2020–2021 Student Injury and Sickness Insurance Plan for Creighton University

Who is eligible to enroll?

All registered undergraduate students enrolled in 12 or more credit hours and graduate, professional or web based students taking 8 or more credit hours are automatically enrolled in this insurance plan at registration, unless proof of comparable coverage is furnished. International and Intensive English Language students are automatically enrolled in this insurance plan at registration. Visiting scholars and special summer students are eligible to enroll in this insurance plan.

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

The student (Named Insured, as defined in 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.
   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.

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.uhcsr.com/creighton. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2020-333-1. 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 1-800-767-0700 or customerservice@uhcsr.com.
### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$3,114.00</td>
<td>$1,557.00</td>
<td>$1,557.00</td>
<td>$1,954.00</td>
<td>$665.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$3,114.00</td>
<td>$1,557.00</td>
<td>$1,557.00</td>
<td>$1,954.00</td>
<td>$665.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$3,114.00</td>
<td>$1,557.00</td>
<td>$1,557.00</td>
<td>$1,954.00</td>
<td>$665.00</td>
</tr>
</tbody>
</table>

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

### Important dates or deadlines


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

**METALLIC LEVEL – GOLD WITH ACTUARIAL VALUE OF 85.580%**

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

**Student Counseling Services:** 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 Creighton University Student Counseling Services.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$500 Per Insured Person, Per Policy Year</td>
<td>$1,500 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$1,000 For all Insured in a Family, Per Policy Year</td>
<td>$3,000 For all Insured in a Family, Per Policy Year</td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**

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.

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,500 Per Insured Person, Per Policy Year</td>
<td>$11,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td></td>
<td>$11,000 For all Insured in a Family, Per Policy Year</td>
<td>$22,000 For all Insured 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>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>50% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

**Prescription Drugs**

Prescriptions must be filled at a UHCP network pharmacy.

Mail order Prescription Drugs through UHCP

- A 31-day supply Copay must be the same for mail order as retail.
- A 60-day supply Copay must be the same for mail order as retail.
- A 90-day supply Copay must be the same for mail order as retail.

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescriptions</strong></td>
<td>$20 Copay per prescription Tier 1</td>
<td>No Benefits</td>
</tr>
<tr>
<td></td>
<td>$40 Copay per prescription Tier 2</td>
<td>No Benefits</td>
</tr>
<tr>
<td></td>
<td>$40 Copay per prescription Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) not subject to Deductible (Includes local Creighton University Medical Center Clinic Pharmacy)</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>

**Preventive Care Services**

100% of Preferred Allowance

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>No Benefits</td>
<td>No Benefits</td>
</tr>
</tbody>
</table>
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/ for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>The following services have per service Copays</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</td>
</tr>
<tr>
<td>Physician’s Visits: $20 not subject to Deductible Medical Emergency: $100 not subject to Deductible The Copay will be waived if admitted to the Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatient Mental Illness/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits: $20 Copay per visit 100% of Preferred Allowance not subject to Deductible Other Outpatient Services: Preferred Allowance after Deductible</td>
</tr>
<tr>
<td>Office Visits: Usual and Customary Charges after Deductible Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

Pediatric Dental and Vision Benefits

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, except as specifically provided in the Policy.
2. Learning disabilities.
   This exclusion does not apply to benefits specifically provided in the Policy.
4. 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 a scar or deformity resulting from cancer or from non-cosmetic surgery.
   • Correct a congenital abnormality when it severely impairs or impedes normal bodily function.
5. 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.
6. 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.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
10. 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.
11. Health spa or similar facilities. Strengthening programs.
12. 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.


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

16. 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.

17. 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.

18. Investigational services.

19. Lipectomy.

20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.

21. 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 Benefits for Diabetes.
   • Immunization agents, except as specifically provided in the Policy.
   • Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs except for drugs on the basis that the drug or combination of drugs has not been approved by the federal Food and Drug Administration for the treatment of another specific type of cancer if (a) the drug or combination of drugs is recognized for treatment of the other specific type of cancer in the United States Pharmacopeia-Drug Information and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration or (b) the drug or combination of drugs is recognized for treatment of the other specific type of cancer in medical literature and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration; or any drug or combination of drugs on the basis that the drug or combination of drugs has not been approved by the federal Food and Drug Administration for the treatment of human immunodeficiency virus or acquired immunodeficiency syndrome if (a) the drug or combination of drugs is recognized for treatment of human immunodeficiency virus or acquired immunodeficiency syndrome in the United States Pharmacopeia-Drug Information and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration or (b) the drug or combination of drugs is recognized for treatment of human immunodeficiency virus or acquired immunodeficiency syndrome in medical literature and the drug or combination of drugs is approved for sale by the federal Food and Drug Administration.
   • Products used for cosmetic purposes.
   • Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   • Anoreccts - 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.

22. Reproductive 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.

23. 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.

24. 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 one pair of eyeglasses or contact lenses when ordered by a Physician because of a change in prescription as a direct result of a covered intraocular surgery or ocular Injury.
25. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

26. 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.

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

28. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia and Temporomandibular joint dysfunction, except for diagnostic or surgical procedures involving a bone or joint of the head, face or neck. 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.

29. Speech therapy, except as specifically provided in the Policy. Naturopathic services.

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

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

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

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

34. 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).

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

**UnitedHealthcare Global: Global Emergency Services**

If you are a student insured with this insurance plan, you and your insured spouse and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

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

Domestic Students, insured spouse, 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**

**24/7 Student 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 and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.

This Summary Brochure is based on Policy #2020-333-1.

**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:

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.jsp


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 ndihës në gjuhën e other language or large print. Ju lutemi telefononi në numrin 1-866-260-2723.

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

Armenian
AKA թույլատրություն են ստանալու զանգերով օգնող համակարգերում: Մենք եք զանգստանալ.
1-866-260-2723 հայտնվում է.

Bantu- Kirundi
Uronswa ku bantu servisivi zišibiti ku rurimi zo kugufasha. Utegereza guhamagaga 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Bengali- Bangala
ভাষা: ভাষা সহযোগী পরিষেবা প্রতিসংবাদ বিশিষ্ট ব্যক্তি পরিচালনা। ধরা করে 1-866-260-2723-এর কথা করুন।

Burmese
မိမိတို့၏ စားအုပ်မှုန်မေ့သော အခြေအကြောင်း အား ရွေးချယ်ထားပါသည်။
1-866-260-2723 မှ ကြေညာပါ။

Cambodian- Mon-Khmer
សមតែ លាយ លែង មតិការណ៍ ក្នុងការបង្កើត នូវអានតែលូផ្សំដោយសារពាណិជ្ជកម្មនេស្លă់បរទ័យ។
1-866-260-2723 ទិញ។

Cherokee
SOUTH OCEAN OCEAN ETI 671 RG60-TOLL 1-866-260-2723.

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

Chontaw
Chahta anumpa ish anumpul hokmvit toshihi yvt peh pilla hq chi apela hinta. 1 paya 1-866-260-2723.

Cushite- Oromo

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

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

French Creole- Haitian Creole

German

Gujarati
સાંયા સહયોગ સેવાઓ તમારા માટે હુમલે ઉપલબ્ધ છે. કોષ્ટ કરીએ 1-866-260-2723 પર કોષ્ટ કરો.

Hawaiian
Kôkua manuahi ma kau "ʻolelo i kea‘a" ia. Eh elepona i ka helu 1-866-260-2723.

Hindi
आप के लिए आप के सहयोगी सेवाएं निश्चित उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong
Mñaj cew kev pab tchais lus pub dawb rau koj. Thov huu rau 1-866-260-2723.

Ibo

Ilocano
Adda awan bayadna a serbisio para iti language assistance. Pangangasim ta tawagam ti 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
 cetpato ni douk tsi miubayray duih ni tsaung kaw tsi miubayray. 1-866-260-2723 ojou.

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

Kru- Bassa
Bot ba hola ni kobol mahop ngu nsa wogui wo ba ye hi in nyu yon. Sebel i ining a 1-866-260-2723.

Kurdish Sorani
نخستین کلاسیکی زبانی که در آن زبانی در دانشگاه تکنولوژی بکه برزغالد 1-866-260-2723.

Laotian
Mē tקה pha txakām ni bōng ta xang ni muag ngeu. 1-866-260-2723.