

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.

Plan resources at your fingertips

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Enroll	www.iss.gallagherstudent. com	
View benefits, submit a claim and download yourID cardvia My Account	uhcsr.com/ myaccount	
Find an in- network provider	Choice Plus	
Find a prescription drug provider	Optum Rx	
Value-added benefits and services (Student Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/ myaccount	

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

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	
Overall Plan Maximum	Student Only: There is no overall maximum dollar limit on the policy. Dependent: \$250,000 (Per Insured Person, Per Policy Year)		
Plan Deductible	Student Only: \$100 per Insured Person, per Policy Year Dependents: \$250 per Insured Person, per Policy Year	Student Only: \$500 per Insured Person, per Policy Year Dependents: \$750 per Insured Person, per Policy Year	
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.	Student and Dependents: 80% of Allowed Amount for Covered Medical Expenses	Student and Dependents: 70% of Allowed Amount for Covered Medical Expenses	
Prescription Drugs 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.	Student Only: \$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 Dependents: \$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	Student and Dependents: No Benefits	
Preventive Care Services Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group.	Student Only: 100% of Allowed Amount Dependents: 100% of Allowed Amount \$1,000 maximum per Policy Year	Student and Dependents: No Benefits	
The following serviceshave per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Student Only: Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$250 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible Room and Board: \$500 not subject to Deductible	Student Only: Medical Emergency: \$250 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible	

Questions about your plan?

Contact Customer Service at 1-866-948-8472 or at Customerservice@uhcsrinternational.com

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