Global Travel plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits and how you may get more out of this health plan. This policy is supplemental to a group health plan. It is not a major medical or comprehensive medical policy.

Check out what's included in the plan	Global Travel
International benefits Coverage is available no matter what doctor or hospital you use. You can use any doctor, clinic, hospital or health care facility outside your home country.	✓
Virtual Visits Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical conditions, such as colds and rashes.	✓
Pharmacy benefits With this plan, you have coverage that helps pay for prescription drugs and medications.	✓
Evacuation & Repatriation With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.	✓
Intelligence The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.	✓

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

Here's a more in-depth look at how Global Travel works.

Medical Benefits

	Your cost for all Benefits
Annual Medical Deductible	
Individual	You do not have to pay a medical deductible.
You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.	
Annual Out-of-Pocket Limit	
Individual	You do not have an out-of-pocket limit.
Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.	
Annual Medical Maximum Benefit	
The maximum amount we will pay for medical benefits during the year.	$1,000,000 per Covered Person for Medical Benefits.
Annual Medical Maximum Benefit is calculated on a Policy Year basis.	

What You Pay for Services

Copays ($) and Coinsurance (%) for Covered Health Care Services	Your cost for all Benefits
Office Services - Sickness & Injury	
Primary Care Physician	No copay
Specialist	No copay
Urgent Care Center Services	No copay
Virtual Visits *Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at myuhc.com® or the telephone number on your ID card.*	No copay
Emergency Care	
Ambulance Services - Emergency Ambulance *Benefits under this section do not include Emergency Evacuation. See Emergency Medical Evacuation described under Evacuation and Repatriation Benefits in this Benefit Summary.* *Ground or helicopter ambulance.*	No copay
Ambulance Services - Non-Emergency Ambulance[1] *Benefits under this section do not include Emergency Evacuation. See Emergency Medical Evacuation described under Evacuation and Repatriation Benefits in this Benefit Summary.* *Ground or air ambulance, as we determine appropriate.*	No copay
Dental Services - Accident Only	No copay

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays ($) and Coinsurance (%) for Covered Health Care Services	Your cost for all Benefits
Emergency Health Care Services - Outpatient	No copay
Inpatient Care	
Hospital - Inpatient Stay	No copay
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services	No copay
Outpatient Care	
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing	No copay
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing	No copay
Lab, X-Ray and Major Diagnostics - CT, PET, MRI, MRA and Nuclear Medicine - Outpatient	No copay
Physician Fees for Surgical and Medical Services	No copay
Scopic Procedures - Outpatient Diagnostic and Therapeutic *Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.*	No copay
Surgery - Outpatient	No copay
Therapeutic Treatments - Outpatient *Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.*	No copay
Supplies and Services	
Durable Medical Equipment (DME), Orthotics and Supplies	No copay
Pharmaceutical Products - Outpatient *This includes medications administered in an outpatient setting or in the Physician's Office.*	No copay
Prosthetic Devices	No copay
Pregnancy	
Pregnancy - Complications of Pregnancy in the first or second trimester only	The amount you pay is based on where the covered health care service is provided.
Other Services	
Culturally Based Services	No copay
Dental Pain Relief	No copay
Reconstructive Procedures	The amount you pay is based on where the covered health care service is provided.

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

What You Pay for Services

Copays ($) and Coinsurance (%) for Covered Health Care Services	Your cost for all Benefits
Evacuation and Repatriation Services	
Annual Evacuation & Repatriation Maximum *The maximum amount we will pay for evacuation and repatriation benefits during the year.*	$250,000 per Covered Person for Evacuation and Repatriation Benefits.
Emergency Family Reunion[1] *Limited to a per diem for living expenses of $200 for one companion up to 14 days while the Covered Person is hospitalized more than 3 days.* *Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*	No copay
Emergency Medical Evacuation[1] *Limited to a per diem of $200 for up to 14 days towards the living expenses incurred by the person(s) accompanying you. Benefits are limited to 2 evacuations per Covered Person per year.* *Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*	No copay
Medical Repatriation[1] *Benefits are provided for an allowance of up to $200 per day for up to 14 days towards the Reasonable Living Expenses incurred by the person(s) accompanying you or as necessary for the Subscriber when waiting for medical transport.* *Benefits include Repatriation of Children (under age 18) and adult family members.* *Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*	No copay
Repatriation of Remains[1] *Benefits include Return of Children (under age 18) and adult family members.* *Services for Evacuation/Repatriation benefits are only covered if all arrangements are approved in advance and arranged by us.*	No copay
International Pharmacy Benefits	
Outpatient Prescription Drugs *Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.*	No copay

*After the Annual Medical Deductible has been met.

[1]Prior Authorization Required. Refer to COC/SBN.

Other important information about your benefits.

Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care
- Glasses
- Infertility Treatment
- Long-Term Care
- Mental Health and Substance Use Disorder Services
- Pregnancy (Other than Complications of Pregnancy in the first or second trimester)
- Preventive Care
- Private-Duty Nursing
- Routine Foot Care
- Transplants
- Vision Exams
- Weight Loss Programs

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

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the 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 phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. 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

Complaint forms are available at:
http://www.hhs.gov/ocr/office/file/index.html.

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

We provide free services to help you communicate with us such as letters in others languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على بطاقة التعريف الخاصة بك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά **(Greek)**, υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ગુજરાતી **(Gujarati)**: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વવના મૂલ્યે પરાપ્ય છે. મહેરબાની કરી તમારા આઇડી કાડડની સૂચિપર આપેલો સેભ્યે માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

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