



# 2024 - 2025 International Student Health Insurance Plan: ISS Intercollegiate Sports Plus

## Who can enroll?

International students or other persons with a current passport who: 1) are engaged in educational activities; 2) are temporarily located outside his/her home country as a non-resident alien; 3) have not obtained permanent residency status in the U.S.; and 4) are enrolled in an associate, bachelor, master or Ph.D. degree program at a university or other educational institution, with no less than six credit hours (unless such school's full-time status requires less); Visiting Scholars with an F1 or J1 visa are eligible to enroll in this insurance Plan. The six credit hour requirement is waived for Summer if the applicant was enrolled in this plan as a full-time student in the immediately preceding Spring term.

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

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of International Visiting Scholars. Home study, correspondence, and online courses do not fulfill the Eligibility requirements that the student 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.

U.S. citizens and residents are not eligible for coverage as a student or Dependent.

### Plan resources at your fingertips

Enroll	<a href="http://www.iss.gallagherstudent.com">www.iss.gallagherstudent.com</a>
View benefits, submit a claim and download your ID card via My Account	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	<a href="#">Choice Plus</a>
Find a prescription drug provider	<a href="#">Optum Rx</a>
Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> )	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>

30-Day Rates*		
	2024-203112-91 \$100/\$500 Deductible Option	2024-203112-93 \$500/\$750 Deductible Option
Student 22 & Under	\$226.50	\$206.10
Student 23-26	\$344.40	\$312.00
Student 27-30	\$808.80	\$728.70
Student 31+	\$3,889.80	\$3,496.50
Spouse	\$1,742.70	\$1,742.70
Each Child	\$890.10	\$890.10

\* 30-Day rates are for illustrative purposes only, minimum purchase period is 90 days or actual semester dates.  
24COL4751-203112-91/93

## Plan highlights

**Student Health Center Benefits (Students Only):** The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider Benefit level when treatment is rendered at the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers	Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>Student Only:</b> There is no overall maximum dollar limit on the Policy <b>Dependents:</b> \$250,000 (For each Injury or Sickness)		<b>Prescription Drugs</b>	<b>Dependents:</b> \$15 Copay per prescription for Tier 1 25% Coinsurance per prescription for Tier 2 40% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	
<b>Plan Deductible</b>	<b>2024-203112-91</b>		<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.</i>	<b>Student Only:</b> 100% of Allowed Amount <b>Dependents:</b> 100% of Allowed Amount (\$1,000 maximum, Per Policy Year)	<b>Student and Dependents:</b> No Benefits
	<b>Student Only:</b> \$100 per Insured Person, per Policy Year <b>Dependents:</b> \$250 per Insured Person, per Policy Year	<b>Student Only:</b> \$500 per Insured Person, per Policy Year <b>Dependents:</b> \$750 per Insured Person, per Policy Year			
	<b>2024-203112-93</b>				
	<b>Student Only:</b> \$500 per Insured Person, per Policy Year <b>Dependents:</b> \$500 per Insured Person, per Policy Year	<b>Student Only:</b> \$750 per Insured Person, per Policy Year <b>Dependents:</b> \$750 per Insured Person, per Policy Year			
<b>Out-of-Pocket Maximum</b> <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>	<b>Student Only:</b> \$6,850 per Insured Person, per Policy Year	<b>Student Only:</b> \$10,000 per Insured Person, per Policy Year	<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	<b>Student Only:</b> Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$250 not subject to Deductible <b>Dependents:</b> Medical Emergency: \$200 not subject to Deductible Room and Board: \$500 not subject to Deductible	<b>Student Only:</b> Medical Emergency: \$250 not subject to Deductible <b>Dependents:</b> Medical Emergency: \$200 not subject to Deductible
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	<b>Student and Dependents:</b> 80% of Allowed Amount for Covered Medical Expenses	<b>Student and Dependents:</b> 70% of Allowed Amount for Covered Medical Expenses	<b>Intercollegiate Sports (Student Only) (\$10,000 Maximum For Each Injury)</b>	Paid as any other Injury	Paid as any other Injury
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	<b>Student Only:</b> \$15 Copay per prescription for Tier 1 30% Coinsurance per prescription for Tier 2 45% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	<b>Student and Dependents:</b> No Benefits			

## Questions about your plan?

Contact Customer Service at **1-888-251-6253**  
or at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

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