolled in the Summer Academy Program are automatically enrolled in this plan, unless proof of comparable coverage is furnished.

Students 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.

How do I Enroll / Waive?
Domestic Undergraduate students: To provide proof of existing coverage, you must complete the on-line waiver process through Self-Service by the published deadline.

International Undergraduate: Students must contact Allegheny’s International Programs and Services office to request exemption from coverage. Please email Lenee McCandless (lmccandless@allegheny.edu) to make your request.

Important Communication Information
All personal e-mails are sent securely from the following companies:
· Microsoft Office 365  
· Cisco  
Most Communication will come from UHCSR.com or Firstriskadvisors.com. Your school email is the main forum of communication and it is the student’s responsibility to maintain and read those communications in a timely fashion.

Who can answer questions I have about the plan?
If you have questions regarding benefits please contact Customer Service at 800-505-4160. With questions regarding enrollment or waiver please contact customerservice@firstriskadvisors.com

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 College and can be viewed at www.firststudent.com. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2022-202882-62. The Policy is a Non-Renewable One-Year Term Policy.

Important dates or deadlines
Important Information for Hard Waiver Students:
If you are a hard-waiver student and you fail to waive coverage before the August 31, 2022 you will be enrolled automatically and responsible to pay for this annual coverage that was purchased on your behalf.

Open Enrollment Periods for all Hard Waiver Students:
If you are eligible and you chose not to enroll in the Annual Coverage before the Enrollment Deadline of August 31, 2022 you will not be eligible to enroll again until the start of next fall unless you experience a Qualifying Life Event during the year. See www.firststudent.com for further information.

*For new incoming or newly eligible students in the Spring semester, your open enrollment deadline is January 19, 2023.

PLEASE NOTE: Students are required to Waive or Enroll in the School Health Insurance Plan each academic year.

NOTICE: Cancellations/Refunds
Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/15/2022 – 8/14/2023</th>
<th>Spring/Summer 1/1/2023 – 8/14/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,250.00</td>
<td>$1,391.00</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.

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## Highlights of the Student Health Insurance Plan Benefits offered by UnitedHealthcare StudentResources

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 83.580%**

### Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: [UHC Choice Plus](#)

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>There is no overall maximum dollar limit on the policy</td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$25 per Insured Person, per Policy Year</td>
<td>$600 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<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>$7,500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></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></td>
<td>$25 Copay for Tier 1 $60 Copay for Tier 2 $75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong> Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for complete details 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/Deductibles</strong> This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>Physician’s Visits: $25 Not subject to Deductible Medical Emergency: $150 not subject to Deductible</td>
<td>Medical Emergency: $150 not subject to Deductible</td>
</tr>
<tr>
<td><strong>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</strong></td>
<td>Office Visits: $25 Copay per visit 80% of Allowed Amount not subject to Deductible Other Outpatient Services: Allowed Amount after Deductible</td>
<td>Office Visits: 80% of Allowed Amount after Deductible 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>

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

1. Acupuncture, except as specifically provided in the Policy.
2. Addiction, such as:
   - Caffeine addiction.
   - Non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious.
   - Codependency.
5. Circumcision.
6. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness, or to restore normal bodily function, for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
7. 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.
8. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - 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 as defined in the Policy. This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
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.
12. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
13. Health spa or similar facilities. Strengthening programs.
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.
17. Immunizations, except as specifically provided in the Policy.
18. Injury or Sickness for which benefits are paid under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
19. 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.
20. Investigational services.
21. Lipectomy.
22. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
23. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
24. Reproductive services for the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing, except as specifically provided in the Policy.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Policy.
   - Premarital examinations.
   - Impotence, organic or otherwise.
   - Female sterilization procedures, except as specifically provided in the Policy.
   - Vasectomy.
   - Reversal of sterilization procedures.
25. Research or examinations relating to research studies, or any treatment for which the patient or the patient’s representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.
   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - For scleral lenses for keratoconus, treatment to retain moisture for lack of normal tearing, and an initial pair of eyeglasses for aphakia.
   - To benefits specifically provided in Pediatric Vision Services.
27. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
28. Preventive care services which are not specifically provided in the Policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.
29. Services provided normally without charge by the Health Service of the Policyholder.
30. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
   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.
32. Sleep disorders, except for sleep studies.
33. Speech therapy, except as specifically provided in the Policy.
34. Naturopathic services.
35. 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.
36. Supplies, except as specifically provided in the Policy.
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
38. 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).

UnitedHealthcare Global: Global Emergency Services
If you are a student insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students: you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

Domestic Students: you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

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

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

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

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

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.
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 StudentResources, 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, 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.

HealthiestYou: Virtual Counselor Access
Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you’ll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

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

This Summary Brochure is based on Policy #2022-202882-62.

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.
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
_rwq RelativeTo 36 26-2723

Arabic
توفر للخدمات المساعدة اللغوية مجانًا. أتصل على الرقم 1-866-260-2723.

Arenian
2kg կանաչի ե անցական չիառարել փրկության ռաուքիչը իրականացնեք: Անձնակից ե պարզելական 1-866-260-2723 համագրմում.

Bantu- Kirundi

Bisayan- Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lenguwale nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala
থাকানো বা যায় বা রয়েছে বাংলা বা বাংলা লেখা পেপার। একে করে করে 1-866-260-2723-এ কল করুন।

Burmese
သဒ္ဒါအကြား သင်္ကေတ်ထားသော အရပ် ကြည့်ရှု။ သုံးနှုန်းမှု 1-866-260-2723 ကို ကြည့်ရှုပါ။

Cambodian- Mon-Khmer
យើងមានសេវាអ擘ប្រយុទ្ធដែលអាចជួយអ្នកទៅរួមក្នុងការការពារប្រជាជនអ្នក 1-866-260-2723 តាមការអនុវត្ត

Cherokee
SOKÓOOG ~ OOTOGELI ~ OUTOGET I DA GOGOCHE ~ I LEE CEGOGOSI D4GOT. I GOGO DH OTOWOI 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。

Chocotaw
Chahta anumpa ish anumpuli hodmvt tokshle yvt peh pilla hq chi apea hlna. I pya 1-866-260-2723.

Cushite- Oromo
Tajaqlliwwan gargaara afaani kanftltii malee siif jira. Maalo oona lkkofts biibliaa 1-866-260-2723 biiblia.

Dutch
Taalbijstandsdiens ten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

French Creole- Haitian Creole
Gen sevis sa pou la lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

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

Gujarati
સાચા સહાય સેવાઓ તમારા માટે હિસ્ટલ ઉપલબ્ધ છે. કૃપા કરીને 1-866-260-2723 પર કોલ કારો.

Hawaiian
Kūka manuahi ma kāʻō `olelo i le'a `ia. E kelepona i ka helu 1-866-260-2723.

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

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

Ibo

Ilocano
Adda ayan bayadna a serbisio para iti language assistance. Pangangasian ta tawagam ti 1-866-260-2723.

Indonesian

Italian
Sono disponibili servizi di assistenza linguistica gratuitì. 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
กรีกีนีลิ tirelessly กิ่งกี้กี้กี้กรีกีนีลิ (กรีกีนี) 1-866-260-2723.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngui nsa wogui wa bo ye ha i nyuu yo. Sebel i nisiga ini 1-866-260-2723.

Kurdish Sorani
خۆمزەکە لەبەرەییەکانی زمانی بەمۆری بەرتو تاکەکان دەرمگەوانی نەگەڕێکی بە ئازەری 1-866-260-2723.

Laotian