

# Student Injury and Sickness Insurance Plan for International Student/Scholar Care Plus Plan

2011-2012

International Student/Scholar Care Plus Plan is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. All full-time and part-time students, scholars or other persons with a current passport who: (1) are engaged in international educational activities; and (2) are temporarily located outside his/her home country as a non-resident alien; and (3) have not obtained permanent residency status, are eligible to enroll in this insurance Plan. Students enrolled in an Optional Practical Training program (with F-1 or J-1 visa), who were previously enrolled in this Plan are eligible to enroll. Eligible Dependents of insured student may enroll concurrently on a voluntary basis.

## Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to \$250,000 For each Injury or Sickness Maximum Benefit for Covered Medical Expenses.
- Covered Medical Expenses are paid as follows - Preferred Provider Out-of-Pocket Maximum: After the Deductible of \$50 has been satisfied, benefits will be paid for 90% of Covered Medical Expenses incurred up to \$5,000. After the Insured has paid \$5,000, payment will be made for 100% of additional Covered Medical Expenses incurred at a Preferred Provider, not to exceed \$250,000 maximum for each Injury or Sickness. Out of Network providers are payable at 70% of Usual and Customary Charges.
- Preferred Provider Deductible of \$50 per Insured Person, per Policy Year. Out of Network Deductible of \$250 per Insured Person, per Policy Year.
- The Preferred Provider for this plan is UnitedHealthcare Options PPO.
- Prescription Drug Benefits: 80% of Usual and Customary Charges (\$2,500 maximum Per Policy Year).
- Coverage available for eligible dependents.
- Scholastic Emergency Services – International Students are covered worldwide except in their home country.
- MyAccount, available through [www.firststudent.com](http://www.firststudent.com), allows insured students access 24/7 to check their claim status, search for network providers, print ID cards, enter accident details, view EOBs and enter additional insurance information online.
- Included with every policy, the UnitedHealth Allies® discount program provides 5% to 50% savings on dental and vision services, fitness clothing and equipment, and textbooks from McGraw-Hill Professional. The UnitedHealth Allies program is not insurance and is offered by UnitedHealth Allies, a UnitedHealth Group company.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on policy 2011-202374-92.

Please read the plan brochure to determine whether this plan is right for you before you enroll. The plan brochure provides details of coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to the Plan brochure available at [www.insuranceforstudents.com](http://www.insuranceforstudents.com)

If you have any questions, please contact Customer Service at 800-356-1235 or [ifs@insuranceforstudents.com](mailto:ifs@insuranceforstudents.com).

The Policy is a Non-Renewable One-Year Term Policy.

Notice: Benefits may vary by state or coverage may not be available in all states.

The plan is not available in Massachusetts, New Hampshire, New York, New Jersey, North Carolina, Oregon, Puerto Rico, Vermont and Washington.

	Monthly - Based on Student Age (3 month minimum purchase)			
	Age 24 & Under	Age 25 - 30	Age 31 - 40	Age 41 & Older
*Student	\$57	\$78	\$136	\$287
*Spouse	\$195	\$274	\$452	\$962
*Each Child	\$129	\$129	\$129	\$129

\*Coverage must be purchased between August 1, 2011 and July 31, 20112

### How do I Enroll?

To complete the enrollment process go to [www.insuranceforstudents.com](http://www.insuranceforstudents.com).



**PRE-EXISTING CONDITION** means any condition which is diagnosed, treated or recommended for treatment within the 6 months immediately prior to the Insured's Effective Date under the Policy.

#### **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:

1. Acne; allergy testing;
2. Addiction, such as: nicotine addiction and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Biofeedback;
4. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
5. 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; removal of warts, non-malignant moles and lesions;
6. 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;
7. Dental treatment, except for accidental Injury to Teeth;
8. Elective Surgery or Elective Treatment;
9. 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 disease process;
10. Foot care including: care of corns, bunions (except capsular or bone surgery), calluses;
11. 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;
12. Injury or Sickness for which benefits are paid under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
13. Injury sustained while (a) participating in any interscholastic 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;
14. Organ transplants, including organ donation;
15. Outpatient Physiotherapy; except for a condition that required surgery or Hospital Confinement: 1) within the 30 days immediately preceding such Physiotherapy; or 2) within the 30 days immediately following the attending Physician's release for rehabilitation;
16. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
17. Pre-existing Conditions for a period of 6 months, except for: 1) individuals who have been continuously insured under the school's policy for at least 6 consecutive months. Credit will be given for the time the Insured was covered under previous Creditable Coverage if the Creditable Coverage was continuous to a date not more than sixty-three (63) days prior to the Insured's Effective Date under this Policy; or 2) a Newborn Infant or Adopted Child who has been continuously insured under previous Creditable Coverage since birth or adoption if the Creditable Coverage was continuous to a date not more than 63 days prior to the Insured Newborn or Adopted Child Effective Date under this policy;
18. 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 Benefits for Diabetes;
  - b) Birth control and/or contraceptives, oral or other, whether medication or device, regardless of intended use;
  - c) Immunization agents, biological sera, blood or blood products administered on an outpatient basis;
  - d) Drugs labeled, "Caution - limited by federal law to investigative use" or experimental drugs; except as specifically provided in the policy;
  - e) Products used for unapproved cosmetic indications;
  - f) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - g) Anorectics - drugs used for the purpose of weight control;
  - h) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - i) Growth hormones; or
  - j) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
19. 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; tubal ligation; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
20. 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;
21. 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;
22. 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;
23. Services provided normally without charge by the Health Service of the Policyholder; or services covered or provided by the student health fee;
24. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of chronic purulent sinusitis;
25. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
26. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
27. Supplies, except as specifically provided in the policy;
28. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
29. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
30. 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
31. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat, and treatment of eating disorders such as bulimia and anorexia. Exception: benefits will be provided for the treatment of dehydration and electrolyte imbalance associated with eating disorders.