Who is eligible to enroll?

All students enrolled at the following Tufts University Health Sciences Schools are required to purchase this insurance plan, unless proof of comparable coverage is furnished: Cummings School of Veterinary Medicine, School of Dental Medicine, Friedman School of Nutrition Science and Policy, School of Medicine, Sackler School of Graduate Biomedical Sciences, Public Health and Professional Degree Programs. Continued enrollment in the plan is dependent on your student status.

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. See the Definitions section of this Certificate for the specific requirements needed to meet Domestic Partner eligibility.

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.

Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right for you 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/tuftshealthsciences. This plan is underwritten by HPHC Insurance Company and is based on policy number 2019-202788-1. 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 1-866-909-6342 or customerservice@uhcsr.com.
Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Monthly 9-1-19 to 8-31-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$414.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$414.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$414.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$828.00</td>
</tr>
<tr>
<td>Spouse and Two or More Children</td>
<td>$1,242.00</td>
</tr>
</tbody>
</table>

NOTE: the amounts stated above for Spouse, One Child, Two or More Children, and Spouse and Two or More Children do not include the Student rate that will be charged to you if you enroll in that coverage level.

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.

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

**METALLIC LEVEL - PLATINUM WITH ACTUARIAL VALUE OF 93.020%**

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td>$0 Per Insured Person, Per Policy Year</td>
<td>$150 Per Insured Person, Per Policy Year</td>
</tr>
</tbody>
</table>

**Preferred Providers:** The Preferred Provider Network for this plan is HPHC Insurance Company Network. Preferred Providers can be found using the following link: [http://www.uhcsr.com/lookupredirect.aspx?delsys=67](http://www.uhcsr.com/lookupredirect.aspx?delsys=67).

**Plan Deductible**

- Preferred Providers: $0 Per Insured Person, Per Policy Year
- Out-of-Network Providers: $150 Per Insured Person, Per Policy Year

**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.
- Preferred Providers: $5,000 Per Insured Person, Per Policy Year
- Out-of-Network Providers: $6,500 Per Insured Person, Per Policy Year
- $10,000 For all Insureds in a Family, Per Policy Year

**Coinsurance**

- Preferred Providers: 100% of Preferred Allowance for Covered Medical Expenses
- Out-of-Network Providers: 80% of Usual and Customary Charges for Covered Medical Expenses

**Prescription Drugs**

- Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.
- Preferred Providers: $20 Copay for Tier 1
- Out-of-Network Providers: 50% of Usual and Customary Charges up to a 31 day supply per prescription
- $35 Copay for Tier 2
- $50 Copay for Tier 3
- Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)

**Preventive Care Services**

- Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/) for a complete list of the services provided for specific age and risk groups.
- Preferred Providers: 100% of Preferred Allowance
- Out-of-Network Providers: 80% of Usual and Customary Charges
The following services have per Service Copays
This list is not all inclusive. Please read the plan certificate for complete listing of Copays.

<table>
<thead>
<tr>
<th>Pediatric Dental and Vision Benefits</th>
<th>Physician’s Visits: $15</th>
<th>Medical Emergency: $100</th>
</tr>
</thead>
</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. Biofeedback.
2. 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.
   - Improve or give back bodily function or to correct a functional impairment caused by a birth defect or a prior surgical procedure.
   - This exclusion does not apply to Benefits for HIV-Associated Lipodystrophy Syndrome Treatment.
3. 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.
4. Dental treatment, except:
   - As described under Dental Treatment in the Policy.
   - As specifically provided in the Schedule of Benefits.
   - This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
5. Elective Surgery or Elective Treatment.
6. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
7. 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 specifically provided in Benefits for Treatment of Speech, Hearing and Language Disorders.
8. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation.
9. 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.
10. 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.
11. Investigational services.
12. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
13. Prescription Drugs, services or supplies as follows:
    - Therapeutic devices or appliances, including: 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.
    - Anabolic steroids used for body building.
    - Anorectics - drugs used for the purpose of weight control.
    - Drugs used for the treatment of erectile dysfunction or sexual dysfunction.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
14. Reproductive services for the following, except as specifically provided in Benefits for Infertility:
    - Impotence, organic or otherwise.
15. 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 benefits specifically provided in Pediatric Vision Services.
• To contact lenses to treat keratoconus.
• To benefits specifically provided in the Policy.

17. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, except orthognathic surgery to correct a significant functional impairment that cannot be adequately corrected with orthodontic services. 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.

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

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

20. 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).

21. 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 Weight Loss Programs or as specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

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

Domestic Students, insured spouse, 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.

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**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.

This Summary Brochure is based on Policy #2019-202788-1

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Harvard Pilgrim Healthcare. 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 Harvard Pilgrim Healthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf


Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)


We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.
We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

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

**Albanian**

**Amharic**

**Arabic**

تتوفر لك خدمات المساعدة اللغوية مجانيًا. اتصل على الرقم 1-866-260-2723.

**Armenian**

**Bantu**

**Bangla**

**Bengali**

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

**Bengali-Bangla**

**Burmese**

**Cambodian-Mon-Khmer**

**Cherokee**

**Chinese**

您可以免費獲得語言援助服務，請致電 1-866-260-2723。

**Choctaw**

**Cushite-Oromo**
Tajajilliwwan gargaarsa afanii kanfaltet malee siif jira. Maaloo karaa lakkooofsa bilbila 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**

**German**


**Greek**

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

**Gujarati**

**Hindi**

**Hmong**

**Ilocano**

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim 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。

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

**Kurdish-Sorani**

خزمەتەکانی یارمەتیی زمانی بەخۆڕایی بۆ تۆ دابین دەکرێن. تکەیە کە لە 1-866-260-2723.
Laotian

Mì bò mutt hàp dàm sa nù̄̃n khu t'u gù t'ô̂̃n í. Trò dù̄nh bò thò T'ô 1-866-260-2723.

Marathi

आश्चर्यचा मदत देनी अपनायला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese


Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, sōh isepe. Melau eker 1-866-260-2723.

Nepali

भाषा सहयोग सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुसै।

Nilo-Dinka


Norwegian


Pennsylvania Dutch

Schprooch iwisetze Hilfe kannsch de frei hawe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات إمداد زبانية يتوفر فيها وصولاً مجاناً في اختبار شما مي باشند. لطفاً بشارمه 1-866-260-2723.

Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਨਿ:ਨ:ਸ਼ੁਲਕ ਉਪਲਬਧ ਛਨ੍। ਕੁਰੱਖੀ 1-866-260-2723 ਮਾ ਕਲ ਗਰੂਨ੍।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

Samoa- Faʻasamoa

O loo maua fesoasoani mo gagana mo o e ma e lē totoni. Faamolemole telefoni le 1-866-260-2723.

Serbo-Croatian


Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fufulde


Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tadfadhal pigia simu 1-866-260-2723.

Syriac- Assyrian

 nossim 1-866-260-2723. 

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugu

భాషా సేవావాంతి ఆకులు మీకు మీదుగా ఉమ్మడి. సంఖ్య 1-866-260-2723 ఈ సంఖ్య ఉపయోగించండి.

Thai

มีบริการความช่วยเหลือภาษาไทยโดยที่ไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ไปที่สายด่วนหมายเลข 1-866-260-2723.

Tongan- Fakatonga

‘Oku ‘i ai pē ‘a e sévesi ki he lea’ ke tokoni kiate koe pea ‘oku atā ia ma’au ‘o ‘ikai ha totongi. Kātaki ‘o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardımcı hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdhu

زبان کی حواہل میں معاونتی خدمات آپ کے لئی بلا معاوضہ دستیاب ہیں۔ بروہ مربیا 2723-266-866-2723.

Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

ספקר תחכומת טיוואן אנטילובא פאא אידך פאא פאא פאא פאא פאא פאא פאא. רופט 1-866-260-2723.

Yoruba