

2017–2018

International Student Injury and Sickness Plan Student Cover – GC Preferred



Who is eligible to 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 6 credit hours (unless such school's full-time status requires less); Visiting Scholars, Optional Practical Training Students and formal English as a Second Language program students 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.

Students 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 or those engaged in an Optional Practical Training Program. Home study, correspondence and online courses do not fulfill the Eligibility requirements that the student actively attend classes.

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.

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

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 888-251-6253 or customerservice@pghstudent.com

How do I Enroll?

To enroll visit www.intlstudentcover.com, and follow instructions.

All personal e-mails sent securely from the following companies: Microsoft Office 365 and Cisco
Most Communication will come from UHCSR.com or customerservice@pghstudent.com.

Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure may be viewed at www.intlstudentcover.com.

Important dates

The Master Policy becomes effective at 12:01 A.M, July 01, 2017. The individual student'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, September 30, 2018. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

Plan Cost

Rates	30 Day Rates	
	2017-203121-91	2017-203121-93
	\$100/\$500 Deductible Option	\$500/\$750 Deductible Option
Student 24 & Under	\$99.00	\$90.60
Student 25-30	\$139.20	\$127.20
Student 31-40	\$318.60	\$286.80
Student 41 +	\$650.40	\$587.10
Spouse	\$631.80	\$569.10
Each Child	\$297.90	\$268.50

*30 Day Rates are for illustrative purposes only, minimum purchase period is 90 days.
Refunds of premium are allowed only upon entry into the armed forces or ineligibility.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and is based on policy number 2017-202909-91/93. Available through PGH Global and issued to IHC - SP - Global Care Preferred under policy number 2017-203121-91/93. The Policy is a Non-Renewable One Year Term Policy.

Highlights of the Student Injury and Sickness Insurance Plan of Benefits offered by StudentResources (SPC) Ltd., 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: www.intlstudentcover.com

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider level of benefits when treatment is rendered at the Student Health Center.

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	There is No Overall Maximum Dollar Amount on the Policy	
Plan Deductible	2017-203121-91:	
	\$100 Per Insured Person, Per Policy Year	\$500 Per Insured Person, Per Policy Year
	2017-203121-93:	
	\$500 Per Insured Person, Per Policy Year	\$750 Per Insured Person, Per Policy Year
Out-of-Pocket Maximum 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 brochure for details about how the Out-of-Pocket Maximum applies	\$5,000 Per Insured Person, Per Policy Year \$10,000 For all Insureds in a Family, Per Policy Year	\$7,000 Per Insured Person, Per Policy Year \$14,000 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 brochure.</i>	90% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$15 Copay for Tier 1 25% Coinsurance for Tier 2 40% Coinsurance for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Preventive care limits apply based on age and risk group.</i>	100% of Preferred Allowance	No Benefits
The following services have per Service Copays/Deductibles <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$20 Medical Emergency: \$200	Medical Emergency: \$200
Pediatric Dental and Vision Benefits	Refer to the plan brochure for details (age limits apply).	
UnitedHealthcare Global: Global Emergency Services	International Students are covered worldwide except in their home country.	

Online Services

Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at www.intlstudentcover.com. To create an online account, select the "create My Account Now" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

Healthiest You: National Telehealth Service

Starting on the effective date of your policy, 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.intlstudentcover.com, 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 compliment 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. Not available in Arkansas; limited services in Idaho and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

Student Assistance

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 www.intlstudentcover.com where they can take health risk assessments, use health estimators to calculate

things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at www.intlstudentcover.com.

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. Acupuncture;
2. Biofeedback;
3. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children;
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;
6. Elective Surgery or Elective Treatment;
7. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;
8. Health spa or similar facilities; strengthening programs;
9. 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;
10. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
11. Injury or Sickness inside the Insured's home country;
12. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs, business or pleasure, or to or from the Insured's home country;
13. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
14. Injury sustained while (a) participating in any interscholastic, intercollegiate or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
15. Investigational services;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
17. Prescription Drugs, services or supplies as follows:
 - a) 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;

- b) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
 - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
 - d) Products used for cosmetic purposes;
 - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
 - f) Anorectics - drugs used for the purpose of weight control;
 - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
 - h) Growth hormones; or
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
18. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
19. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study;
20. Routine Newborn Infant Care, well-baby nursery and related Physician charges; in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
21. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
22. 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;
23. 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 purulent sinusitis;
24. Supplies, except as specifically provided in the policy;
25. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
26. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
27. 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); and
28. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, except as specifically provided in the policy.



NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Student Resources (SPC) Ltd. 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 Student Resources (SPC) Ltd. has any rights or responsibilities associated with your receipt of this document.