Who is eligible to enroll?

**Graduate Students on Assistantship:**
Full time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada, Reno are automatically enrolled in the student health insurance plan at no charge to the student unless they choose to submit an approved insurance waiver of comparable coverage. Half time Graduate students who have an Assistantship (GA) and are enrolled in 6 or more graduate credit hours at the University of Nevada, Reno are automatically enrolled in the student health insurance plan with half of the insurance premium paid by UNR. Half time GA students who do not submit an approved insurance waiver of comparable coverage will have their student accounts charged for the remaining half of the insurance premium.

**Graduate Students NOT on Assistantship:**
All eligible degree-seeking graduate students enrolled in 6 or more credit hours are automatically enrolled in the UNR sponsored student health insurance plan, unless they choose to submit an approved insurance waiver of comparable coverage. Students on University approved Medical Leave are eligible to enroll on a voluntary basis for continued coverage under this insurance plan for only the first term immediately following medical withdrawal, provided they were enrolled in this insurance plan for the term prior to the leave.

Eligible students will be charged a Health Insurance Fee for the Fall and Spring/Summer terms. All students who have the student health insurance plan during Spring 2019 term will be covered through August 14th, 2019, regardless of summer credit hours. This means if you have paid the Spring/Summer student health insurance charge, you will have continuous coverage throughout summer term, regardless of taking classes, traveling or graduating.

**Dependents:**
Dependent enrollment in this plan is voluntary. Eligible students who do enroll may also insure their Eligible Dependents. Eligible Dependents are the legal spouse (or Domestic Partner), and their dependent children under 26 years of age. A “Newborn” will automatically be covered for Injury or Sickness from birth until 31 days old, providing that the Insured Person, who is the parent, is covered under this plan. Coverage may be continued for that child when USI Student Insurance is notified in writing within 31 days from the date of birth and by payment of any additional premium. Dependent eligibility expires concurrently with that of the Insured Student, and Dependents must re-enroll when coverage terminates to maintain coverage.

**Dependent Enrollment Deadline**
All dependent enrollments must be processed on or before 5:00PM PST on the dates listed below. No enrollments will be accepted after these dates:

- Fall: 9/8/18
- Spring/Summer: 2/1/19
To enroll your dependents, or if you have questions about how to submit a waiver, contact UNR’s student health insurance brokers, USI Student Insurance at (800) 853-5899, M-F, 8:00am-5:00pm (PST).

You must meet the Eligibility requirements each time you pay a premium to continue insurance coverage. To avoid a lapse in coverage, your premium must be received within 30 days after the coverage expiration date. It is the student’s responsibility to make timely premium payments to avoid a lapse in coverage.

Loss of Coverage
Eligible students who involuntarily lose coverage under another group insurance plan are also eligible to purchase the University of Nevada, Reno Student Health Insurance Plan. These students must provide USI Student Insurance with proof that they have lost insurance through another group (certificate and letter of ineligibility) within 30 days of the qualifying event. The effective date would be the later of: a) term effective date, or b) the day after prior coverage ends if enrollment request is received by USI Student Insurance within 30 days from loss of prior coverage.

To be an Insured under the Master Policy, the student must have paid the required premium and his/her name, student number and date of birth must have been included in the declaration made by the School or the Administrative Agent to the Insurer. All students must actively attend classes for the first 45 consecutive days following their effective date for the term purchased, and/or pursuant to their visa requirements for the period for which coverage is purchased, except during school authorized breaks or in case of a medical withdrawal, approved by your school and any applicable regulatory authority. Please contact your school or USI Student Insurance for details. Home study, correspondence and online courses do not fulfill the eligibility requirements that the student actively attend classes.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
   a. On the date the Named Insured acquires a legal spouse or a Domestic Partner who meets the specific requirements set forth in the Definitions section of this Certificate.
   b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

If the Company discovers the Eligibility requirements have not been met, its only obligation is refund of premium.

Premium Refund/Cancellation

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) enrollments will NOT receive a refund of your insurance premium After the Drop Deadline of the term has passed. For dependent enrollments made directly with USI Student Insurance that are paid using a credit card or check: if you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that your dependent did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your dependents coverage will remain in effect until the end of the term for which you have paid the premium. Refund requests for these enrollments should be directed to USI Student Insurance at (800) 853-5899 or via email at studentinsurance@usi.com.
2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you or your dependents enter the armed forces the policy will be cancelled as of the date of such entry a pro-rata refund of premium will be made for such person, upon written request received by USI Student Insurance within 31 days of entry into service.
3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.

Waiver Information

Graduate students who are eligible to waive out of the student health insurance plan who have insurance that is comparable to the UNR Student Health Insurance Plan offered through a different insurance company (i.e. through an employer, spouse, parent/guardian, scholarship, etc.), and DO NOT want to take part in the UNR Student Health Insurance Plan, must complete the online waiver process by the waiver deadline and have the waiver approved to have the insurance fees removed from your student account. Graduate students must submit an approved waiver once per academic year.
Students who are eligible to waive out of the student health insurance plan, who do not have insurance, no action is required. You will automatically be enrolled in the UNR UnitedHealthcare StudentResources Student Health Insurance Plan each term you are eligible, (Fall and Spring/Summer), and your student account will be charged.

To Waive out of the insurance plan you must complete an approved online waiver through [https://studentinsurance.usi.com/UNR/unr-grad](https://studentinsurance.usi.com/UNR/unr-grad).

**Waiver Deadlines**
All online waivers must be submitted by 11:59PM PST on the dates listed below to be considered. No waivers received after this time will be accepted.

- **Fall:** 9/8/18
- **Spring/Summer:** 2/1/19

**Where can I get more information about the benefits available?**
Please read the certificate of coverage to determine whether this plan is right for you before you enroll. The certificate of coverage provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the University and may be viewed at [www.uhcsr.com/unr](http://www.uhcsr.com/unr). This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy number 2018-524-2. The Policy is a Non-Renewable One-Year Term Policy.

**Who can answer questions I have about the plan?**
If you have questions please contact Customer Service at 1-800-767-0700 or customerservice@uhcsr.com/unr.

### Highlights of Coverage offered by UnitedHealthcare StudentResources

#### Coverage Dates and Plan Cost

<table>
<thead>
<tr>
<th>Rates</th>
<th>Fall 8-15-18 to 1-14-19</th>
<th>Spring/Summer 1-15-19 to 8-14-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>Spouse</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>One Child</td>
<td>$1,274.67</td>
<td>$1,765.33</td>
</tr>
<tr>
<td>Two or More Children</td>
<td>$2,549.33</td>
<td>$3,530.67</td>
</tr>
</tbody>
</table>

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

#### Important Dates and Deadlines
All online waivers must be submitted by 11:59PM PST on the dates listed below to be considered. No waivers received after this time will be accepted:

- **Fall:** 9/8/18
- **Spring/Summer:** 2/1/2019

#### Dependent Enrollment Deadlines
- **Fall:** 9/8/18
- **Spring/Summer:** 2/1/19

#### Other Coverage
Also available for University Nevada Reno students is a UnitedHealthcare Insurance Company fully insured Dental and Vision plan. To enroll go to [www.uhcsr.com/unr](http://www.uhcsr.com/unr).

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

**METALLIC LEVEL – PLATINUM WITH ACTUARIAL VALUE OF 89.290%**

**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 will be waived and benefits will be paid at 100% for Covered Medical Expenses incurred when treatment is rendered at the University of Nevada-Reno Health Center for the following services: all services that are otherwise not covered by the University of Nevada - Reno Health Fee. The Policy Exclusion for Routine/Preventive care services does not apply when treatment is rendered at the Student Health Center. Quantiferon TB Gold Test is covered at the Student Health Center only.

<table>
<thead>
<tr>
<th>Overall Plan Maximum</th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250 Per Insured Person, per Policy Year</td>
<td>$500 Per Insured Person, per Policy Year</td>
<td></td>
</tr>
<tr>
<td>$500 For all Insureds in a Family, Per Policy Year</td>
<td>$1,000 For all Insureds in a Family, Per Policy Year</td>
<td></td>
</tr>
</tbody>
</table>

**Out-of-Pocket Maximum**

After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,800 Per Insured Person, Per Policy Year</td>
<td>$3,000 Per Insured Person, Per Policy Year</td>
</tr>
<tr>
<td>$3,600 For all Insureds in a Family, Per Policy Year</td>
<td></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>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>60% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
</tbody>
</table>

**Inpatient Room and Board**

80% of Preferred Allowance

**Outpatient Physician’s Visits**

80% of Preferred Allowance

**Physiotherapy**

Limits per Policy Year as follows:

- 60 visits for any combination of physical therapy, occupational therapy and speech therapy.

Separate physical, occupational and speech therapy limits apply to rehabilitative and Habilitative Services

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of Preferred Allowance</td>
<td>60% of Usual and Customary Charges</td>
</tr>
</tbody>
</table>

**Medical Emergency Expenses**

80% of Preferred Allowance

**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 Copay for Tier 1</td>
<td>No Benefits</td>
</tr>
<tr>
<td>$25 Copay for Tier 2</td>
<td></td>
</tr>
<tr>
<td>$100 Copay for Tier 3</td>
<td></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 Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit www.healthcare.gov/preventive-care-benefits/ for a complete list of the services provided for specific age and risk groups.

<table>
<thead>
<tr>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of Preferred Allowance</td>
<td>No Benefits</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:

2. Biofeedback.
3. Cosmetic procedures, except reconstructive procedures to:
   - Correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
   - Correct a congenital malformation which causes a functional impairment.
4. 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.
5. Dental treatment, except:
   - For accidental Injury to Sound, Natural Teeth.
   - As described under Dental Treatment in the Policy. This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline.
8. Foot care for the following:
   - Flat foot conditions.
   - Supportive devices for the foot.
   - Fallen arches.
   - Weak feet.
   - Chronic foot strain.
   - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery). This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
9. Genetic testing, except as specifically provided in the Policy.
10. Health spa or similar facilities. Strengthening programs.
11. Hearing examinations. Hearing aids, except as specifically provided in the Policy. 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.
   - A bone anchored hearing aid for an Insured Person with: a) craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or b) hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid.
13. Hypnosis.
14. Immunizations, except as specifically provided in the Policy. Preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the Policy.
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
16. Injury or Sickness outside the United States and its possessions, except for a Medical Emergency when traveling for academic study abroad programs, business or pleasure.
17. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance.
18. 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.
19. Investigational services.
20. Lipectomy.
21. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
22. Prescription Drugs, services or supplies as follows:
   - Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the 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 Parlodel, 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.

23. Reproductive/Infertility services including but not limited to the following:
• Procreative counseling.
• Genetic counseling and genetic testing, except as specifically provided in the Policy.
• Cryopreservation of reproductive materials. Storage of reproductive materials.
• Fertility tests, except as specifically provided in the Policy.
• 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.
• Impotence, organic or otherwise.
• Reversal of sterilization procedures.

24. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the Policy.

25. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
• When due to a covered Injury or disease process.
• To benefits specifically provided in Pediatric Vision Services.
• To one pair of eyeglasses or set of contact lenses following cataract surgery.

26. Routine Newborn Infant Care and well-baby nursery and related Physician charge, except as specifically provided in the Policy.

27. 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.

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

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

30. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional.

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

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

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

34. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered).

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity (except surgery for morbid obesity, limited to one operative procedure per lifetime). 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 and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

Domestic Students, insured spouse, Domestic Partner and insured minor child(ren): you are eligible for UnitedHealthcare Global services when 100 miles or more away from your campus address or 100 miles or more away from your permanent home address or while participating in a Study Abroad program.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for
If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:
- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access My Account and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:
- Caller’s name, telephone and (if possible) fax number, and relationship to the patient;
- Patient’s name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient’s condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted. A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

**Highlights of Services offered by UnitedHealthcare StudentResources**

**NurseLine and Student Assistance: 24/7 Access to Nurse and Counseling Support**

Insureds have immediate access to nurse advice and counseling support 24 hours a day by calling the toll-free number listed on their medical ID card. NurseLine is staffed by both English and Spanish speaking Registered Nurses who can provide health information, support, and guidance on when to seek medical care. The Student Assistance Program coordinates services using a network of resources. Services available include financial and legal advice, as well as mediation. Counseling is also available by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.uhcsr.com/MyAccount.
This Summary Brochure is based on Policy #2018-524-2

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.
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](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.
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

請注意: 如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-866-260-2723.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue para 1-866-260-2723.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。1-866-260-2723 にお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می‌باشد. 1-866-260-2723
कृपा ध्यान दें: यदि आप हिंदी (Hindi) भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपा पर कार्य करें 1-866-260-2723

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-866-260-2723.
NOTICE:
The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC1 - 06/29/2018
NOC 1: Only applies to Option 2
Policy: No changes
Brochure-Certificate: No Changes

Summary Brochure:
Add below section:

Premium Refund/Cancellation
A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. All hard-waiver and mandatory (insurance is required as a condition of enrollment on campus) enrollments will NOT receive a refund of your insurance premium after the Drop Deadline of the term has passed. For dependent enrollments made directly with USI Student Insurance that are paid using a credit card or check: if you withdraw from school within the first 45 days of the coverage period, you will receive a full refund of the insurance premium provided that your dependent did not file a medical claim during this period. Written proof of withdrawal from the school must be provided. If you withdraw after 45 days of the coverage period, your dependents coverage will remain in effect until the end of the term for which you have paid the premium. Refund requests for these enrollments should be directed to USI Student Insurance at (800) 853-5899 or via email at studentinsurance@usi.com.
2. If you or your insured dependents enter the armed forces of any country you and your insured dependents will not be covered under the Master Policy as of the date of such entry. If you or your dependents enter the armed forces the policy will be cancelled as of the date of such entry a pro-rata refund of premium will be made for such person, upon written request received by USI Student Insurance within 31 days of entry into service.
3. Refunds will be granted for insured dependents in case of a qualifying event such as legal separation, divorce or death within 31 days of the occurred event, provided that your insured dependents did not file a medical claim during the insured period. Written proof of such qualifying event must be submitted. Refunds will not be prorated.