



## 2021–2022 Student Injury and Sickness Insurance Plan for Macalester College and Minneapolis College of Art and Design

### Who is eligible to enroll?

All Macalester College and Minneapolis College of Art and Design students are automatically enrolled in this insurance plan at registration and the premium for coverage is added to their tuition billing, unless proof of comparable coverage is furnished on a hard-waiver basis.

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.

### How do I waive?

Students who are currently enrolled in a health insurance plan of comparable coverage to the Macalester College or Minneapolis College of Art and Design Student Injury and Sickness Insurance Plan and is in effect until August 19, 2022 can elect to waive the Student Injury and Sickness Insurance Plan.

Recognizing that health insurance coverage may change, at the beginning of each academic year students will be asked to provide proof of comparable coverage to Macalester College or Minneapolis College of Art and Design in order to waive coverage.

### Waiver Process

If you determine your coverage to be comparable and would like to waive the student health insurance plan:

If you are a Macalester College Student:

1. Go to [www.gallagherstudent.com/macalester](http://www.gallagherstudent.com/macalester)
2. Click on "Student Waive/Enroll".
3. For initial login, use your Macalester email address as your username and your Macalester ID number as your password. You will then receive an email that prompts you to reset your password.
4. Select the Blue "I want to Waive/Enroll" button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

If you are a Minneapolis College of Art and Design Student:

1. Go to [www.gallagherstudent.com/MCAD](http://www.gallagherstudent.com/MCAD)
2. Click on "Student Waive".
3. First time users will need to create a unique User Account. Returning students can log in with their existing User Account Information.
4. Select the Red "I want to Waive" button. When waiving the insurance, have your current health insurance ID card ready as you will need this information in order to complete the waiver form.

Immediately upon submitting your waiver request, you will receive a confirmation number indicating that the form has been successfully submitted. Print this confirmation number for your records. If you do not receive a confirmation number, you will need to correct any errors and resubmit the form. The online process is the only accepted process for waiving the Student Injury and Sickness Insurance Plan.

Macalester College and Minneapolis College of Art and Design reserves the right to audit and subsequently reject a waiver request. If it is determined that a student waived coverage with a health insurance plan that was not comparable coverage, the student will be automatically enrolled in the Student Injury and Sickness Insurance Plan.

International students can only waive the Student Injury and Sickness Insurance Plan if they are covered by an insurance plan comparable to the Student Injury and Sickness Insurance Plan and the insurance carrier is based in the United States.

In the event that a student waives the Student Injury and Sickness Insurance Plan and then loses their current coverage due to a qualifying event, (i.e. parent loss of coverage or the maximum age limit available is attained), students have the right to petition to add coverage within 31 days of the qualifying event. If the petition is received within 31 days of the qualifying event, there will be no break in coverage. For petitions received after the 31 days, the effective date of coverage will be the date that the petition is received at Gallagher Student Health & Special Risk. If approved, the premium will not be prorated.

#### Waiver Deadline

The deadline for students to complete the Macalester College Decision form is August 24, 2021 for annual coverage. Students who waive the Student Injury and Sickness Insurance Plan in the fall waive coverage for the entire policy year.

The deadline for students to complete the Minneapolis College of Art and Design Waiver form is July 31, 2021.

The Online Waiver process is the only accepted process for making your insurance selection. Students who do not submit the Online Waiver Form by the deadline will remain enrolled in and billed for the Student Injury and Sickness Insurance Plan.

#### 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 may be viewed at [www.gallagherstudent.com/Macalester](http://www.gallagherstudent.com/Macalester) for Macalester students or [www.gallagherstudent.com/MCAD](http://www.gallagherstudent.com/MCAD) for Minneapolis College of Art and Design students. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-1542-1. The Policy is a Non-Renewable One-Year Term Policy.

#### Who can answer questions I have about the plan?

If you have questions regarding the Macalester College Student Health Insurance Plan please contact Customer Service at 1-888-364-6921 or [www.gallagherstudent.com/macalester](http://www.gallagherstudent.com/macalester).

If you have questions regarding the Minneapolis College of Art and Design Student Health Insurance Plan please contact Customer Service at 1-888-487-1479 or [www.gallagherstudent.com/MCAD](http://www.gallagherstudent.com/MCAD).

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

Rates	Annual 8/20/2021– 8/19/2022	Fall 8/20/2021 - 12/31/2021	Spring/Summer 1/01/2022 – 8/19/2022
Student	\$3,028.00	\$1,112.00	\$1,916.00

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.

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

### METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 90.650%

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

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$50 Per Insured Person, per Policy Year	\$50 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <i>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.</i>	\$4,000 Per Insured Person, Per Policy Year	\$20,000 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	90% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$10 Copay for Tier 1 \$30 Copay for Tier 2 \$30 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	\$15 Copay for generic drug \$30 Copay for brand name drug Up to a 31-day supply per prescription Usual and Customary Charges not subject to Deductible
<b>Preventive Care Services</b> <i>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. Age limitations are waived for TB testing.</i>	100% of Preferred Allowance	Usual and Customary Charges after Deductible
<b>The following services have per service Copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 after Deductible Medical Emergency: \$250 after Deductible The Copay will be waived if admitted to the Hospital.	Physician's Visits: \$35 after Deductible Medical Emergency: \$250 after Deductible The Copay will be waived if admitted to the Hospital.
<b>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</b>	Office Visits: \$25 Copay per visit 100% of Preferred Allowance after Deductible  Other Outpatient Services: Preferred Allowance after Deductible	Office Visits: \$35 Copay per visit 100% of Usual and Customary Charges  Other Outpatient Services: Usual and Customary Charges after Deductible
<b>Pediatric Dental and Vision Benefits</b>	Refer to the plan certificate for details (age limits apply).	

## 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.
2. Behavioral problems, except as defined as a Mental Illness. Conceptual disability. Developmental delay or disorder or intellectual disability. Learning disabilities. Milieu therapy. Parent-child problems.  
This exclusion does not apply to benefits specifically provided for the treatment of a Mental Illness or Substance Use Disorder as defined in the Policy in the Definitions section.
3. 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.
  - Remove port wine stains.
  - As described under Benefits for Reconstructive Surgery in the Policy Mandated section.This exclusion does not apply to Medical Emergency complications from cosmetic surgery.
4. Custodial Care or domiciliary care provided in any type of facility.
5. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
  - As specifically provided in the Schedule of Benefits under Dental Treatment.
  - As described under Dental Treatment in the Policy in the Medical Expense Benefits section.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment as defined in the Policy in the Definitions section. This exclusion does not apply to:
  - Benefits for Reconstructive Surgery in the Policy Mandated Benefits section.
  - Cosmetic procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy where the primary result of the procedure is not a changed or improved physical appearance.
  - Removal of port wine stains.
7. 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.
8. Genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
9. Health spa or similar facilities. Strengthening programs.
10. 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.
  - External hearing aids or bone anchored hearing aids once every 3 years for an Insured Person age 18 or younger with a hearing loss that is not correctable by other services provided in the Policy.
11. Hypnosis.
12. Immunizations that are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section. Medicines or vaccines that are not required for the treatment of a covered Injury or are not specifically covered by the Policy under Preventive Care Services in the Medical Expense Benefits section and under Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
13. Experimental or Investigational Services.
14. Lipectomy.
15. Commission of or attempt to commit a felony.
16. Prescription Drugs, services or supplies as follows:
  - Prescription drug related therapeutic devices or appliances, including: hypodermic needles and syringes, this exclusion does not apply to the treatment of diabetes. support garments and other non-medical substances, regardless of intended use, except as specifically provided in the Policy in the Medical Expense Benefits section and Mandated Benefits section.

- Immunization agents, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section and Benefits for Child Health Supervision Services and Prenatal Care Services in the Mandated Benefits section.
  - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs, except as specifically provided in Benefits for Cancer Drug Coverage.
  - 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.
  - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
17. Reproductive services for the following:
- Procreative counseling.
  - Genetic counseling and genetic testing, except as specifically provided in the Policy in the Medical Expense Benefits section under the Genetic Testing benefit.
  - 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 to diagnose the underlying cause of the infertility.
  - Premarital examinations.
  - Impotence, organic or otherwise.
  - Female sterilization procedures, except as specifically provided in the Policy under Preventive Care Services in the Medical Expense Benefits section.
  - Reversal of sterilization procedures.
18. 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 under Approved Clinical Trials in the Medical Expense Benefits section.
19. Routine eye examinations. 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.
  - To the initial evaluation, fitting, and initial pair of eyeglasses or contact lenses for: a) the post-operative treatment of cataracts; and b) the treatment of aphakia or keratoconus.
20. Preventive care services, including routine physical exam, preventive testing or treatment, screening exams or testing in the absence of Injury or Sickness which are not specifically provided under Preventive Care Services in the Medical Expense Benefits section or in the Mandated Benefits section.
21. Services provided without charge by the Health Service of the Policyholder. Services covered or provided by the student health fee.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except as provided for Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder and as provided for Benefits for Cleft Lip and Cleft Palate. 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.
23. Sleep disorders.
24. Naturopathic services.
25. Supplies, except as covered in the Hospital Miscellaneous Expenses, Day Surgery Miscellaneous, Medical Emergency Expenses, and Diabetes Services sections of the Policy.
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as provided in the Reconstructive Breast Surgery Following Mastectomy, Benefits for Reconstructive Surgery, and Benefits for Conditions Caused by Breast Implants provisions in the Policy.
27. Treatment where there is no legal obligation for the Insured Person to pay for such treatment.
28. 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).
29. Weight management. Weight reduction. Nutrition programs, except Medically Necessary programs provided to an Insured Person with a medical condition such as diabetes, phenylketonuria or a Mental Illness eating disorder. 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 Preventive Care Services.



## 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:

**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.

**International Students:** you are eligible to receive United Healthcare Global services worldwide, except in their 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 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

### HealthiestYou: 24/7 Doctor Access

Starting on the effective date of your coverage under the student plan, 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.

\*Available to Insured students ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a \$55 service fee before being connected to a board-certified physician.

## 24/7 Student Support

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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 and participate in personalized self-help programs. More information about these services is available by logging into [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount).

## HealthiestYou: Virtual Counselor Access

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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.

\*Available to Insured students; age restrictions may apply, depending on your state.

## Gallagher Student Health Complements

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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](http://www.gallagherstudent.com).

### ***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](http://gsh.silvercloudhealth.com/signup) to start using SilverCloud.

### **ID Cards**

Insured students will receive emailed instructions on how to create a **My Account** and access their electronic ID card. From the [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) website, ID cards can be downloaded, faxed, emailed or printed. Additionally, students can request delivery of an ID card through the U.S. mail from their **My Account**. Access to ID card information is also available on the UHCSR mobile app, available on the App Store or Google Play.

### **Questions? Need More Information?**

For Macalester College Students:  
Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-888-364-6921  
[www.gallagherstudent.com/macalester](http://www.gallagherstudent.com/macalester)

For information about Gallagher Student Health & Special Risk Complements, EyeMed, and Basix Dental, go to [www.gallagherstudent.com/macalester](http://www.gallagherstudent.com/macalester) and click on Discounts & Wellness.

For Minneapolis College of Art and Design Students:  
Gallagher Student Health & Special Risk  
500 Victory Road  
Quincy, MA 02171  
1-888-487-1479  
[www.gallagherstudent.com/MCAD](http://www.gallagherstudent.com/MCAD)

For information about Gallagher Student Health & Special Risk Complements, EyeMed, and Basix Dental, go to [www.gallagherstudent.com/MCAD](http://www.gallagherstudent.com/MCAD) and click on Discounts & Wellness.

This Summary Brochure is based on Policy #2021-1542-1

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 **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:

Stacy Chalupsky  
Civil Rights Coordinator  
United HealthCare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto: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>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**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.



