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.

Who is eligible to enroll?

All registered part-time and full-time undergraduate and graduate students enrolled in a degree granting program, who are not enrolled exclusively in online courses, are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Civil Union partner 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, 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 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 enters into a Civil Union with the Dependent.
   c. 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.
Leave of Absence Policy

When a student is granted a Leave of Absence from the University, they are eligible to continue their coverage for a maximum of one year upon meeting the following requirements:

- Student must be currently enrolled in the University's Student Health Insurance Plan
- Student must provide a copy of the leave of absence verification form (separation authorization form) signed by a dean or an advisor
- Student intends to return to the University and remain a degree-seeking candidate

To enroll, obtain a Leave of Absence Enrollment form from the Brown University Insurance Office. Complete and submit the enrollment application with an approved copy of the leave of absence verification form to Gallagher Student Health & Special Risk by the enrollment deadline. Include payment of $3,846 for coverage effective August 15, 2018 to August 14, 2019. Please call the Insurance Office at 401-863-1703 with any questions.

Students who take a leave of absence after the start of the semester remain enrolled in the plan until the end of the policy year.

Dependent Eligibility and Enrollment

Insured students can enroll their eligible Dependents. Eligible Dependents are the student’s legal spouse or Civil Union Partner or Domestic partner and dependent children under 26 years of age. Dependent eligibility expires concurrently with that of the Insured Student. Students can submit an online Dependent enrollment form through www.gallagherstudent.com/brown by September 15. Insured Students can also add eligible Dependents within 31 days after the Insured Student acquires a new Dependent, i.e., by birth, adoption or marriage. In the event a Dependent enrollment form is received after these dates, payments will not be pro-rated. If this deadline is not met, the effective date of coverage will be the date the online Dependent enrollment form is submitted or the correct payment and Dependent enrollment form are received by the Company (or its authorized representative), whichever is later.

It is the student’s responsibility to ensure the timely enrollment of eligible Dependents each policy year. Dependents are not automatically re-enrolled.

In the event of the birth of a child to a covered student while the student's Plan is in force, that child will automatically become a Covered Person from the moment of birth. Payment for the child's coverage must be remitted within that 31-day period, or the coverage will terminate for that child at the end of the 31-day period. The applicable costs will not be prorated.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right for you. 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 can be viewed at www.gallagherstudent.com/Brown. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-464-1. The Policy is a Non-Renewable One-Year Term Policy.

Who can answer questions I have about the plan?

For eligibility, enrollment or waiver questions visit www.gallagherstudent.com/Brown, click the ‘Customer Service’ link, or contact Brown University's Insurance Office at 401-863-1703.

For benefit or claim questions contact UHCSR at 1-866-948-8472.

How Do I Waive?

Eligible students need to complete an online waiver request at www.gallagherstudent.com/Brown. Click on ‘Student Waive’ and follow the instruction to log-in and submit a waiver request. All submitted waivers are subject to a verification process.
Highlights of Coverage offered by UnitedHealthcare StudentResources

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment/Waiver Deadline</td>
<td>July 16, 2018</td>
<td>July 31, 2018</td>
<td>January 2, 2019</td>
<td>June 3, 2019</td>
</tr>
<tr>
<td>1st Year Medical Student**</td>
<td>$4,013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student only**</td>
<td></td>
<td>$3,846</td>
<td>$2,234</td>
<td>$791</td>
</tr>
<tr>
<td>One Dependent*</td>
<td></td>
<td>$3,816</td>
<td>$2,216</td>
<td>$784</td>
</tr>
<tr>
<td>Two or More Dependents*</td>
<td></td>
<td>See Annual Dependent Rates</td>
<td>$7,632</td>
<td>$4,432</td>
</tr>
</tbody>
</table>

*A nominal, non-refundable processing fee applies
**The above rates include an administrative fee

Important dates or deadlines

Online waivers must be submitted by the deadlines listed above in the Coverage dates and Plan Costs grid.

Highlights of the Student Injury and Sickness Insurance Plan Benefits

METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 92.560 %

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found at www.gallagherstudent.com/Brown and clicking on “Find a Doctor.”

University Health Services:
- The Deductible will be waived for the following services: Diagnostic tests and procedures, X-ray Services and Laboratory Procedures when treatment is rendered at any LifeSpan Labs location, Rhode Island Medical Imaging, and Brown Dermatology Inc. or at any facility when ordered by Brown University Health Services.
- The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the University Health Services. Policy Exclusions and Limitations do not apply.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Plan Maximum</td>
<td>There is no overall maximum dollar limit on the policy</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>$300 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$6,350 Per Insured Person, Per Policy Year</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>$12,700 For all Insureds in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

Coinsurance
All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th></th>
<th>100% of Preferred Allowance for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
<td></td>
</tr>
</tbody>
</table>
### Prescription Drugs

Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply. The deductible doesn’t apply. **Prescriptions can also be filled at Brown Health Services pharmacy.**

<table>
<thead>
<tr>
<th>Tier</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$15</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50</td>
</tr>
</tbody>
</table>

Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). 70% of Usual and Customary Charges.

$15 Copay for generic drugs
$30 Copay for brand name drugs

Up to a 31-day supply per prescription.

### Preventive Care Services

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

100% of Preferred Allowance

70% of Usual and Customary Charges

### Routine Eye Exam

Includes one routine adult eye exam per Policy Year.

Paid under Physician’s Visits

### The following services have per Service Copays

This list is not all inclusive. Please read the plan certificate for complete listing of Copays. The deductible doesn’t apply.

**Room and Board:** $100

**Day Surgery:** $100

**Physician’s Visits:** $15

**Medical Emergency:** $100, waived if admitted to the Hospital.

Room and Board $100

Day Surgery: $100

Physician's Visits: $15

Medical Emergency: $100, waived if admitted to the Hospital.

### Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).

### Mandated Benefits

Benefits are provided as mandated by the state of Rhode Island for the benefits listed below. Details of the mandates can be found in the Certificate of Coverage.

- Benefits for Treatment of Mental Illness and Substance Abuse Disorder
- Benefits for Mammography and Pap Smear
- Benefits for Mastectomy Treatment
- Benefits for Prostate and Colorectal Cancer Screening
- Benefits for Postpartum Care
- Benefits for Contraceptives
- Benefits for the Treatment of Infertility
- Benefits for Diabetes Treatment
- Benefits for Off-Label Drug Use for Cancer Treatment
- Benefits for Human Leukocyte Antigen or Histocompatibility Locus Antigen Testing
- Benefits for Treatment of Lyme Disease
- Benefits for Pediatric Preventive Care
- Benefits for Screening for Lead Poisoning
- Benefits for Early Intervention Services
- Benefits for Hearing Aids
- Benefits for Orthotic and Prosthetic Services for the Aged and Disabled
- Benefits for Scalp Hair Prosthesis
- Benefits for Tobacco Cessation
- Benefits for Enteral Nutrition Products
- Benefits for Autism Spectrum Disorders
- Benefits for Orally Administered Anticancer Medications
- Benefits for Telemedicine Services
Exclusions and Limitations

Except as otherwise provided by the policy, 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:

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.

1. Cosmetic procedures, except:
   - As specifically provided in the Policy for Reconstructive Procedures.

2. 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.

3. 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.

4. Elective Surgery or Elective Treatment.

5. 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 for Insured Persons with diabetes.

6. Health spa or similar facilities. Strengthening programs.

7. Hearing aids, except as specifically provided in the Benefits for 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.

8. 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.

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

10. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.

11. Investigational services.

12. Lipectomy.

13. Marital or family counseling, except as specifically provided for the treatment of a Mental Illness.

14. 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, except as specifically provided in the Benefits for Off-Label Drug Use for Cancer Treatment.
   - 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.

15. Reproductive/Infertility services including but not limited to the following:
   - Procreative counseling.
   - Genetic counseling and genetic testing.
   - Cryopreservation of reproductive materials. Storage of reproductive materials.
• Fertility tests.
• Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Benefits for Treatment of Infertility.
• Premarital examinations.
• Impotence, organic or otherwise.
• Reversal of sterilization procedures.

16. 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.

17. 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.

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

19. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except for surgery to treat functional impairments. Temporomandibular joint dysfunction. Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.

20. 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.

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

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

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

24. 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).

25. 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, Domestic Partner or Civil Union Partner and insured minor child(ren) are eligible to receive Assistance and Evacuation Benefits worldwide, except in their Home Country.

Domestic Students, insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

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

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

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

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

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

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

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**Highlights of Services offered by UnitedHealthcare Student Resources**

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**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.

**Gallagher Student Health & Special Risk Complements**

Exclusively from Gallagher Student Health & Special Risk, the following menu of products are provided to all students currently enrolled in this Plan. These plans are not underwritten by UnitedHealthcare Insurance Company. For more information on all of the products & services listed below, visit your school’s page at gallagherstudent.com under the “Discounts and Wellness” tab.

**EyeMed Vision Care**

The discount vision plan is available through EyeMed Vision Care. EyeMed’s provider network offers access to over 45,000 independent providers and retail stores nationwide, including LensCrafters, Sears Optical, Target Optical, JC Penney Optical, and most Pearle Vision locations. You can purchase prescription eyeglasses, conventional contact lenses or even non-prescription sunglasses at savings between 15% and 45% off regular retail pricing. In addition, you can receive discounts off laser correction surgery at some of the nation’s most highly-qualified laser correction surgeons. You can take advantage of the savings immediately using your EyeMed ID card, which can be printed from the “Discounts and Wellness” tab on your school’s page at www.gallagherstudent.com/brown.

**Basix Dental Savings**

Maintaining good health extends to taking care of your teeth, gums and mouth. The Basix Dental Savings Program provides a wide range of dental services at reduced costs for students enrolled in a Gallagher Student Health & Special Risk Insurance Plan. It is important to understand the Dental Savings Program is not dental insurance. Basix contracts with dentists that agree to charge a negotiated fee to students covered under the Gallagher Student Health & Special Risk plan.

Savings vary but can be as high as 50% depending upon the type of service received and the contracted dentist providing the service. To use the program, simply:
• Find a contracted dentist from the Basix website.
• Make an appointment with a contracted dentist- be sure to tell the dental office that you have access to the Basix Dental Savings program. You do not need a separate identification card for the Basix program, but you will need to show your student health insurance ID card to confirm your eligibility.
• Payment must be made at the time of service in order to receive the negotiated rate.

Full details of the program including lists of contracted dentists and fee schedules can be found at www.basixstudent.com.

**CampusFit**

College health is all about helping students develop healthy habits for a lifetime. To support your efforts, CampusFit “digitizes” knowledge from registered dieticians and certified fitness instructors to help teach and reinforce mainstream ideas about diet, nutrition, fitness and general wellness.

• The Energy Management section of the site allows a student to assess how much energy they are consuming, and expending on a daily basis and offers ways to improve food choices.
• The Fitness Works section offers dozens of downloadable mp3 files and written exercise routines to help students get more active. Want to run your first 5K? We’ve got a nine week, step-by-step plan to get you there.
• The Wellness Support section has downloadable mp3 files for guided imagery relaxation, and dozens of recordings to reinforce fundamental diet and nutrition ideas.

The CampusFit website can be accessed at http://campusfit.basixwellness.com. Registration is fast, free and completely confidential.

**Broker information**

Gallagher Student Health & Special Risk
500 Victory Road
Quincy, MA  02171
1-844-377-0963
www.gallagherstudent.com/Brown

**ID Cards**

Digital ID Cards can be downloaded or printed through Gallagher Student Health by visiting your school's page at www.gallagherstudent.com/Brown. In addition, upon receipt of an email notification from UHC digital ID cards are also available for download on www.uhcsr.com/MyAccount, where the student can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2018-464-1.
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.
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.


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.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye 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 निशुल्क उपलब्ध हैं। कृपा पर काल करें 1-866-260-2723

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

Khmer: ៖ បបើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) បសវាជំនួយភាសាបោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូម្ទូរស័ព្ទបៅបេម 1-866-260-2723។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti 1-866-260-2723.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anida'awolígíí, t'áá jiik'eh, bee ná'ahóóti'. T'áá shoodi kohjį' 1-866-260-2723 hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.
NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 1 – 8/23/18
Highlights of Plan Benefits / Schedule of Benefits: University Health Services Benefits paragraph
First bullet updated from:
• The Deductible will be waived when treatment is rendered at LifeSpan Labs (Miriam or Rhode Island Hospital), Rhode Island Medical Imaging, and Brown Dermatology Inc. for the following services: Diagnostic X-ray Services and Laboratory Procedures.
To:
• The Deductible will be waived for the following services: Diagnostic tests and procedures, X-ray Services and Laboratory Procedures when treatment is rendered at any LifeSpan Labs location, Rhode Island Medical Imaging, and Brown Dermatology Inc. or at any facility when ordered by Brown University Health Services.