2021-2022
Student Injury and Sickness Plan for Swarthmore College

Who is eligible to enroll?
All registered students are automatically enrolled in this insurance Plan at registration and the premium for coverage is added to their tuition billing unless proof of comparable coverage is furnished.

Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

Students who do enroll may also insure their Dependents.

How do I Enroll / Waive?
ONLINE WAIVER PROCESS
To waive the 2021-2022 Student Health Insurance Plan (SHIP)
1. Log into mySwarthmore < Click Worth Health Center < Click Health Insurance Waiver
2. Complete Health Insurance Waiver Form (enter your current health insurance policy information)
3. Click Submit

Important Communication Information
All personal e-mails are sent securely from the following companies:
· Microsoft Office 365
· Cisco
Most Communication will come from UHCSR.com or Firstriskadvisors.com. Your school email is the main forum of communication and it is the student’s responsibility to maintain and read those communications in a timely fashion.

Who can answer questions I have about the plan?
If you have questions regarding benefits please contact Customer Service at 800-505-4160. With questions regarding enrollment or waiver please Contact Student Health & Wellness at health@swarthmore.edu

Where can I get more information about the benefits available?
Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. The certificate of coverage can be viewed at https://www.gallagherstudent.com/. This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-130-1. The Policy is a Non-Renewable One-Year Term Policy.

Important deadlines
Important Information for Hard Waiver Students:
Open Enrollment Periods for all Dependents and Hard Waiver Students: If you are a hard-waiver student and you fail to waive coverage before the September 18, 2021 deadline, you will be enrolled automatically and responsible to pay Swarthmore College for this annual coverage that was purchased on your behalf.

If you have eligible Dependents and you choose not to enroll them for this annual coverage before the Enrollment Deadline of September 18, 2021, your Dependents will not be eligible for enrollment again until the open enrollment period of the following Fall semester. If a dependent is enrolled during the open enrollment period, their coverage begins on the period start date. See https://www.gallagherstudent.com/ for further information.

*For new students in the spring semester, your open enrollment deadline is January 15, 2022.

NOTICE: Cancelations/Refunds
Once you are enrolled in the plan, there are no refunds or cancelations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Annual 8/17/21 – 8/16/2022</th>
<th>Spring/Summer 1/17/22 – 8/16/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,000.00</td>
<td>$1,162.00</td>
</tr>
<tr>
<td>Spouse</td>
<td>$2,000.00</td>
<td>$1,162.00</td>
</tr>
<tr>
<td>One Child</td>
<td>$2,000.00</td>
<td>$1,162.00</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$4,000.00</td>
<td>$2,324.00</td>
</tr>
<tr>
<td>Spouse + Two or More Children</td>
<td>$6,000.00</td>
<td>$3,486.00</td>
</tr>
</tbody>
</table>

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

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2021-130-1. The Policy is a Non-Renewable One-Year Term Policy.
## Highlights of the Student Injury and Sickness Insurance Plan Benefits offered by UnitedHealthcare

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 93.66%**

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

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the Student Health Center. Policy Exclusions and Limitations do not apply.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Deductible</td>
<td>$0 per Insured Person, per Policy Year</td>
<td>$275 per Insured Person, per Policy Year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</td>
<td>$3,000 Per Insured Person, Per Policy Year</td>
</tr>
</tbody>
</table>

### Coinsurance

All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

### Prescription Drugs

Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>10% Coinsurance per prescription Tier 1</td>
<td>70% of Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>10% Coinsurance per prescription Tier 2</td>
<td>10% Coinsurance per prescription Tier 3</td>
</tr>
<tr>
<td>Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive Care Services

Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Please see www.healthcare.gov/preventive-care-benefits/ for complete details of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

### Mental Illness Treatment/Substance Use Disorder Treatment, except Medical Emergency and Prescription Drugs

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits: Preferred Allowance after Deductible</td>
<td>Office Visits: Usual and Customary Charges after Deductible</td>
</tr>
<tr>
<td>Other Outpatient Services: Preferred Allowance after Deductible</td>
<td>Other Outpatient Services: Usual and Customary Charges after Deductible</td>
</tr>
</tbody>
</table>

### Pediatric Dental and Vision Benefits

Refer to the plan certificate for details (age limits apply).
**Exclusions and Limitations:**

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

1. Acupuncture, except as specifically provided in the Policy.
2. Learning disabilities.
3. Circumcision.
4. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness, or to restore normal bodily function, for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
5. Custodial Care.
   - Care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care.
   - Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
   - For accidental Injury to Natural Teeth.
   - As specifically provided in the Schedule of Benefits.
   - As described under Dental Treatment in the Policy.
   This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
7. Elective Surgery or Elective Treatment as defined in the Policy.
   This exclusion does not apply to cosmetic surgery necessitated by a covered Injury.
8. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
9. Foot care for the following:
   - Flat foot conditions.
   - Weak feet.
   - Routine foot care including the care, cutting and removal of corns, and calluses.
   This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
10. 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.
11. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. 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.
14. Lipectomy.
16. Participation in a riot or civil disorder. Commission of or attempt to commit a felony. Fighting.
17. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical substances, regardless of intended use, except as specifically provided in the Policy.
   - Immunization agents, except as specifically provided in the Policy.
   - Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs.
   - Products used for cosmetic purposes.
   - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
   - Anorectics - drugs used for the purpose of weight control.
   - Fertility agents or sexual enhancement drugs, such as Parlodol, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
   - Growth hormones.
   - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following:
   - Infertility treatment (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception, except as specifically provided in the Policy.
   - Premarital examinations.
   Vision correction surgery. Treatment for visual defects and problems.
   This exclusion does not apply as follows:
   - When due to a covered Injury or disease process.
   - For scleral lenses for keratoconus, treatment to retain moisture for lack of normal tearing, and an initial pair of eyeglasses for aphakia.
   - To benefits specifically provided in Pediatric Vision Services.
20. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.
21. Preventive care services which are not specifically provided in the Policy, including:
   - Routine physical examinations and routine testing.
   - Preventive testing or treatment.
   - Screening exams or testing in the absence of Injury or Sickness.
22. Services provided normally without charge by the Health Service of the Policyholder.
23. Temporomandibular joint dysfunction. 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.
25. Speech therapy, except as specifically provided in the Policy.
26. Supplies, except as specifically provided in the Policy.
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia, except as specifically provided in the Policy.
28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
29. 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).
30. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.
UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner or Civil Union 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 or Civil Union 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 or Civil Union 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.
Healthiest You: 24/7 Doctor Access

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

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

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

* Available to Insured students and their covered Dependents ages 18 and over. If you call prior to the effective date of your coverage under the insurance plan, you will be charged a $40 service fee before being connected to a board-certified physician.

24/7 Student Support

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

HealthiestYou: Virtual Counselor Access

Starting on the effective date of your coverage under the student insurance plan, you have access to mental health providers through a national virtual counseling service.* Psychiatrists, psychologists and licensed therapists are available to you through a variety of communication methods, including phone and video.

When you sign up, you’ll complete a questionnaire, choose your provider and select a date and time for your appointment. Appointments are available 7 days a week. Visits are secure, discreet and confidential, and you have ongoing support with the same provider.

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

*Available to Insured students and their covered Dependent; age restrictions may apply, depending on your state.

ID Cards

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

Online Services

UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging into My Account at www.firststudent.com. To create an online account, select the “create My Account Now” link and follow the simple, onscreen directions. All you need is your School ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and the App Store.

This Summary Brochure is based on Policy #2021-130-1.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by UnitedHealthcare. This document is a summary only and may not contain a full or complete recitation of the benefits and restrictions/exclusions associated with the relevant policy of insurance. This document is not an insurance policy document and your receipt of this document does not constitute the issuance or delivery of a policy of insurance. Neither you nor UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual policy of insurance.
NON-DISCRIMINATION NOTICE

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

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

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

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

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

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

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


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

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201

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

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
አማርኛ ከርስክ ያለውን ያለውን ያወቅስ ብስራት 1-866-260-2723 ከሚያስከራከሩ

Arabic
توفر لك خدمات المساعدة اللغوية مجانًا، أتصل على الرقم 1-866-260-2723.

Azerbaijani
24 saat hizmetiniz için lütfen 1-866-260-2723 numaraları ile iletişime geçiniz.

Bantu-Kirundi
Uronzwa ku bantu servisivu ziwiwi ku turimina za kugufasha. Utegerewe ruhumangura 1-866-260-2723.

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

Bengali-Bangladesh
আপনার জন্য সহায়তা সেবাগুলো বিশেষ বিনিয়োগ পেতে পারেন। ডাক করুন 1-866-260-2723-এ কল করুন।

Burmese
သင့်တွင် ပိုမိုသော လိုအပ်ချက်များသုံးမှုများ ကြည့်ပေးပါ။ 1-866-260-2723 သိမ်းဆည်းပြီ။

Cambodian-Mon-Khmer
យើងបedioយកើតមើលសេវារបស់អ្នក ដ៏ប្រសើរ និង 1-866-260-2723 ដោយប្រឈមរបស់អ្នក។

Cherokee
 Cherokee

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

Chocatw
Chahta anumpa ish anumpuli hokmvy toshoki yvt peh pilla hq chi aple hinla. 1 paya 1-866-260-2723.

Cushite-Oromo
Tajagiliywan gargaara afaami kanfaltii malee siif jira. Maaloo karna lakkootsa bibliaa 1-866-260-2723 bibuli.

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