

**UnitedHealthcare® Student Resources**  
**HEALTH PLAN NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

# Medical Information Privacy Notice

Effective January 1, 2024

We are required by law to protect the privacy of your health information. We are also required to provide you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice that is currently in effect.

The terms “information” or “health information” in this notice include information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you, in our next annual distribution, either a revised notice or information about the material change and how to obtain a revised notice. We will provide you with this information either by direct mail or electronically, in accordance with applicable law. In all cases, if we maintain a website for your particular health plan, we will post the revised notice on your health plan website. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

We collect and maintain oral, written and electronic information to administer our business and to provide products, services and information of importance to our enrollees. We maintain physical, electronic and procedural security safeguards in the handling and maintenance of our enrollees’ information, in accordance with applicable state and federal standards, to protect against risks such as loss, destruction or misuse.

## How We Collect, Use, and Disclose Information

We collect, use, and disclose your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the Secretary of the Department of Health and Human Services, if necessary, to confirm we are meeting our privacy obligations.

**We have the right to** collect, use, and disclose health information for your treatment, to pay for your health care and to operate our business. For example, we **may** collect, use, and disclose your health information:

- **For Payment** of premiums owed to us, to determine your health care coverage, and to process claims for health care services you receive, including for coordination of other benefits you may have.

- For example, we may tell a doctor whether you are eligible for coverage for certain medical procedures and what percentage of the bill may be covered. **For Treatment, including** to aid in your treatment or the coordination of your care. For example, we share information with other doctors to help them provide medical care to you.
- **For Health Care Operations**, as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws.
- **To Provide You Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Underwriting Purposes** however, we will not use or disclose your genetic information for such purposes. For example, we may use some health information in risk rating and pricing such as age and gender, as permitted by state and federal regulations. However, we do not use race, ethnicity, language, gender identity, or sexual orientation information in our underwriting process, or for denial of services, coverage, and benefits.
- **For Reminders**, we may collect, use, and disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.
- **For Communications to You** about treatment, payment or health care operations using telephone numbers or email addresses you provide to us.

**We may** collect, use, and disclose your health information for the following purposes under limited circumstances:

- **As Required by Law** to follow the laws that apply to us.
- **To Persons Involved with Your Care** or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interest. Special rules apply regarding when we may disclose health information about a deceased individual to family members and others. We may disclose health information to any persons involved, prior to the death, in the care or payment for care of a deceased individual, unless we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.
- **For Public Health Activities** such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.

- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.
- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements, or certain activities related to preparing research study.
- **To Provide Information Regarding Decedents** to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also use and disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes** to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information.

- **Additional Restrictions on Use and Disclosure.** Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information. Such laws may protect the following types of information:

1. Alcohol and Substance Use Disorder
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will follow the more stringent and protective law, where it applies to us.

Except for uses and disclosures described in this notice, we will use and disclose your health information only with a written authorization from you. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain marketing communications without your written authorization. Once you give us authorization to use or disclose your health information, you may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. For information on how to revoke your authorization, contact the phone number listed on your health plan ID card.

## What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** our uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures of your information to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. **Any request for restrictions must be made in writing. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any request for a restriction.**

- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests in accordance with state and federal law. In certain circumstances, we will accept your verbal request to receive confidential communications; however, we may also require you to confirm your request in writing. In addition, any requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.
- **You have the right to request to see and obtain a copy** of certain health information we maintain about you such as claims and case or medical management records. If we maintain your health information electronically, you have the right to request that we send a copy of your health information in an electronic format to you. In some cases, you may receive a summary of this health information. You must make a written request to inspect and copy your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We will respond to your request in the timeframe required under applicable law. In certain circumstances, we may deny your request. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.
- **You have the right to ask to amend** certain health information we maintain about you such as claims and case or medical management records, if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to request an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or pursuant to your authorization; (iii) to correctional institutions or law enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting. Any request for an accounting must be made in writing.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If we maintain a website, we will post a copy of the revised notice on our website. You may also obtain a copy of this notice on your website.

**In certain states, you may have the right to request that we delete your personal information.** Depending on your state of residence, you may have the right to request deletion of your personal information. We will respond to your request in the timeframe required under applicable law. If we are unable to honor your request, we will notify you of our decision. If we deny your request, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the disputed information and what you consider to be the correct information. We will make your statement accessible to parties reviewing the information in dispute.

## Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want information about how to exercise your rights, please **call the toll-free member phone number on your health plan ID card** or you may contact **UnitedHealthcare Student Resources**:  
 For Medical Plans at **1-888-889-3822 (TTY/RTT 711)**.  
 For Vision Plans at **1-800-638-3120 (TTY/RTT 711)**.  
 For Dental Plans at **1-877-816-3596 (TTY/RTT 711)**.
- **Submitting a Written Request.** To exercise any of your rights described above, mail your written requests to us at one of the following addresses:  
**For Medical Plans:**  
**UnitedHealthcare Student Resources**  
 Privacy Office  
 PO Box 809025  
 Dallas, TX 75380-9025  
**For Vision Plans:**  
**UnitedHealthcare Student Resources**  
 Vision HIPAA Privacy Unit  
 PO Box 30978  
 Salt Lake City, UT 84130  
**For Dental Plans:**  
**UnitedHealthcare Student Resources**  
 Dental HIPAA Privacy Unit  
 PO Box 30978  
 Salt Lake City, UT 84130
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at one of the addresses listed above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

<sup>1</sup>This Medical Information Notice of Privacy Practices applies to the following health plans affiliated with UnitedHealth Group: UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York.

# Financial Information Privacy Notice

**THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.**

## Effective January 1, 2024

We<sup>2</sup> are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

## Information We Collect

Depending upon the product or service you have with us, we may collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from a consumer reporting agency.

## Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors.

- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

## Confidentiality and Security

We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

## Questions About This Notice

- If you have any questions about this notice or want information about exercising your rights, **please call the toll-free member phone number on your health plan ID card** or you may contact **UnitedHealthcare Student Resources**:  
For Medical Plans at **1-888-889-3822 (TTY/RTT 711)**.  
For Vision Plans at **1-800-638-3120 (TTY/RTT 711)**.  
For Dental Plans at **1-877-816-3596 (TTY/RTT 711)**.

<sup>2</sup>For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: Dental Benefit Providers, Inc.; OptumHealth Holdings, LLC; Spectera, Inc.; UMR, Inc.; United Behavioral Health, and United Behavioral Health of New York, I.P.A., Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to any other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

## Language Assistance Services

ATTENTION: If you speak (English), we<sup>1</sup> provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans, or call the toll-free member phone number listed on your health plan ID card. We are available Monday through Friday, 8 a.m. to 8 p.m. E.T. TTY users may dial 711.

ATENCIÓN: Si habla español (Spanish), ofrecemos<sup>1</sup> servicios gratuitos en otros idiomas para ayudarle a que se comunique con nosotros. Ofrecemos intérpretes, cartas en otros idiomas y cartas en otros formatos como en letra grande. Para recibir ayuda, llame al **1-866-260-2723** para planes médicos, al **1-800-638-3120** para planes de la vista, al **1-877-816-3596** para planes dentales o llame al número de teléfono gratuito para miembros que aparece en su tarjeta de ID del plan de salud. Estamos disponibles de lunes a viernes, de 8 a.m. a 8 p.m., hora del Este. Los usuarios de TTY pueden marcar 711.

注意：如果您說中文 (Chinese)，我們<sup>1</sup> 提供免費語言服務以協助您與我們溝通。我們提供口譯員、其他語言版本的信函、和其他格式的信函，如大字體版。如需協助，有關醫療計劃請撥打 **1-866-260-2723**，有關視力計劃請撥打 **1-800-638-3120**，有關牙科計劃請撥打 **1-877-816-3596**，或撥打您的健保計劃會員卡上所列的免付費會員電話。我們的服務時間是週一至週五，美東時間上午 8 點至晚上 8 點，聽力語言殘障服務專線 (TTY) 使用者可撥打 711。

LUU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), chúng tôi<sup>1</sup> cung cấp dịch vụ ngôn ngữ miễn phí để giúp quý vị giao tiếp với chúng tôi. Chúng tôi cung cấp thông dịch viên, thư bằng các ngôn ngữ khác và thư ở các định dạng khác như chữ in lớn. Để được trợ giúp, vui lòng gọi số **1-866-260-2723** để biết các Chương trình Y tế, **1-800-638-3120** để biết các Chương trình Nhân khoa, **1-877-816-3596** để biết các Chương trình Nha khoa, hoặc gọi số điện thoại hội viên miễn phí được ghi trong thẻ ID chương trình bảo hiểm y tế của quý vị. Chúng tôi làm việc từ Thứ Hai đến Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ chuẩn miền Đông, người dùng TTY có thể quay số 711.

주의: 귀하가 한국어 (Korean)를 구사하시면, 귀하와의 의사소통을 돕기 위해 저희<sup>1</sup>가 무료 언어 서비스를 제공합니다. 저희는 통역사, 다른 언어로 번역된 서신, 큰 활자체와 같은 다른 양식의 서신을 제공합니다. 도움을 받으시려면, 의료 보험은 **1-866-260-2723**, 안과 보험은 **1-800-638-3120**, 치과 보험은 **1-877-816-3596** 으로 전화하시거나, 귀하의 건강보험 ID 카드에 기재된 무료 회원용 전화번호로 전화하십시오. 월요일 ~ 금요일, 오전 8시 ~ 오후 8시(동부 표준시)까지 이용하실 수 있습니다. TTY 사용자들은 711로 전화하실 수 있습니다.

PAALALA: Kung nagsasalita ka sa Tagalog (Tagalog), nagbibigay kami<sup>1</sup> ng libreng serbisyo sa wika upang matulungan kang makipag-ugnayan sa amin. Nag-aalok kami ng mga interpreter, liham sa iba pang wika, at liham sa iba pang format gaya ng malaking print. Upang humingi ng tulong, mangyaring tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Paningin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tawagan ang toll-free na numero ng telepono ng miyembro na nakalista sa iyong ID card ng planong pangkalusugan. Available kami mula Lunes hanggang Biyernes, 8 a.m. hanggang 8 p.m. sa E.T. Maaaring mag-dial sa 711 ang mga user ng TTY.

ВНИМАНИЕ: Если вы говорите на русском языке (Russian), то мы<sup>1</sup> предоставим бесплатные переводческие услуги, которые помогут вам в общении с нами. Мы предлагаем услуги устных переводчиков, письма на других языках и письма в других форматах, например, крупным шрифтом. Чтобы получить помощь, звоните **1-866-260-2723** по поводу планов медицинского обслуживания, **1-800-638-3120** по поводу планов офтальмологического обслуживания, **1-877-816-3596** по поводу планов стоматологического обслуживания или звоните по бесплатному номеру телефона для участников, указанному в вашей идентификационной карте участника плана медицинского страхования. Мы работаем с понедельника по пятницу, с 8 утра до 8 вечера по Восточному времени. Пользователи линии TTY могут звонить по номеру 711.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), nou<sup>1</sup> bay sèvis lang gratis pou ede w kominike avèk nou. Nou ofri entèprèt, lèt ki ekri nan lòt lang, ak lèt ki ekri nan lòt fòm tankou gwo karaktè. Pou jwenn èd, tanpri rele **1-866-260-2723** pou Plan Medikal yo, **1-800-638-3120** pou Plan Vizyon yo, **1-877-816-3596** pou Plan Dantè yo, oswa rele nimewo telefòn gratis pou manm ki endike sou kat ID plan sante ou an. Nou disponib lendi jiska vandredi, ant 8 a.m. ak 8 p.m. E.T. Itilizatè TTY yo ka rele 711.

ATTENTION : Si vous parlez français (French), nous<sup>1</sup> offrons des services linguistiques gratuits pour vous aider à communiquer avec nous. Nous proposons des interprètes, des lettres dans d'autres langues et des lettres dans d'autres formats, tels que les gros caractères. Pour obtenir de l'aide, veuillez appeler le **1-866-260-2723** pour les plans médicaux, le **1-800-638-3120** pour les plans de vision, le **1-877-816-3596** pour les plans dentaires, ou appelez le numéro de téléphone gratuit des membres indiqué sur votre carte d'identification du plan d'assurance maladie. Nous sommes disponibles du lundi au vendredi de 8 h du matin à 8 h du soir Heure de l'Est. Les utilisateurs de télécopieur peuvent composer le 711.

UWAGA: Jeśli mówisz po polsku (Polish), możesz skorzystać z bezpłatnej pomocy językowej, aby się z nami skontaktować<sup>1</sup>. Oferujemy pomoc tłumacza oraz przygotowywanie listów w innych językach lub w innych formatach, np. dużym drukiem. Aby uzyskać pomoc, zadzwoń pod numer **1-866-260-2723** – plany medyczne, **1-800-638-3120** – plany okulistyczne, **1-877-816-3596** – plany stomatologiczne. Możesz też zadzwonić pod bezpłatny numer telefonu umieszczony na Twojej karcie identyfikacyjnej planu medycznego. Czynne w godzinach 8:00 a.m. — 8:00 p.m. od poniedziałku do piątku. Użytkownicy E.T. TTY mogą zadzwonić pod numer 711.

ATENÇÃO: Se você fala português (Portuguese), nós<sup>1</sup> disponibilizamos serviços de tradução gratuitos para ajudá-lo a se comunicar conosco. Disponibilizamos intérpretes e preparação de cartas em idiomas estrangeiros ou em formatos especiais, como ampliações. Se precisar de ajuda, ligue para **1-866-260-2723** para planos de saúde, **1-800-638-3120** para planos oftalmológicos, **1-877-816-3596** para planos odontológicos ou ligue para o número de chamada gratuita listado no cartão de identificação de seu convênio médico. Estamos disponíveis de segunda a sexta-feira, das 8 da manhã às 8 da noite, ET. Usuários de dispositivo de telecomunicação para surdos (TTY) devem discar 711.

ATTENZIONE: se parli italiano (Italian), mettiamo<sup>1</sup> a disposizione servizi linguistici gratuiti per comunicare con noi. Offriamo interpreti, lettere in altre lingue e lettere in altri formati, come stampe di dimensioni maggiori. Per ottenere assistenza, chiama il numero **1-866-260-2723** per i piani medici, **1-800-638-3120** per i piani oculistici, **1-877-816-3596** per i piani odontoiatrici o chiama il numero verde per membri indicato sulla tua tessera identificativa del piano sanitario. Siamo disponibili da lunedì a venerdì, dalle 8 a.m. alle 8 p.m. ora della Costa orientale degli Stati Uniti. Gli utenti TTY possono contattare il 711.

HINWEIS: Wenn Sie Deutsch (German) sprechen, bieten wir<sup>1</sup> kostenlose Sprachdienstleistungen an, um Ihnen die Kommunikation mit uns zu erleichtern. Wir bieten Dolmetscher, Briefe in anderen Sprachen und Briefe in anderen Formaten wie Großdruck. Um Hilfe zu erhalten, erreichen Sie Medizinische Versorgungspläne telefonisch unter **1-866-260-2723**, Optische Versorgungspläne unter **1-800-638-3120**, Zahnärztliche Versorgungspläne unter **1-877-816-3596** oder über die gebührenfreie Telefonnummer auf Ihrem Gesundheitsplan-Ausweis. Wir sind montags bis freitags von 8 Uhr morgens bis 8 Uhr abends (ET) für Sie da. TTY-Benutzer können 711 wählen.

注記: 当社<sup>1</sup>はお客様とのコミュニケーションを容易にするために、日本語(Japanese)によるサービスを無料で提供しております。通訳者、他言語版の書類、大活字版などの他のフォーマットの書類をご利用いただけます。お問い合わせ電話番号は、医療保険 **1-866-260-2723**、眼科保険 **1-800-638-3120**、歯科保険 **1-877-816-3596** です。もしくは、お客様の保険 ID カードに記載のフリーダイヤル番号までお問い合わせください。営業時間は月曜日～金曜日、午前 8 時～午後 8 時(米国東部標準時間)です。TTY をご利用の場合は、711 をダイヤルしてください。

توجه: اگر زبان شما فارسی (Farsi) است، ما<sup>1</sup> می‌توانیم خدمات زبانی را به طور رایگان به شما ارائه کنیم تا بتوانید با ما ارتباط برقرار کنید. ما می‌توانیم خدمات ترجمه همزمان، مکاتبه به زبان‌های دیگر و مکاتبه در قالب‌های دیگر مانند چاپ درشت را به شما ارائه کنیم. برای کسب اطلاعات بیشتر، با شماره **1-866-260-2723** برای پلان‌های بیمه پزشکی، **1-800-638-3120** برای پلان‌های بیمه چشم‌پزشکی، **1-877-816-3596** برای پلان‌های بیمه دندان‌پزشکی یا شماره رایگان ویژه اعضا که بر روی کارت شناسایی پلان بیمه درمانی درج شده است، تماس بگیرید. طی روزهای دوشنبه تا جمعه، از ساعت 8 صبح تا 8 ب.ظ E.T. آماده پاسخ‌گویی به شما هستیم. کاربران TTY می‌توانند با 711 تماس بگیرند.

ध्यान दें: यदि आप हिन्दी (Hindi) बोलते हैं, हम<sup>1</sup> निःशुल्क भाषा सेवाएं प्रदान करते हैं ताकि हमारे साथ बातचीत करने में आपकी मदद हो सके। हम दुभाषिये, अन्य भाषाओं में पत्र, और अन्य प्रारूपों में पत्र, जैसे बड़े प्रिंट में, प्रदान करते हैं। मदद लेने के लिए, मेडिकल प्लान्स के लिए कृपया **1-866-260-2723** पर कॉल करें, विज्ञान प्लान्स के लिए **1-800-638-3120** पर कॉल करें, डेंटल प्लान्स के लिए **1-877-816-3596** पर कॉल करें, अथवा अपने हेल्थ प्लान आईडी कार्ड पर दिए गए टोल-फ्री सदस्य फ़ोन नंबर पर कॉल करें। हम सोमवार से शुक्रवार, सुबह 8 बजे से शाम 8 बजे तक उपलब्ध हैं। ई.टी. TTY उपभोक्ता 711 डायल कर सकते हैं।

LUS TSHAJ TAWM: Yog tias koj hais lus Hmoob (Hmong), peb<sup>1</sup> muaj cov kev pab cuam txhais lus pub dawb los pab koj txuas lus nrog peb. Peb muaj cov neeg txhais lus, cov ntaub ntawv sau ua lwm yam lus, thiab cov ntaub ntawv sau ua lwm yam qauv ntawv xws li ntaub ntawv luam tawm ua tej daim loj. Txhawm rau thov kev pab, thov hu rau **1-866-260-2723** txog rau cov Pawg Kho Mob, **1-800-638-3120** txog rau cov Pawg Kho Qhov Muag, **1-877-816-3596** txog rau cov Pawg Kho Hniav, los sis hu rau tus nab npawb xov tooj tswv cuab hu-dawb uas teev muaj nyob rau ntawm koj daim npav ID qhia txog pawg kho mob rau fab kev noj qab haus huv. Peb qhib hnub Monday txog rau Friday, sij hawm 8 a.m. txog 8 p.m. E.T. Cov neeg siv TTY hu tau rau 711.

យកចិត្តទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយ ភាសាខ្មែរ (Khmer), យើង<sup>1</sup> ផ្តល់សេវាភាសាដោយឥតគិតថ្លៃដើម្បីជួយអលំលោកអ្នកទាក់ទងជាមួយយើងផ្ទៃ។ យើងផ្តល់សេវាបកប្រែផ្តល់សេវា លិខិតសាសាផ្សេងៗទៀត និង លិខិតក្នុងទម្រង់ផ្សេងៗទៀតដូចជា កាតព្វកិច្ចកម្មវិធី ដើម្បីជួយលោកអ្នកទាក់ទង សូមហៅទាក់ទងលេខ **1-866-260-2723** សម្រាប់ផែនការវេជ្ជសាស្ត្រ, **1-800-638-3120** សម្រាប់ផែនការគំហើញ, **1-877-816-3596** សម្រាប់ផែនការឥតឈ្នួល, ឬហៅទាក់ទងលេខគិតថ្លៃដោយឥតគិតថ្លៃលើទូរស័ព្ទសម្រាប់លិខិតសុខភាពរបស់លោកអ្នក។ យើងផ្តល់សេវា ដើម្បីជួយអលំលោកអ្នក ចាប់ពីម៉ោង 8 ព្រឹករហូតម៉ោង 8 យប់។ អ្នកត្រូវ TTY អាចហៅទាក់ទង 711។

ATENCIÓN: No ti pagsasaom ket Ilocano (Ilocano), adda<sup>1</sup> ipapaaymi a libre a serbisio iti lengguahe a tumulong kenka a makikomunikar kadakami. Ituktukonmi dagiti mangilawlawag, surat iti sabali a lengguahe, ken surat iti sabali pay a pormat kas iti dadakkel a letra. Tapno makaala iti tulong, pangngaasim ta awagam ti **1-866-260-2723** para kadagiti Medikal a Plano, **1-800-638-3120** para kadagiti Plano iti Panagkita, **1-877-816-3596** para kadagiti Plano iti Dental, wenno awagam a libre ti numero ti telepono iti miembro a nakalista iti ID kard ti planom iti salun-at. Addakami iti Lunes agingga't Biernes, 8 iti bigat agingga't 8 iti rabii. Dagiti agus-usar iti E.T. TTY ket mabalina nga i-dialda ti 711.

BAA' ÁKONÍNÍZIN: Diné bizaad (Navajo) bee yánilti'go, nihí kwe'é hazhó'ó ahxít hodiilnih biniiyé nihí<sup>1</sup> saad bee áka'e'eyeedígíí t'áá jíík'eh nihee hóló. T'áá haíshíí at'a' halne'í, náána'la' saad bee naaltsoos hadadilyaaígíí, dóo naaltsoos nitsaago bik'ih da'ashch'íigo bee hadadilyaaígíí nihee hóló. Shíka'e'doowoł nínizingo, Ats'íís Nídanél'íih bee Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-866-260-2723** hodiilnih, Anáá Nídanél'íih Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-800-638-3120**, Awoo' Nídanél'íih bee Naaltsoos bee Hada'dít'éhígíí biniiyégo kohjí' **1-877-816-3596** hodiilnih, doodago nits'íís nánél'íih naaltsoos bee náha'dít'éhígíí bił ninaaltsoos nitł'ízi bee nééhozinígíí bine'déé' t'áá jíík'eh béesh bee hane'í biká'ígíí bee hodiilnih. Nihí éí Damóo Biiskání dóo niléí Nída'iiníshjí', abínigo 8 a.m. dóo niléí hxiilch'íihjí' 8 p.m. oolkiłjí' nahísiitáh. E.T. TTY doo hazhó'ó níjaa' bee adinits'ágóogo díí 711 bił adadidíilch'íigo bee hodiilnih.

FIIRO GAAR AH: Maku hadashaa Soomaali (Somali), waxaanu<sup>1</sup> bixinaa adeegyo luuqad ah oo bilaash ah si aanu kaaga caawino inaad nala xidhiidho. Waxaanu bixinaa turjumaan, waraaqo luuqado kale ah, iyo waraaqo qaabab kale oo far waawayn ku daabacan ah. Si aad caawimo u hesho, fadlan lasoo hadal **1-866-260-2723** wixii Caymisyada Caafimaadka ah, **1-800-638-3120** wixii Caymisyada Caafimaadka Indhaha ah, **1-877-816-3596** wixii Caymiska Daryeelka Ilkaha ag, ama lambarka taleefanka bilaash ah ee xubinta ee ku yaal kaadhka aqoonsigaaga caymiska caafimaadka. Waxaa nala helayaa Isniinta ilaa Jimcaha, 8-da subaxnimo illaa 8-da fiidnimo. Isticmaalayaasha Saacada Bariga. TTY waxay garaaci karaan 711.

ΥΠΟΨΗ: Εάν μιλάτε ελληνικά (Greek), παρέχουμε<sup>1</sup> δωρεάν υπηρεσίες γλωσσικής υποστήριξης για να σας βοηθήσουμε να επικοινωνήσετε μαζί μας. Προσφέρουμε διερμηνείς, γράμματα σε άλλες γλώσσες και γράμματα σε άλλες μορφές όπως σε μεγάλου μεγέθους γραμματοσειρά. Για να λάβετε βοήθεια, καλέστε στο **1-866-260-2723** για Ιατρικά Προγράμματα, στο **1-800-638-3120** για Προγράμματα Όρασης, στο **1-877-816-3596** για Οδοντιατρικά Προγράμματα ή καλέστε χωρίς χρέωση στον τηλεφωνικό αριθμό μελών που βρίσκεται στην κάρτα μέλους του προγράμματος υγείας σας. Είμαστε διαθέσιμοι από Δευτέρα έως Παρασκευή, από τις 8 π.μ. έως τις 8 μ.μ. ώρα Ανατολικής Ακτής ΗΠΑ. TTY μπορούν να καλέσουν στο 711.

ધુ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલો છો, અમે<sup>1</sup> તમને અમારી સાથે વાતચીત કરવામાં સહાય માટે મફત ભાષા સેવાઓ પૂરઠાન કરશું. અમેદુભાષિયાઓ, અન્યભાષાઓમાંઅકષરો, અનેઅન્યસુવરૂપોમાંઅકષરોજેમકેમોટીપૂરનિટપૂરઠાનકરશું. મદદમેળવવામાટે, કૃપાકરીનિતબબિલિ યોજનાઓ માટે**1-866-260-2723**, દૂરવટિ યોજનાઓ માટે**1-800-638-3120**, દંત ચક્રિતિસા યોજનાઓ માટે **1-877-816-3596** પરકોલ કરો. અથવાતમારાઆરોગ્યયોજનાઆઈડીકારૂપરસુચિબિધુધટોલ-ફરીમેમૂબરફોનનંબરપરકોલકરો. અમેસોમવારથીશુક્રવાર, 8 એ.એમ. થી 8 પી.એમ. સુધીઉપલબ્ધછીએ. ઈ.ટી. TTY વપરાશકર્તાઓ 711ડાયલકરીશકેછે.

**NOTICE OF PROTECTION PROVIDED BY  
ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** description of the Illinois Life and Health Insurance Guaranty Association (“the Association”) and the protection it provides for policyholders. This safety net was created under Illinois law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, health maintenance organization or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage, pay claims, or otherwise provide protection in accordance with Illinois law, with funding from assessments paid by other insurance companies and health maintenance organizations.

The basic protections provided by the Association per insured in each insolvency are:

- Life Insurance
  - \$300,000 for death benefits
  - \$100,000 for cash surrender or withdrawal values
- Health Insurance
  - \$500,000 for health benefit plans\*
  - \$300,000 for disability insurance benefits
  - \$300,000 for long-term care insurance benefits
  - \$100,000 for other types of health insurance benefits
- Annuities
  - \$250,000 for withdrawal and cash values

\*The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000, except special rules apply with regard to health benefit plan benefits for which the maximum amount of protection is \$500,000.

**NOTE: Certain policies and contracts may not be covered or fully covered.** For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also residency requirements and other limitations under Illinois law.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association’s website at [www.ilhiga.org](http://www.ilhiga.org) or contact:

*Illinois Life and Health  
Insurance Guaranty Association  
901 Warrenville Road, Suite 400  
Lisle, Illinois 60532-4324*

*Illinois Department of Insurance  
4th Floor  
320 West Washington Street  
Springfield, Illinois 62767*

**Insurance companies, health maintenance organizations and agents are not allowed by Illinois law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company or health maintenance organization, you should not rely on Association coverage. If there is any inconsistency between this notice and Illinois law, then Illinois law with control.**

**The Association is not an insurance company or health maintenance organization. If you wish to contact your insurance company or health maintenance organization, please use the phone number found in your policy or contact the Illinois Department of Insurance at [DOI.InfoDesk@illinois.gov](mailto:DOI.InfoDesk@illinois.gov).**

# UNITED HEALTHCARE INSURANCE COMPANY

Administrative Office Address: P.O. Box 809025, Dallas, TX 75380-9025

<b>POLICYHOLDER</b>	LAKE FOREST COLLEGE	<b>POLICY NUMBER</b>	2025-1288-8
<b>ADDRESS</b>	555 N. SHERIDAN ROAD LAKE FOREST, ILLINOIS 60045	<b>Effective Date</b>	8-1-2025 at 12:01 a.m.
		<b>Termination Date</b>	7-31-2026 at 11:59 p.m.

**PREMIUM FOR EACH INSURED PERSON**

SEE APPLICATION ATTACHED

**LIST OF ENDORSEMENTS ATTACHED TO AND FORMING A PART OF THIS POLICY**

COL-06-IL END (5A)

## UNITED HEALTHCARE INSURANCE COMPANY

hereinafter called the Company, agrees, subject to all provisions, conditions, exclusions and limitations of this policy to pay the benefits provided by this policy for loss resulting from a cause covered by this policy. This policy is issued in consideration of the application and payment of the premiums. Premiums as specified above are payable for each Insured Person.

**Non-Renewable One Year Term Insurance -- This Policy Will Not Be Renewed**



**President**

Countersigned by \_\_\_\_\_ Licensed Resident Agent

### PREMIUMS AND PREMIUM PAYMENT

The Policyholder agrees to remit the premium for each Insured Person to the Company or its authorized agent within 20 days after the receipt of the premium. The Company will have the right to examine all of the Policyholder's books and records relating to this policy at any time up to the later of 1) two years after the termination of this policy and 2) the date of final adjustment and settlement of all claims under this policy.

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**PART I  
ELIGIBILITY AND TERMINATION PROVISIONS**

**Eligibility:** Each person who belongs to one of the "Classes of Persons To Be Insured" as set forth in the application is eligible to be insured under this policy. The Named Insured must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, Internet, and television (TV) courses do not fulfill the eligibility requirements that the Named Insured 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.

Eligible persons may be insured under this policy subject to the following:

- 1) Payment of premium as set forth on the policy application; and,
- 2) Application to the Company for such coverage.

**Effective Date:** Insurance under this policy shall become effective on the later of the following dates:

- 1) The Effective Date of the policy; or
- 2) The date premium is received by the Administrator.

**Termination Date:** The coverage provided with respect to the Named Insured shall terminate on the earliest of the following dates:

- 1) The last day of the period through which the premium is paid; or
- 2) The date the policy terminates.

**PART II  
GENERAL PROVISIONS**

**ENTIRE CONTRACT CHANGES:** This policy, including the endorsements and attached papers, if any, and the application of the Policyholder shall constitute the entire contract between the parties. No agent has authority to change this policy or to waive any of its provisions. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. Such an endorsement or attachment shall be effective without the consent of the Insured Person but shall be without prejudice to any claim arising prior to its Effective Date.

**PAYMENT OF PREMIUM:** All premiums are payable in advance for each policy term in accordance with the Company's premium rates. The full premium must be paid even if the premium is received after the policy Effective Date. There is no pro-rata or reduced premium payment for late enrollees. There will be no refunds to students who cancel coverage under the policy; unless the Insured enters the armed forces.

Premium adjustments involving return of unearned premiums to the Policyholder will be limited to a period of 12 months immediately preceding the date of receipt by the Company of evidence that adjustments should be made. Premiums are payable to the Company, P.O. Box 809026, Dallas, Texas 75380-9026.

**NOTICE OF CLAIM:** Written notice of claim must be given to the Company within 90 days after the occurrence or commencement of any loss covered by this policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the Named Insured to the Company, P.O. Box 809025, Dallas, Texas 75380-9025 with information sufficient to identify the Named Insured shall be deemed notice to the Company.

**CLAIM FORMS:** Upon receipt of a notice of claim, the Company will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of written notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and extent of the loss for which claim is made.

## GENERAL PROVISIONS (Continued)

**PROOF OF LOSS:** Written proof of loss must be furnished to the Company at its said office within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to furnish proof. In no event except in the absence of legal capacity shall written proofs of loss be furnished later than one year from the time proof is otherwise required.

**TIME OF PAYMENT OF CLAIMS:** Indemnities payable under this policy for any loss will be paid upon receipt of due written proof of such loss. All claims and indemnities payable under the terms of this policy of accident and health insurance shall be paid within 30 days following receipt by the Company of due proof of loss. Failure to pay within such period shall entitle the Insured to interest at the rate of nine percent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid.

**PAYMENT OF CLAIMS:** All or a portion of any indemnities provided by this policy may, at the Company's option, and unless the Named Insured requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the Hospital or person rendering such service. Otherwise, accrued indemnities will be paid to the Named Insured or the estate of the Named Insured. Any payment so made shall discharge the Company's obligation to the extent of the amount of benefits so paid.

**GRACE PERIOD:** A grace period of 10 days for monthly premium policies and 31 days for all other policies will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.

**PHYSICAL EXAMINATION:** As a part of Proof of Loss, the Company at its own expense shall have the right and opportunity: 1) to examine the person of any Insured Person when and as often as it may reasonably require during the pendency of a claim; and, 2) to have an autopsy made in case of death where it is not forbidden by law. The Company has the right to secure a second opinion regarding treatment or hospitalization. Failure of an Insured to present himself or herself for examination by a Physician when requested shall authorize the Company to: (1) withhold any payment of Covered Medical Expenses until such examination is performed and Physician's report received; and (2) deduct from any amounts otherwise payable hereunder any amount for which the Company has become obligated to pay to a Physician retained by the Company to make an examination for which the Insured failed to appear. Said deduction shall be made with the same force and effect as a Deductible herein defined.

**LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proofs of loss have been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proofs of loss are required to be furnished.

**SUBROGATION:** Whenever this policy has paid benefits because of an Injury to any Insured Person resulting from a third party's wrongful act or negligence, to the extent of such payment the Company shall reserve the right to assume the legal claim any Insured Person may have against that third party. This means that the Company may choose to take legal action against the negligent third party or their representatives and to recover from them the amount of claim benefits paid to the Insured Person for loss caused by the third party.

**RIGHT OF REIMBURSEMENT:** If an Insured Person incurs expenses for an Injury that occurred due to the negligence of a third party:

- A) The Company has the right to reimbursement for all benefits paid by the Company from any and all damages collected from the third party for those same expenses whether by action at law, settlement, or compromise, by the Insured Person, Insured Person's parents, if the Insured Person is a minor, or Insured Person's legal representative as a result of that Injury.
- B) The Company is assigned the right to recover from the third party, or his or her insurer, to the extent of the benefits paid by the Company for that Injury

The Company has the right to reimbursement out of all funds the Insured Person, the Insured Person's parents, if the Insured Person is a minor, or the Insured Person's legal representative, is or was able to obtain for the same expenses we have paid as a result of that Injury.

You are required to furnish any information or assistance or provide any documents that we may reasonably require in order to obtain our rights under this provision. This provision applies whether or not the third party admits liability.

## GENERAL PROVISIONS (Continued)

**RIGHT OF RECOVERY:** Payments made by the Company which exceed the Covered Medical Expenses (after allowance for Deductible and coinsurance clauses, if any) payable hereunder shall be recoverable by the Company from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered Injury as their liability may appear.

**MORE THAN ONE POLICY:** Insurance effective at any one time on the Insured Person under a like policy, or policies in this Company is limited to the one such policy elected by the Insured Person, his beneficiary or his estate, as the case may be, and the Company will return all premiums paid for all other such policies.

### PART III DEFINITIONS

**COVERED MEDICAL EXPENSES** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a Deductible, if any.

Covered Medical Expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**DEDUCTIBLE** means if an amount is stated in the Schedule of Benefits or any endorsement to this policy as a deductible, it shall mean an amount to be subtracted from the amount or amounts otherwise payable as Covered Medical Expenses before payment of any benefit is made. The deductible will apply per policy year or per occurrence (for each Injury) as specified in the Schedule of Benefit.

**ELECTIVE SURGERY OR ELECTIVE TREATMENT** means those health care services or supplies that do not meet the health care need for a Sickness or Injury. Elective surgery or elective treatment includes any service, treatment or supplies that: 1) are deemed by the Company to be research or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**EXPERIMENTAL TREATMENT** means medical technology or a new application of existing medical technology, including medical procedures, drugs, and devices for treating a medical condition, illness, or diagnosis that: 1) is not generally accepted by informed health care professionals in the United States as effective; or 2) has not been proven by scientific testing or evidence to be effective.

**HOSPITAL** means a licensed or properly accredited general hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises or in facilities available to the Hospital on a pre-arranged basis; and 6) is not primarily a clinic, nursing, rest or convalescent home. The requirement for major surgery facilities does not apply to treatment or services for rehabilitation or mental illness rendered in a hospital.

**HOSPITAL CONFINED/HOSPITAL CONFINEMENT** means confined in a Hospital for at least 18 hours by reason of an Injury for which benefits are payable.

**INJURY** means bodily injury which is: 1) the direct cause of loss, independent of disease cause of loss, independent of disease or bodily infirmity; 2) a source of loss; 3) treated by a Physician within 30 days after the date of accident; and 4) sustained while the Insured Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury.

**INSURED PERSON** means the Named Insured. The term "Insured" also means Insured Person.

## **DEFINITIONS (Continued)**

**INTENSIVE CARE** means: 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and 2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. They must be: 1) permanently equipped with special life-saving equipment for the care of the critically ill or injured; and 2) under constant and continuous observation by nursing staff assigned on a full-time basis, exclusively to the intensive care unit. Intensive care does not mean any of these step-down units:

- 1) Progressive care;
- 2) Sub-acute intensive care;
- 3) Intermediate care units;
- 4) Private monitored rooms;
- 5) Observation units; or
- 6) Other facilities which do not meet the standards for intensive care.

**MEDICAL EMERGENCY** means the occurrence of a sudden, serious and unexpected Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions;
- 4) Serious dysfunction of any body organ or part; or
- 5) In the case of a pregnant woman, serious jeopardy to the health of the fetus.

Expenses incurred for "Medical Emergency" will be paid only for Injury which fulfills the above conditions. These expenses will not be paid for minor Injuries.

**MEDICAL NECESSITY** means those services or supplies provided or prescribed by a Hospital or Physician which are:

- 1) Essential for the symptoms and diagnosis or treatment of the Injury;
- 2) Provided for the diagnosis, or the direct care and treatment of the Injury;
- 3) In accordance with the standards of good medical practice;
- 4) Not primarily for the convenience of the Insured, or the Insured's Physician; and,
- 5) The most appropriate supply or level of service which can safely be provided to the Insured.

The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and, 2) the Insured cannot receive safe and adequate care as an outpatient.

No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

**NAMED INSURED** means an eligible, registered student of the Policyholder, if: 1) the student is properly enrolled in the program; and 2) the appropriate premium for coverage has been paid.

**NEGATIVE X-RAY** means an X-ray that shows the absence of a fracture; pathology; or disease.

**NEWBORN INFANT** means any child born of an Insured while that person is insured under this policy. Newborn Infants will be covered under the policy for the first 31 days after birth. Coverage for such a child will be for Injury, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent.

**PHYSICIAN** means a legally qualified licensed practitioner of the healing arts who provides care within the scope of his/her license, other than a member of the person's immediate family.

The term "member of the immediate family" means any person related to an Insured Person within the third degree by the laws of consanguinity or affinity.

**PHYSIOTHERAPY** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

**DEFINITIONS** *(Continued)*

**POSITIVE X-RAY** means an X-ray that shows the presence of a fracture; pathology; or disease.

**PRE-EXISTING CONDITION** means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 12 months immediately prior to the Insured's Effective Date under the policy; or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 12 months immediately prior to the Insured's Effective Date under the policy.

**PRESCRIPTION DRUGS** means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

**REGISTERED NURSE** means a professional nurse (R.N.) who is not a member of the Insured Person's immediate family.

**SOUND, NATURAL TEETH** means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed, or defective.

**USUAL AND CUSTOMARY CHARGES** means a reasonable charge which is: 1) usual and customary when compared with the charges made for similar services and supplies; and 2) made to persons having similar medical conditions in the locality where service is rendered. No payment will be made under this policy for any expenses incurred which in the judgment of the Company are in excess of Usual and Customary Charges.

**PART IV**  
**EXTENSION OF BENEFITS AFTER TERMINATION**

The coverage provided under this policy ceases on the Termination Date. However, if an Insured is Hospital Confined on the Termination Date from a covered Injury for which benefits were paid before the Termination Date, Covered Medical Expenses for such Injury will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments made in respect of the Insured for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

**PART V  
SCHEDULE OF BENEFITS  
MEDICAL EXPENSE BENEFITS-INJURY  
LAKE FOREST COLLEGE - STUDENT PLAN-INJURY ONLY  
2025-1288-8  
INJURY ONLY BENEFITS**

<b>Maximum Benefit</b>	<b>\$2,500 (For Each Injury)</b>
<b>Deductible</b>	<b>\$250 (For Each Injury)</b>
<b>Coinsurance</b>	<b>80% except as noted below</b>

This policy provides benefits for Injury sustained by an Insured Person while: 1) actually engaged, as an official representative of the Policyholder, in the play or practice of an intercollegiate sport under the direct supervision of a regularly employed coach or trainer of the Policyholder; or 2) actually being transported as a member of a group under the direct supervision of a duly delegated representative of the Policyholder for the purpose of participating in the play or practice of a scheduled intercollegiate sport.

All per visit Deductibles specified in the Schedule of Benefits are in addition to the policy Deductible.

The benefits payable are as defined in and subject to all provisions of this policy and any endorsements thereto. Benefits will be paid up to the Maximum Benefit for each service as scheduled below.

**Inpatient**

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<b>Room &amp; Board:</b>	Usual and Customary Charges
<b>Hospital Miscellaneous:</b>	Usual and Customary Charges
<b>Physiotherapy:</b>	Usual and Customary Charges
<b>Surgery:</b> <i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	Usual and Customary Charges
<b>Assistant Surgeon:</b>	Usual and Customary Charges
<b>Anesthetist:</b>	Usual and Customary Charges
<b>Registered Nurse:</b>	Usual and Customary Charges
<b>Physician's Visits:</b>	Usual and Customary Charges
<b>Pre-admission Testing:</b>	Usual and Customary Charges

**Outpatient**

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<b>Surgery:</b> <i>(Specified Surgery based on data provided by FAIR Health, Inc.)</i>	Usual and Customary Charges
<b>Day Surgery Miscellaneous:</b> <i>(Usual and Customary Charges for Day Surgery Miscellaneous are based on the Outpatient Surgical Facility Charge Index.)</i>	Usual and Customary Charges
<b>Assistant Surgeon:</b>	Usual and Customary Charges
<b>Anesthetist:</b>	Usual and Customary Charges
<b>Physician's Visits:</b>	Usual and Customary Charges
<b>Physiotherapy:</b> <i>(Includes Occupational Therapy) (Review of Medical Necessity will be performed after 12 visits per Injury.)</i>	Usual and Customary Charges
<b>Medical Emergency:</b>	Usual and Customary Charges \$100 Deductible per visit
<i>(The per visit Deductible will be waived if admitted to the Hospital.)</i>	
<b>X-rays:</b>	Usual and Customary Charges
<b>Laboratory:</b>	Usual and Customary Charges
<b>Tests &amp; Procedures:</b>	Usual and Customary Charges
<b>Injections:</b>	No Benefits
<b>Prescription Drugs:</b>	No Benefits

**SCHEDULE OF BENEFITS (Continued)**  
**MEDICAL EXPENSE BENEFITS-INJURY**  
**LAKE FOREST COLLEGE - STUDENT PLAN-INJURY ONLY**  
**2025-1288-8**  
**INJURY ONLY BENEFITS**

**Other**

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<b>Ambulance:</b>	Usual and Customary Charges
<b>Durable Medical Equipment:</b>	Usual and Customary Charges
<b>Consultant:</b>	Usual and Customary Charges
<b>Dental:</b>	Usual and Customary Charges \$100 maximum per tooth
<i>(Benefits paid on Injury to Sound, Natural Teeth only.)</i>	
<b>CAT Scan/MRI:</b>	Usual and Customary Charges \$50 Deductible per visit

**MAJOR MEDICAL**

**Maximum Benefit    No Benefits**

**CATASTROPHIC MEDICAL**

**Maximum Benefit    No Benefits**

**SHC Referral Required:** Yes ( ) No (X)

**Conversion Permitted:** Yes ( ) No (X)

( ) 52 Week Benefit Period or (X) Extension of Benefits

**Pre Admission Notification:** Yes ( ) No (X)

**Other Insurance:** (X) \*Excess Insurance    ( ) Primary Insurance

\*If benefit is designated, see endorsement attached.

**PART VI**  
**MEDICAL EXPENSE BENEFITS - INJURY ONLY**

Benefits are payable for Covered Medical Expenses (see "Definitions") less any Deductible incurred by or for an Insured Person for loss due to Injury subject to: a) the Maximum Benefit for all services; b) the maximum amount for specific services; both as set forth in the Schedule of Benefits; and c) any coinsurance amount set forth in the Schedule of Benefits or any endorsement hereto. The total payable for all Covered Medical Expenses shall never exceed the Maximum Benefit stated in the Schedule of Benefits. Read the "Definitions" section and the "Exclusions and Limitations" section carefully.

No benefits will be paid for services designated as "No Benefits" in the Schedule of Benefits or for any matter described in "Exclusions and Limitations." If a benefit is designated, Covered Medical Expenses include:

1. **Room and Board Expense:** 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged by the Hospital.
2. **Intensive Care:** If provided in the Schedule of Benefits.
3. **Hospital Miscellaneous Expenses:** 1) while Hospital Confined; or 2) as a precondition for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies. In computing the number of days payable under this benefit, the date of admission will be counted, but not the date of discharge.
4. **Physiotherapy (Inpatient):** See Schedule of Benefits.
5. **Surgery:** Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.
6. **Assistant Surgeon Fees:** in connection with inpatient surgery, if provided in the Schedule of Benefits.
7. **Anesthetist Services:** professional services administered in connection with inpatient surgery.
8. **Registered Nurse's Services:** 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
9. **Physician's Visits:** when Hospital Confined. Benefits do not apply when related to surgery.
10. **Pre-admission Testing:** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit. This benefit is payable within 3 working days prior to admission.
11. **Surgery (Outpatient):** Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.
12. **Day Surgery Miscellaneous (Outpatient):** in connection with outpatient day surgery; excluding non-scheduled surgery; and surgery performed in a Hospital emergency room; trauma center; Physician's office; or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests and X-ray examinations, including professional fees; anesthesia; drugs or medicines; therapeutic services; and supplies.
13. **Assistant Surgeon Fees (Outpatient):** in connection with outpatient surgery, if provided in the Schedule of Benefits.

**MEDICAL EXPENSE BENEFITS - INJURY ONLY** *(Continued)*

14. **Anesthetist (Outpatient):** professional services administered in connection with outpatient surgery.
15. **Physician's Visits (Outpatient):** Benefits do not apply when related to surgery or Physiotherapy.
16. **Physiotherapy (Outpatient):** See Schedule of Benefits.
17. **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies. Treatment must be rendered within 72 hours from time of Injury.
18. **Diagnostic X-ray Services (Outpatient):** if so noted in the Schedule of Benefits, separate maximums apply to positive and negative X-rays.
19. **Laboratory Procedures (Outpatient):** See Schedule of Benefits.
20. **Tests and Procedures (Outpatient):** 1) diagnostic services and medical procedures; 2) performed by a Physician; 3) excluding Physician's Visits; Physiotherapy; X-Rays; and Laboratory Procedures.
21. **Injections (Outpatient):** 1) when administered in the Physician's office; and 2) charged on the Physician's statement.
22. **Prescription Drugs (Outpatient):** See Schedule of Benefits.
23. **Ambulance Services:** See Schedule of Benefits.
24. **Durable Medical Equipment:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacements are never covered. Durable medical equipment includes equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of purchase price.
25. **Consultant Physician Fees:** when requested and approved by the attending Physician.
26. **Dental Treatment:** 1) performed by a Physician; and, 2) made necessary by Injury to Sound, Natural Teeth. Breaking a tooth while eating is not covered. Routine dental care and treatment to the gums are not covered.
27. **Repatriation:** if the Insured dies while insured under the policy; benefits will be paid for: 1) preparing; and 2) transporting the remains of the deceased's body to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.
28. **Medical Evacuation:** 1) when Hospital Confined for at least five consecutive days; and 2) when recommended and approved by the attending Physician. Benefits will be paid for the evacuation of the Insured to his home country. This benefit is limited to the maximum benefit specified in the Schedule of Benefits. No additional benefits will be paid under Basic or Major Medical coverage.

**PART VII  
EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for: a) loss or expense caused by or resulting from; or b) treatment, services or supplies for, at, or related to:

1. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy;
2. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
3. Elective Surgery or Elective Treatment;
4. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems;
5. Preventive medicines or vaccines, except where required for treatment of a covered Injury;
6. Injury caused by or resulting from the addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician; Intoxication is defined and determined by the laws of the state where the loss or cause of the loss was incurred.
7. Injury for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
8. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
9. Prescription Drugs, services or supplies as follows:
  - a. Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use;
  - b. Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - c. Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - d. Anabolic steroids used for body building;
  - e. Growth hormones, except when a Medical Necessity; or
  - f. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
10. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
11. Supplies, except as specifically provided in the policy;
12. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment; and
13. 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).

# **POLICY ENDORSEMENT**

**In consideration of the premium charged, it is hereby understood and agreed that the policy to which this endorsement is attached is amended as follows:**

## **EXCESS PROVISION**

No benefit of this policy is payable for any expense incurred for Injury which is paid or payable by other valid and collectible insurance.

This Excess Provision will not be applied to the first \$100 of medical expenses incurred.

Covered Medical Expenses excludes amounts not covered by the primary carrier due to penalties imposed on the Insured for failing to comply with policy provisions or requirements.

**This endorsement takes effect and expires concurrently with the policy to which it is attached, and is subject to all of the terms and conditions of the policy not inconsistent therewith.**

# Notice of Non-Discrimination

We<sup>1</sup> comply with the applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans (TTY 711).

Civil Right Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

If you need help with your complaint, please call **1-866-260-2723** for Medical Plans, **1-800-638-3120** for Vision Plans, **1-877-816-3596** for Dental Plans. (TTY 711).

You can also file a complaint with the U.S. Dept. of Health and Human Services, Office for Civil Rights:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
**Phone:** Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**  
**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at: <https://www.uhc.com/content/dam/uhcdotcom/en/npp/NDN-LA-UHC-StudentResources-EN.pdf>

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<sup>1</sup>For purposes of the Language Assistance Services and this Non-Discrimination Notice ("Notice"), "We" refers to the following entities: Dental Benefit Providers, Inc.; Health Allies, Inc.; Spectera, Inc.; UMR, Inc.; United Behavioral Health,; United Behavioral Health of New York, I.P.A.; UnitedHealthcare Insurance Company; and UnitedHealthcare Insurance Company of New York. Please note that not all entities listed are covered by this Notice.



請注意：您可以獲得一位口譯員，在您看診時與您的醫生溝通或平常與我們溝通。如果您說中文 (Chinese)，我們可為您提供免費的語言協助服務與其他溝通格式，例如大字版文件。醫療計劃請致電1-866-260-2723，視力計劃請致電1-800-638-3120，牙科計劃請致電 1-877-816-3596，或撥打您會員卡上所列的免付費電話號碼。(TTY：711)。

**توجه:** شما می‌توانید یک مترجم برای صحبت با پزشک خود در زمان ویزیت یا برای گفتگو با ما، درخواست کنید. اگر **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و خدمات رایگان ارتباطی در سایر قالب‌ها، مانند چاپ با حروف درشت، در دسترس شما هستند. برای برنامه‌های پزشکی با شماره 1-866-260-2723 و برای طرح چشم پزشکی با شماره 1-800-638-3120 و برای طرح دندانپزشکی با شماره 1-877-816-3596، یا با (TTY: 711). اگر به کمک بیشتری نیاز دارید، با خط تلفن رایگان سازمان

**ATTENTION :** Vous pouvez demander à un(e) interprète de parler à votre médecin au moment de votre rendez-vous ou avec nous. Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-260-2723 pour les régimes médicaux, le 1-800-638-3120 pour les régimes de soins de la vue, le 1-877-816-3596 pour les régimes de soins dentaires, ou appelez le numéro de téléphone gratuit indiqué sur votre carte de membre. (TTY : 711).

**ACHTUNG:** Sie können für Gespräche mit Ihrem Arzt bei Ihrem Termin oder mit uns einen Dolmetscher anfordern. Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie 1-866-260-2723 für Krankenversicherungen, 1-800-638-3120 für Augenversicherungen, 1-877-816-3596 für Zahnversicherungen oder die gebührenfreie Telefonnummer auf Ihrer Mitgliedskarte an. (TTY: 711).

**ΠΡΟΣΟΧΗ:** Μπορείτε να πάρετε έναν διερμηνέα για να μιλήσετε με το γιατρό σας στο ραντεβού σας ή για να μιλήσετε μαζί μας. Εάν μιλάτε **Ελληνικά (Greek)**, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε στο 1-866-260-2723 για ιατρικά προγράμματα, στο 1-800-638-3120 για οφθαλμολογικά προγράμματα, στο 1-877-816-3596 για οδοντιατρικά προγράμματα ή καλέστε τον αριθμό τηλεφώνου χωρίς χρέωση που αναγράφεται στην κάρτα μέλους σας. (TTY: 711).

**ધ્યાન આપો:** તમે તમારી મુલાકાત સમયે અથવા અમારી સાથે તમારા ડૉક્ટર સાથે વાત કરવા માટે દુભાષિયા મેળવી શકો છો. જો તમે ગુજરાતી (Gujarati), બોલો છો, તો મફત ભાષા સહાયતા સેવાઓ અને અન્ય ફોર્મેટમાં મફત સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. મેડિકલ પ્લાન માટે 1-866-260-2723, વિઝન પ્લાન માટે 1-800-638-3120, ડેન્ટલ પ્લાન માટે 1-877-816-3596 પર કોલ કરો અથવા તમારા સભ્ય આઈડી કાર્ડ પર સૂચિબદ્ધ ટોલ-ફ્રી ફોન નંબર પર કોલ કરો. (TTY: 711).

**ATANSYON:** Ou ka jwenn yon entèprèt pou pale ak doktè ou a nan moman randevou w la oswa avèk nou. Si w pale **Kreyòl Ayisyen (Haitian Creole)**, sèvis asistans lang gratis ak kominikasyon gratis nan lòt fòm, tankou gwo lèt, disponib pou ou. Rele 1-866-260-2723 pou Plan Medikal, 1-800-638-3120 pou Plan Vizyon, 1-877-816-3596 pou Plan Dantè, oswa rele nimewo telefòn gratis ki endike sou kat ID manm ou a. (TTY: 711).

**ध्यान दें:** आप अपनी अपॉइंटमेंट के समय या हमारे साथ अपने डॉक्टर से बात करने के लिए एक दुभाषिया प्राप्त कर सकते हैं। यदि आप हिन्दी (Hindi) बोलते हैं, तो मुफ्त भाषा सहायता सेवाएँ और बड़े प्रिंट जैसे अन्य प्रारूपों में मुफ्त संचार सेवा आपके लिए उपलब्ध हैं। मेडिकल प्लान के लिए 1-866-260-2723 पर कॉल करें, विजन प्लान के लिए 1-800-638-3120 पर, डेंटल प्लान के लिए 1-877-816-3596 पर कॉल करें, या अपने सदस्य आईडी कार्ड पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें। (TTY: 711)

**CEEB TOOM:** Koj tuaj yeem tau txais ib tug neeg txhais lus tham nrog koj tus kws kho mob thaum lub sijhawm kev teem caij los sis thaum tham nrog peb. Yog tias koj hais **Lus Hmoob (Hmong)**, yuav muaj cov kev pab cuam txhais lus pub dawb thiab kev sib txuas lus ua lwm hom qauv, xws li luam ua tus ntwav loj rau koj. Hu rau **1-866-260-2723** rau Cov Phiaj Xwm Kho Mob, **1-800-638-3120** rau Cov Phiaj Xwm Kho Qhov Muag, **1-877-816-3596** rau Cov Phiaj Xwm Kho Hniav, los yog hu rau tus xov tooj hu dawb uas teev rau hauv koj daim npav ID. (TTY: 711).

**ATENSIÓN:** Makaalaka iti interpreter a makisarita kadakami wenko iti doktormo iti oras ti appointment-mo. No makasaoka iti **Ilocano (Ilocano)**, makaalaka iti libre a tulong iti lengguahe ken libre a pannakikomunikar iti sabali a format, kas iti dadakkel a letra. Tawagam ti **1-866-260-2723** para kadagiti Plan a Medikal, **1-800-638-3120** para kadagiti Plan para iti Panagkita, **1-877-816-3596** para kadagiti Plan para iti Ngipen, wenko tawagam ti libre a numero ti telepono a nailista iti ID card-mo kas miembro. (TTY: 711).

**ATTENZIONE:** il giorno del Suo appuntamento, può richiedere i servizi di un interprete per parlare con il Suo medico o con noi. Se parla **italiano (Italian)**, sono disponibili gratuitamente servizi di assistenza linguistica e comunicazioni in altri formati, come la stampa a caratteri grandi. Chiami il numero **1-866-260-2723** per i piani sanitari, il numero **1-800-638-3120** per i piani oculistici e il numero **1-877-816-3596** per i piani dentistici, oppure chiami il numero verde riportato sul Suo tesserino identificativo. (TTY: 711).

**ご注意:** ご予約にお越しの際またはご来院の際、医師とお話になるための通訳者を手配することが可能です。あなたが**日本語 (Japanese)**をお話になる場合、無料の言語支援サービスおよび大きい活字など他の形式による無料のコミュニケーションをご利用になれます。医療プランについては**1-866-260-2723**、眼科プランについては**1-800-638-3120**、歯科プランについては**1-877-816-3596**までお電話いただくか、メンバー ID カードに記載の通話料無料の番号までお電話ください。(TTY: 711)。

**주의:** 진료 시 의사와 상담하거나 저희와의 소통을 위해 통역사 서비스를 받으실 수 있습니다. **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 큰 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 의료 플랜의 경우 **1-866-260-2723**, 안과 플랜의 경우 **1-800-638-3120**, 치과 플랜의 경우 **1-877-816-3596**번으로 전화하거나 귀하의 회원 ID 카드에 기재된 무료 전화번호로 전화하십시오. (TTY: 711).

**ໝາຍເຫດ:** ທ່ານສາມາດຂໍນາຍແບບພາສາເພື່ອເຂົ້າກັບທ່ານໝໍໃນເວລາທີ່ທ່ານນັດໝາຍ ຫຼື ກັບພວກເຮົາໄດ້. ຖ້າວ່າທ່ານເວົ້າ **ພາສາລາວ (Lao)**, ການບໍລິການຊ່ວຍເຫຼືອດ້ານ ພາສາ ແລະ ການສື່ສານພຣີໃນຮູບແບບອື່ນໆ, ເຊັ່ນ: ການພິມຂະໜາດ ໃຫຍ່, ແມ່ນມີໃຫ້ທ່ານ. ໂທ **1-866-260-2723** ສໍາລັບແຜນການທາງການແພດ, **1-800-638-3120** ສໍາລັບແຜນການທາງສາຍຕາ, **1-877-816-3596** ສໍາລັບແຜນການທາງແຂ້ວ, ຫຼື ໂທຫາເບີໂທພຣີທີ່ວາງໄວ້ໃນບັດປະຈໍາຕົວສະມາຊິກຂອງທ່ານ.(TTY: 711).

**SHOOH:** Nánihoot'áani góne' ne'azee' íí'íni bich'í' yáníiti' doodago nihí nihich'í' yáníiti'go ata' halne'í'í' naayílt'eehgo bíighah. **Diné (Navajo)** bizaad bee yáníiti'to, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anída'ow'í dóó t'áá jiik'eh nááná'ahgo át'éego bee hada'dilyaaígíí bee ahít hane', díí nitsaago bik'e'ashchíní, ná dahólq. Ats'íis Nánél'jijh Bee Hada'dít'éhí biniiyé kohjí' 1-866-260-2723 hodíilnih, Anáá' Bee Hoot'íni Bee Hada'dít'éhí biniiyé kohjí' 1-800-638-3120 hodíilnih, Awoo' Bee Hada'dít'éhí biniiyé kóhjí' 1-877-816-3596 hodíilnih, doodago bee ní' ha'dít'éhí ninaaltsoos nit'izí bee nééhóziní ID bąąh t'áá jiik'eh námbóo bee dahane'í biká'ígíí bee hodíilnih. (TTY: 711).

**ध्यान दिनुहोस्:** तपाईंले आफ्नो अपोइन्टमेन्टको समयमा वा हामीसँग आफ्नो डाक्टरसँग कुरा गर्न दोभाषे लिन सक्नुहुन्छ। तपाईं **नेपाली (Nepali)** बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र ठूलो अक्षर जस्ता अन्य ढाँचाहरूमा निःशुल्क सञ्चार सेवाहरू तपाईंको लागि उपलब्ध छन्। चिकित्सा योजनाहरूको लागि 1-866-260-2723 भिजन योजनाहरूको लागि 1-800-638-3120 दन्त योजनाहरूको लागि 1-877-816-3596 मा कल गर्नुहोस्, वा तपाईंको सदस्य परिचयपत्रमा सूचीबद्ध टोल-फ्री फोन नम्बरमा कल गर्नुहोस्। (TTY: 711)

**WICHDICH:** Du darfst en Interpreter griege fer schwetze mit dei Dokter an dei Appointment odder mit uns. Wann du **Deutsch (Pennsylvania Dutch)** schwetzsch un brauchsch Hilf fer communicat-e, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigrieger aa fer nix. Call 1-866-260-2723 fer Plans as zu duh hen mit Dokteres, 1-800-638-3120 fer Plans as zu duh hen mit Sehne, 1-877-816-3596 fer Plans as zu duh hen mit Zaeh, odder call die Toll-Free Phone Number as uff dei ID Card is. (TTY: 711).

**UWAGA:** Możesz poprosić tłumacza o pomoc w rozmowie z lekarzem w czasie wizyty lub z nami. Osoby mówiące w języku **polskim (Polish)**, mają dostęp do bezpłatnej usługi pomocy językowej i bezpłatnej komunikacji w innych formatach, takich jak duży druk. Zadzwoń pod numer 1-866-260-2723 w celu uzyskania informacji o planach medycznych, 1-800-638-3120 o planach okulistycznych, 1-877-816-3596 o planach stomatologicznych lub zadzwoń pod bezpłatny numer telefonu podany na karcie członkowskiej. (TTY: 711).

**ATENÇÃO:** Você pode ter um intérprete para falar com o médico no momento da consulta ou conosco. Se você fala **português (Portuguese)**, há serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como letras grandes, disponíveis para você. Ligue para 1-866-260-2723 para planos médicos, 1-800-638-3120 para planos oftalmológicos, 1-877-816-3596 para planos odontológicos ou ligue para o número de telefone gratuito listado no seu cartão de ID de membro. (TTY: 711).

**ਧਿਆਨ ਦਿਓ:** ਤੁਸੀਂ ਆਪਣੀ ਅਪਾਇੰਟਮੈਂਟ ਦੇ ਸਮੇਂ ਆਪਣੇ ਡਾਕਟਰ ਨਾਲ ਜਾਂ ਸਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਡੀਕਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-866-260-2723, ਵਿਜ਼ਨ ਯੋਜਨਾਵਾਂ ਲਈ 1-800-638-3120, ਡੈਂਟਲ ਯੋਜਨਾਵਾਂ ਲਈ 1-877-816-3596 'ਤੇ ਕਾਲ ਕਰੋ, ਜਾਂ ਆਪਣੇ ਮੈਂਬਰ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਟੋਲ-ਫ੍ਰੀ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)

**ВНИМАНИЕ!** Вы можете воспользоваться услугами устного переводчика для общения с вашим врачом во время приема или через наши услуги. Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Позвоните по телефону **1-866-260-2723** для медицинских планов, **1-800-638-3120** для планов по охране зрения, **1-877-816-3596** для планов по стоматологическим услугам или на линию для бесплатного звонка, указанную на вашей идентификационной карточке участника. (Линия TTY: 711).

**FA'AALIGA:** Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Vala'au **1-866-260-2723** mo Fuafuaga Fa'afoma'i, **1-800-638-3120** mo Fuafuaga Va'ai, **1-877-816-3596** mo Fuafuaga Nifo, pe vala'au le numera telefoni e leai se totogi o lo'o lisiina i luga o lau pepa ID tagata. (TTY: 711).

**FIRO GAAR AH:** Waxaad heli kartaa turjumaan si aad ula hadasho dhakhtarkaaga wakhtiga ballanta ama annaga. Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Wac **1-866-260-2723** wixii ah Qorshayaasha Caafimaadka, **1-800-638-3120** Qorshooyinka Aragtida, **1-877-816-3596** wixii ah Qorshooyinka Ilkaha, ama wac lambarka telefoonka bilaashka ah ee ku qoran kaarka aqoonsiga xubinta. (TTY: 711).

**ATENCIÓN:** Puede conseguir un intérprete para hablar con nosotros o con su médico durante su cita. Si usted habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia en otros idiomas y comunicaciones gratuitas en otros formatos, como letra grande. Llame al **1-866-260-2723** para los planes médicos, al **1-800-638-3120** para los planes de la vista y al **1-877-816-3596** para los planes dentales, o llame al número de teléfono gratuito que aparece en su tarjeta de identificación de membresía. (TTY: 711).

**PAUNAWA:** Maaari kang makakuha ng interpreter upang makausap ang iyong doktor sa panahon ng iyong appointment o sa pakikipag-usap sa amin. Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tumawag sa **1-866-260-2723** para sa Mga Planong Medikal, **1-800-638-3120** para sa Mga Plano para sa Pangingin, **1-877-816-3596** para sa Mga Plano para sa Ngipin, o tumawag nang libre sa numero ng telepono na nakalista sa iyong ID card ng miyembro. (TTY: 711).

**หมายเหตุ:** คุณสามารถขอคำปรึกษาฟรีกับแพทย์ของคุณได้ในเวลาที่คุณนัดหมายหรือกับเรา หากคุณพูดภาษาไทย (**Thai**) เรายินดีให้บริการช่วยเหลือด้านภาษาและการสื่อสารในรูปแบบอื่นๆ เช่น การพิมพ์ที่ช่วยตัวอักษรขนาดใหญ่โดยไม่คิดค่าใช้จ่าย โทร **1-866-260-2723** สำหรับการวางแผนทางการแพทย์ **1-800-638-3120** สำหรับการวางแผนด้านจักษุ **1-877-816-3596** สำหรับการวางแผนด้านทันตกรรม หรือโทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ในบัตรประจำตัวสมาชิกของคุณ (TTY: 711)

**ЗВЕРНІТЬ УВАГУ!** Під час прийому у лікаря або розмови з нами ви маєте змогу скористатися послугами усного перекладача. Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як-от набрані великим шрифтом. Телефонуйте на номер **1-866-260-2723** щодо планів медичного страхування, на номер **1-800-638-3120**, щоб дізнатися докладніше про плани страхового покриття офтальмологічних послуг, на номер **1-877-816-3596**, щоб дізнатися докладніше про плани страхового покриття стоматологічних послуг, або телефонуйте на номер безкоштовної телефонної лінії, зазначений на вашій ідентифікаційній картці учасника. (лінія ТТУ: 711).

**توجہ فرمائیں:** آپ اپنی ملاقات کے وقت یا ہمارے ساتھ اپنے ڈاکٹر سے بات کرنے کے لیے مترجم حاصل کر سکتے ہیں۔ اگر آپ اردو (Urdu) بولتے ہیں، تو مفت لسانی معاونتی خدمات اور دیگر فارمیٹس مثلاً بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ میڈیکل پلانز کے لیے **1-866-260-2723** پر، ویزن پلانز کے لیے **1-800-638-3120**، ڈینٹل پلانز کے لیے **1-877-816-3596** پر کال کریں، یا (TTY: 711) ۱

**LƯU Ý:** Quý vị có thể có một thông dịch viên miễn phí để nói chuyện với bác sĩ trong buổi hẹn khám của mình hoặc nói chuyện với chúng tôi. Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Hãy gọi **1-866-260-2723** cho các Chương trình Y tế, **1-800-638-3120** cho các Chương trình Nhân khoa, **1-877-816-3596** cho các Chương trình Nha khoa, hoặc gọi số điện thoại miễn phí được ghi trên thẻ ID hội viên của quý vị. (TTY: 711).