



# 2024 - 2025 International Student Health Insurance Plan ISS Silver

## 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 this 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 a Dependent.

## Plan resources at your fingertips

Enroll [www.iss.gallagherstudent.com](http://www.iss.gallagherstudent.com)

View benefits, submit a claim and download your ID card via My Account [uhcsr.com/myaccount](http://uhcsr.com/myaccount)

Find an in-network provider **Choice Plus**

Find a prescription drug provider **Optum Rx**

Value-added benefits and services (Student Assist<sup>1</sup>, HealthiestYou<sup>2</sup>, UHC Global<sup>3</sup>) [uhcsr.com/myaccount](http://uhcsr.com/myaccount)

RATES		30 Day Rates
Student 22 & Under		\$132.00
Student 23-26		\$191.70
Student 27-30		\$426.30
Student 31 +		\$2,019.30
Spouse		\$1,758.30
Each Child		\$897.60

\* 30-Day rates are for illustrative purposes only, minimum purchase period is 90 days or actual semester dates.

## 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
<b>Overall Plan Maximum</b>	<b>Student Only:</b> There is no overall maximum dollar limit on the policy. <b>Dependent:</b> \$250,000 (Per Insured Person, Per Policy Year)	
<b>Plan Deductible</b>	<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>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>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>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>Student and Dependents:</b> No Benefits
<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.</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>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

## Questions about your plan?

Contact Customer Service at **1-800-933-4723**  
or at **Customerservice@uhcsinternational.com**

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ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。请致电 1-866-260-2723。

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