

2015–2016

International Student Injury and Sickness Plan Endorsed by New York Service Center for Chinese Study Fellows – University of Miami

Who is eligible to enroll?

International students, scholars, exchange program participants, participating in Optional Practical Training, internships, research and teaching, with a valid passport and all types of visas that allow for study who have not applied for permanent residency in the U.S. are eligible to enroll in the plan on a voluntary basis.

U.S. Citizens are not eligible for coverage.

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 are available from the University of Miami and may be viewed at www.intlinsure.com/nyservicecenter/universityofmiami.

Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-344-6017 or customerservice@uhcsr.com.

How do I Enroll?

To enroll visit

www.intlinsure.com/nyservicecenter/universityofmiami.

All personal e-mails sent securely from the following companies:

- Nuvotera
- Cisco

What important dates should I be aware of?

The Master Policy becomes effective at 12:01 A.M, August 15, 2015. 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, August 14, 2016. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

How much does the plan cost?

Rates	Annual 8/15/15 - 8/14/16
Student 24 & Under	\$1,898.67
Student 25-29	\$2,554.26
Student 30+	\$3,280.62

*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 2015-1716-27. Available through PGH Global and issued to International Health Consortium SP – Chinese Service Center University of Miami. The Policy is a Non-Renewable One Year Term Policy.

Highlights of the Coverage and Services offered by Student Resources (SPC) Ltd., a UnitedHealth Group Company

	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	\$1,250,000 Per Insured Person, Per Policy Year	
Plan Deductible	\$350 per Insured Person, per Policy Year	\$700 per Insured Person, per Policy Year
Out-of-Pocket Maximum <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 brochure for details about how the Out-of-Pocket Maximum applies.</i>	\$4,000 Per Insured Person, Per Policy Year	There is no Out-of-Pocket Maximum for Out-of-Network benefits.
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	60% of Usual and Customary Charges To \$12,000 then 80% of Usual and Customary charges thereafter 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 Copay for Tier 2 \$50 Copay 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 factors.</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: \$25 Medical Emergency: \$150	Physician's Visits: \$25 Medical Emergency: \$150
UnitedHealthcare Global: Global Emergency Services	International Students are covered worldwide except in their home country.	

Preferred Providers

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: www.intlinsure.com/nyservicecenter/universityofmiami.

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.intlinsure.com/nyservicecenter/universityofmiami. 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 Mobile App available on Google Play and Apple's App Store.

Nurseline and Student Assistance Program

Insured Students have unlimited access to a Registered Nurse or a Licensed Professional Counselor any time, day or night. Nurseline and Student Assistance Program is staffed by Registered Nurses and Licensed Professional Counselors who can help students determine if they need to seek medical care or if they may need to talk to someone about everyday issues that can be overwhelming. Please call 1-855-558-2004.

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. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
3. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
4. Biofeedback;
5. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn children;
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 Sound, Natural 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 covered Injury or disease process;
10. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
11. Health spa or similar facilities; strengthening programs;
12. Hearing examinations; hearing aids or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
13. Hypnosis;
14. 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;
15. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury or Sickness inside the Insured's home country;
17. Injury or Sickness outside the United States and its possessions, except when traveling for academic study abroad programs or to or from the Insured's home country;
18. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
19. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
20. Injury sustained while (a) participating in any intercollegiate 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;
21. Investigational services;
22. Lipectomy;
23. Marital or family counseling;
24. Methadone maintenance treatment for Substance Use Disorder;
25. 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;
26. 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;
 - 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;
 - i. Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
27. 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;

28. 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;
29. 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;
30. 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;
31. 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;
32. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; temporomandibular joint dysfunction;
33. Sleep disorders;
34. Naturopathic services;
35. Supplies, except as specifically provided in the policy;
36. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
38. 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
39. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.



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., a UnitedHealth Group Company. 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., a UnitedHealth Group Company has any rights or responsibilities associated with your receipt of this document.