

2021–2022

International Student Injury and Sickness Plan for Embassy of Oman, Cultural Division

Who is eligible to enroll?

All participants are required to purchase this insurance plan on a mandatory basis.

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

U.S. citizens are not eligible for coverage.

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 benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage may be viewed at www.uhcsr.com/oman.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-866-580-1168 or customerservice@uhcsr.com.

Important dates

The Master Policy becomes effective at 12:01 A.M, September 01, 2021. The Insured Person's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 P.M, August 31, 2022. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

NOTICE:

The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

Coverage Dates

Rates	Annual 09/31/2021-08/31/2022	Monthly
Student	\$2,640.00	\$220.00
Spouse	\$3,240.00	\$270.00
One Child	\$3,240.00	\$270.00
Student and Dependents	\$9,120.00	\$760.00

This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2021-202963-4. Available through PGH Global and issued to Embassy of Oman, Cultural Division under policy number 2021-202963-4. The Policy is a Non-Renewable One Year Term Policy.

**Highlights of the Student Injury and Sickness Insurance Plan of Benefits offered by
H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company**

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

Covered Medical Expenses incurred outside the United States will be paid at the Preferred Provider level of benefits.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is no overall maximum dollar limit on the policy	
Plan Deductible	\$0	\$0
Out-of-Pocket Maximum <i>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.</i>	\$1,000 Per Insured Person, Per Policy Year \$2,000 For all Insureds in a Family, Per Policy Year	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	100% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i> <i>Benefits will be paid at 100% for Prescription Drugs dispensed outside the U.S. No Copay applies.</i>	\$0 Copay for Tier 1 \$10 Copay for Tier 2 \$10 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy	Usual and Customary Charges Up to a 31-day supply per prescription
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group.</i>	100% Preferred Allowance	100% of Usual and Customary Charges
The following services have per service Copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Medical Emergency: \$250 Copay per visit Preferred Allowance	Medical Emergency: \$250 Copay per visit 100% of Usual and Customary Charges
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. Biofeedback.
2. Congenital Conditions, except as specifically provided for Newborn or adopted Infants.
3. Cosmetic procedures, except as specifically provided in the Policy or reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy or for newborn or adopted children. The primary result of the procedure is not a changed or improved physical appearance.
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.This exclusion does not apply to benefits specifically provided in Pediatric Dental Services.
6. Elective Surgery or Elective Treatment.
7. Foot care for the following:
 - Flat foot conditions.
 - Supportive devices for the foot.
 - Subluxations of the foot.
 - Fallen arches.
 - Weak feet.
 - Chronic foot strain.
 - Routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery).This exclusion does not apply to preventive foot care for Insured Persons with diabetes.
8. Health spa or similar facilities. Strengthening programs
9. Hearing examinations. Hearing aids. Cochlear implants. 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 or as specifically provided in the Policy.
10. Hypnosis.
11. 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.
12. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
13. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law.
14. Investigational services.
15. Marital or family counseling.
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 non-medical substances, regardless of intended use, except as specifically provided in the Policy.
 - Immunization agents, except as specifically provided in the Policy. Biological sera.
 - 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.
 - Drugs used for tobacco cessation, except as specifically provided in the Policy.
 - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive services for the following:
 - Female sterilization procedures, except as specifically provided in the Policy.
 - Vasectomy.
 - Reversal of sterilization procedures.
19. Routine Newborn Infant Care, and well-baby nursery and related Physician charge in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery.
20. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness. This exclusion does not apply to benefits specifically provided in the Policy.
21. Services provided normally without charge by the Health Service of the institution attended by the Insured or services covered or provided by a student health fee.
22. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia. 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.
23. Sleep disorders.
24. Speech therapy, except as specifically provided in the Policy.
25. Supplies, except as specifically provided in the Policy.
26. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Policy.

- 27. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
- 28. 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).
- 29. Weight management. Weight reduction. Nutrition programs. Treatment for obesity, except morbid obesity. This exclusion does not apply to benefits specifically provided in the Policy.

UnitedHealthcare Global: Global Emergency Services

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

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

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 plan certificate 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 H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP 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 plan certificate or the Master Policy.

Highlights of Services offered by UnitedHealthcare StudentResources

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.uhcsr.com/oman, 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 \$55 service fee before being connected to a board-certified physician.

Healthiest You: 24/7 Student Support

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

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 state regulations.

ID Cards

Insured students will receive emailed instructions on how to create a My Account and access their electronic ID card. From the uhcsr.com/myaccount 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

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.

This Summary Brochure is based on Policy #2021-202963-4

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company. 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.