2019–2020 Student Injury and Sickness Insurance Plan for University of Central Florida (Voluntary Students)

Who is eligible to enroll?

All registered degree seeking undergraduate students taking 12 or more credit hours (or considered full-time) and Non-Supported graduate students taking 9 or more credit hours (or considered full-time) are eligible to enroll in this insurance plan on a voluntary basis. Credit hour requirement can be met by a combination of online and on campus credit hours, not to exceed 50% online.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student’s legal spouse or Domestic Partner and dependent children under 26 years of age. The Named Insured may also cover a Dependent child to the end of the year in which the Dependent reaches age 30 under certain circumstances. 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 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.

How do I enroll?

To enroll in the Student Injury and Sickness Insurance Plan or to enroll eligible Dependents, go to www.gallagherstudent.com/ucf, click on “Student Enroll” and answer the questions to direct you to the correct form.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at www.gallagherstudent.com/ucf. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2019-648-1. 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 1-877-535-3127 or click on the Customer Service link at www.gallagherstudent.com/ucf.

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>$5,205.00</td>
<td>$1,975.00</td>
<td>$3,230.00</td>
<td>$1,465.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,205.00</td>
<td>$1,975.00</td>
<td>$3,230.00</td>
<td>$1,465.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$5,205.00</td>
<td>$1,975.00</td>
<td>$3,230.00</td>
<td>$1,465.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$10,410.00</td>
<td>$3,950.00</td>
<td>$6,460.00</td>
<td>$2,930.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$15,615.00</td>
<td>$5,925.00</td>
<td>$9,690.00</td>
<td>$4,395.00</td>
</tr>
</tbody>
</table>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction, of your school.

The Insured Person must meet the eligibility requirements each time a premium payment is made. To avoid a lapse in coverage, the Insured Person’s premium must be received within 14 days after the coverage expiration date. It is the Insured Person’s responsibility to make timely premium payments to avoid a lapse in coverage.

### University of Central Florida Student Health Services

#### UCF Health Services hours:

- **Fall & Spring**
  - Monday – Friday: 8:30 a.m. to 6:00 p.m.
  - Saturday: 10:00 a.m. to 2:00 p.m.

- **Summer**
  - Monday – Friday: 8:30 a.m. to 5:00 p.m.

- **Break Periods**
  - Monday – Friday: 8:30 a.m. to 5:00 p.m.

Contact Toll-Free: 1-800-613-8544

### University of Central Florida Pharmacy

Students are strongly encouraged to have their prescriptions filled at a UCF pharmacy. Prescriptions filled at a UCF pharmacy are covered at 100% for a 31-day supply after a $15 Copay per prescription for Tier 1 drugs; $50 Copay per prescription for Tier 2 drugs; or $100 Copay per prescription for Tier 3 drugs.

#### UCF Pharmacy hours:

- **Fall & Spring**
  - Monday – Friday: 8:00 a.m. to 6:30 p.m.
  - Saturday: 10:00 a.m. to 2:00 p.m.

- **Summer**
  - Monday – Friday: 8:00 a.m. to 5:00 p.m.

  Saturday: CLOSED
Break Periods
Monday - Friday 8:00 a.m. to 5:00 p.m.
Saturday CLOSED

Convenience Store
Fall & Spring
Monday – Friday 8:00 a.m. to 6:30 p.m.
Saturday 10:00 a.m. to 2:00 p.m.

Break Periods
Monday - Friday 8:00 a.m. to 5:00 p.m.
Saturday CLOSED

Contact:
Phone
UCF Pharmacy 1-407-UCF-MEDS or 1-800-631-8544

Fax
UCF Pharmacy Fax 1-407-823-6756

Mail
UCF Health Services Pharmacy
4000 Central Florida Blvd
Bldg 127 Room 108
Orlando, FL 32816

For more details, please visit the Health Services webpage:
www.studenthealth.ucf.edu

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

**METALLIC LEVEL - GOLD WITH ACTUARIAL VALUE OF 82.970%**

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preferred Providers:</strong></td>
<td></td>
</tr>
<tr>
<td>The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link: <a href="#">UHC Choice Plus</a></td>
<td></td>
</tr>
</tbody>
</table>

**Student Health Center Benefits:** The Deductible will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. This applies to Insured students only.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>There is no overall maximum dollar limit on the policy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
</tr>
<tr>
<td>$500 Per Insured Person, per Policy Year</td>
<td>$800 Per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>$850 For all Insureds in a Family, Per Policy Year</td>
<td>60% of Usual and Customary Charges to $12,000, then 80% thereafter for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>60% of Usual and Customary Charges to $12,000, then 80% thereafter for Covered Medical Expenses</th>
</tr>
</thead>
<tbody>
<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>60% of Usual and Customary Charges to $12,000, then 80% thereafter for Covered Medical Expenses</td>
</tr>
<tr>
<td>$7,500 Per Insured Person, Per Policy Year</td>
<td>$15,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>$14,000 For all Insureds in a Family, Per Policy Year</td>
<td>$30,000 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>Prescription Drugs</th>
<th>No Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions must be filled at a UHCP network pharmacy. Mail order through</td>
<td></td>
</tr>
<tr>
<td>$15 Copay for Tier 1</td>
<td></td>
</tr>
<tr>
<td>$50 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td>$100 Copay for Tier 3</td>
<td></td>
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</tr>
<tr>
<td><strong>UHCP at 2.5 times the retail Copay up to a 90-day supply.</strong></td>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
</tr>
<tr>
<td><strong>UCF Health Services:</strong></td>
<td></td>
</tr>
<tr>
<td>$15 Copay per prescription for Tier 1 / $50 Copay per prescription for Tier 2 / $100 Copay per prescription for Tier 3, up to a 31-day supply per prescription, and a 90-day supply of maintenance medications.</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td></td>
</tr>
<tr>
<td>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 Preferred Allowance</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays</strong></td>
<td>Physician’s Visits: $25</td>
</tr>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
<td>Medical Emergency: $150</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan certificate for details (age limits apply).</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, except as specifically provided in the Policy.
5. Chronic pain disorders.
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.
   - Correct deformity caused by birth defects or growth defects.
8. 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.
9. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
10. Elective Surgery or Elective Treatment, except cosmetic surgery made necessary as the result of a covered Injury or to correct a disorder of a normal bodily function.
11. Elective abortion.
12. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
13. 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.

14. Health spa or similar facilities. Strengthening programs.

15. 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.
  - Benefits for Cleft Lip and Cleft Palate.
  - Benefits for Child Health Assurance.
  - Benefits for Newborn Infant, Adopted or Foster Child.


17. Hypnosis.

18. 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.

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

20. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.

21. 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.

22. Investigational services.

23. Lipectomy.

24. Nuclear, chemical or biological Contamination, whether direct or indirect. “Contamination” means the contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause Sickness and/or death.

25. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting, except in self-defense.

26. 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 Parlodol, 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.

27. Reproductive/Infertility services for 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.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Reversal of sterilization procedures.

28. 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.
  - To Physician services, soft lenses or sclera shells for the treatment of aphakic patients.
  - To initial glasses or contact lenses following cataract surgery.
  - To benefits specifically provided in Pediatric Vision Services.
  - To benefits specifically provided in Benefits for Newborn Infant, Adopted or Foster Child.
  - To benefits specifically provided in Benefits for Child Health Assurance.
30. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

31. 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.

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

33. 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.


35. Sleep disorders.

36. Speech therapy, except as specifically provided in Benefits for Cleft Lip and Cleft Palate or except as specifically provided in the Policy. Naturopathic services.

37. 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.

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

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

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

41. 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).

42. 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 or Domestic Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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 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.

### Highlights of Services offered by UnitedHealthcare StudentResources

#### Healthiest You: 24/7 Doctor Access

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.telehealth4students.com](http://www.telehealth4students.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with StudentResources, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

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

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

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

#### Student Assistance: 24/7 Counseling Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount).

#### BetterHelp: 24/7 Online Counselor Access

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

When you first visit the counseling website, you will be asked to complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help
you meet your goals. Within 24 hour after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

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

**Gallagher Student Health Complements**

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

**EyeMed Vision Care**

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

Call 1-866-8EYEMED or go online to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) and choose the Access network from the drop down network option.

**Basix Dental Savings**

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

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

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

**SilverCloud Behavioral Health**

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

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

**Broker information**

Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-877-535-3127  
[www.gallagherstudent.com/ucf](http://www.gallagherstudent.com/ucf)

**ID Cards**

Digital ID Cards can be downloaded or printed through [www.uhcsr.com/MyAccount](http://www.uhcsr.com/MyAccount), where a student can also request delivery of a permanent ID card through the U.S. mail.

This Summary Brochure is based on Policy #2019-648-1.
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.
We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

Albanian
Shërbimet e ndihmës në gjuhën e tij mund të fuqizohen. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic
አማርኛ በአማርኛው ያስተከላከለለ ተ الفرنسي 1-866-260-2723 ይታለባል.

Arabic
تتوفر لك خدمات المساعدة اللغوية مجانًا، اتصل على الرقم 1-866-260-2723.

Armenian
Հեղինակության համար զբաղվեք 1-866-260-2723 համարով.

Bantu- Kirundi
Unsworth ku bantu serwisis zatifiasi ku runimi zo kugwafasha.

Bisayan - Visayan (Cebuano)
Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walyay bayad. Pulihug tawag sa 1-866-260-2723.

Bengali- Bangala
মাস্টার নামঃ তুলনামূলক অপরাধি বিধ্বংসীয় পেশার পরিকল্পনাও শেষ করানো।

Burmese
မိမိသာ ကျန်ရှိသည် အားလုံး မှားလာမှုကို စီစဉ်ထားပါက ဆိုက်သို့ 1-866-260-2723 ၊

Cambodian- Mon-Khmer
_tuplesof127_1 -1-866-260-2723

Cherokee
SOGI497I O9S49L9I 09L29IET 3I R6G6TO\94AT H4LEG699D D4GOT. IGGA D4 DH 0B9W64 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。

Chontal

Cushite - Oromo
Tajaaqiliwaa gargaarsaa afaaanii kanfaltii malee siif jira. Maalloo karaa lakoofa bibilaa 1-866-260-2723 bibili.

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

French
Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

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

German

Greek
Oi upostiries ylousokeis boiméies sas diatídeni deixeian. Kallevste to 1-866-260-2723.

Gujarati
અમારા સામગ્રિય સેવામાં માર્કસ દેખાઈ દીધી હતી નિશ્ચયથી મિલયું છે. કુલ કરીને 1-866-260-2723 પર કેલ કરો.

Hawaiian
Koko manauhi ma ka ‘olelo i loa’a ‘ia. E kelepona ia ka helu 1-866-260-2723.

Hindi
अप के लिए आपकी सहायता सेवाएं निश्चयक उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

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

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangsasim ta tawgnam 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
စားသော၊သို့မဟုတ် english အရေးကြီးပါက ပြန်လည် 1-866-260-2723 ကို ရွေးပါ။

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

Kru- Bassa
Bot ba hola ni kobol mahop nguu wogui wa bo ye ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani
خۆزەیەکیانی ژیزمەیانی زەمیانی یەکە لەوەیە بۆ تەکنیکیانی دەکرێن. نەکەیەکیانی بۆ زەمەزەری 1-866-260-2723.

Laotian
腭armsqewjewsxewqjewxsxsxsxsx. srexasgjewsxsx 1-866-260-2723.