

International Student Injury and Sickness Insurance Plan Endorsed by Miami Dade College for International Students & Scholars 2014-2015

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and is based on policy 2014-533-4.

Please read the Plan Brochure to determine whether this plan is right for you before you enroll. The Plan Brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force.

Copies of the Brochure are available from the College or may be viewed and downloaded at www.insuranceforstudents.com.

If you have any questions, please contact Customer Service at 1-888-251-6253 or customerservice@uhcsr.com.

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

Miami Dade College is pleased to endorse an International Student Injury and Sickness Insurance Plan underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and made available through the International Health Consortium SP. **Eligibility Statement:** All registered full-time international students taking credit hours, including J-1 Visa Exchange Scholars, OPT students are required to purchase this plan unless proof of comparable coverage is furnished. Eligible Dependents of enrolled students may participate in the plan on a voluntary basis.

Highlights of the Coverage and Services are:

- Up to \$500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- \$200 Deductible for Preferred Providers Per Insured Person, Per Policy Year, \$500 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 80% of Preferred Allowance and Out of Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the deductible, specific benefit limitations, maximums and copays as described in the policy).
- Preferred Provider Out-of-Pocket Maximum of \$5,000 for each Injury or Sickness. Out-of-Network Out-of-Pocket maximum of \$10,000 for each Injury or Sickness. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the Policy maximum Benefit subject to any applicable benefit maximums. Refer to the plan Brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: 20% coinsurance per prescription up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay up to a 90 day supply. 20% coinsurance per prescription up to a 31 day supply per prescription at an Out-of-Network pharmacy. (\$2,500 maximum Per Policy Year)
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Preventative care limitations apply based on age and risk groups. (\$2,500 maximum Per Policy Year)
- The Preferred Provider Network for this plan is UnitedHealthcare Choice Plus. Preferred Providers can be found using the following link, www.firststudent.com.
- FrontierMEDEX: – International Students are covered worldwide except in their home country.
- U.S. Citizens are not eligible for this insurance coverage as an Insured or a dependent.
- Online Services: UnitedHealthcare StudentResources 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.firststudent.com. To create an online account, select the "My Account" link and follow the simple, on screen 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.
- **When Do I Enroll/Waive:**
Annual enrollment/Waiver deadline: 10/12/14
Spring/Summer enrollment/waiver deadline: 1/21/15
Summer: 7/16/15
- Open Enrollment Periods for all eligible Students and dependents: If you or your dependent is eligible to purchase the annual coverage or Spring/Summer and Summer Coverage Period (New Incoming or Newly Eligible students and their dependents only) and you choose not to enroll before the Enrollment Deadline, you or your dependent will not be eligible to enroll again until the following school year unless you experience a "Qualifying Life Event" during the year. Please visit www.firststudent.com for more information.

How do I Enroll?

To sign up for the insurance Plan and to complete the enrollment process

please visit www.insuranceforstudents.com



Rates	Annual	Spring/Summer	Summer
	8/15/14 - 8/14/15	1/1/15 - 8/14/15	5/9/15 - 8/14/15
Student	\$1,350	\$ 835	\$ 363
Spouse	\$4,860	\$3,009	\$1,305
Each Child	\$1,817	\$1,125	\$ 488
All Children	\$2,378	\$1,472	\$ 639

PRE-EXISTING CONDITION means: 1) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within the 6 months immediately prior to the Insured's Effective Date under the policy; or, 2) 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 any of the following:

1. Acne;
2. Acupuncture, except as specifically provided in the policy;
3. Allergy, including allergy testing;
4. 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;
5. Milieu therapy, learning disabilities, behavioral problems; parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Biofeedback;
7. Injections;
8. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
9. 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;
10. 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;
11. Dental treatment, except as specifically provided in the Schedule of Benefits;
12. Elective Surgery or Elective Treatment;
13. 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 or except as specifically provided in the policy;
14. Flat foot conditions; supportive devices for 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);
15. Health spa or similar facilities. Strengthening programs;
16. Hearing examinations; hearing aids; 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;
17. Hirsutism. Alopecia;
18. Hypnosis;
19. 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;
20. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
21. Injury or Sickness inside the Insured's home country;
22. Injury or Sickness outside the United States and its possessions, Canada or Mexico except when traveling for academic study abroad programs, business or pleasure to or from the insured's home country;
23. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
24. 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;
25. Injury sustained while (a) participating in any 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;
26. Investigational services;
27. Lipectomy;
28. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
29. Pre-existing Conditions for a period of 6 months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy provided the coverage was continuous to a date within 63 days prior to the Insured's effective date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
30. Prescription Drugs, services or supplies as follows:
 - a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other nonmedical 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;
 - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
31. 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;
32. 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;
33. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
34. 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;
35. Services provided normally without charge by the Health Service of the institution attended by the Insured;
36. 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;
37. 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;
38. Sleep disorders;
39. Speech therapy, Naturopathic services;
40. Supplies, except as specifically provided in the policy;
41. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
42. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
43. 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);
44. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.