

International Student Injury and Sickness Insurance Plan Endorsed by Valencia College for International Students and Scholars

2014-2015

Valencia 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 international students are required to enroll in the plan on a mandatory basis. Exchange Visitors and those participating in OPT programs are eligible to enroll in the plan on a voluntary basis. Eligible Dependents of students enrolled in the plan may participate in the plan on a voluntary basis.

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

- There is no overall Maximum dollar limit on the policy.
- \$50 Deductible for Preferred Providers for each Injury or Sickness, \$50 Deductible for Out of Network Providers for each Injury or Sickness.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 75% 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 \$2,500 Per Insured Person, Per Policy Year and \$5,000 for all Insureds in a Family, Per Policy Year. Out-of-Network Out-of-Pocket maximum of \$2,500 Per Insured Person, Per Policy Year. 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.
- Prescription Drug Benefits: 80% of expenses incurred up to a 31-day supply per prescription.
- Refer to Plan Brochure for details about pediatric dental and vision benefits. (Age limits apply.)
- 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.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, www.insuranceforstudents.com/valencia.
- 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.insuranceforstudents.com/valencia. 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.
- 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.
- **When Do I Enroll/Waive:**

Registered International Students and Their Dependents

Annual enrollment/Waiver deadline: 10/15/14

Spring/Summer enrollment/waiver deadline: 2/15/15

Summer enrollment/waiver deadline 6/15/15

Exchange and OPT students and their Dependents

Annual enrollment deadline: 8/28/14

Spring/Summer enrollment deadline: 1/14/15

Summer enrollment Deadline: 5/14/15

- **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, Newly Eligible students or students renewing coverage 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.

Rates	Annual	Fall	Spring / Summer	Summer
	8/15/14 - 8/14/15	8/15/14 - 12/31/14	1/1/15 - 8/14/15	5/1/15 - 8/14/15
Student	\$1,344	\$ 512	\$ 832	\$ 390
Spouse	\$4,776	\$1,819	\$2,957	\$1,387
Each Child	\$1,980	\$ 754	\$1,226	\$ 575
All Children	\$3,900	\$1,485	\$2,415	\$1,133

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and is based on policy 2014-200351-4.

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/valencia

If you have any questions, please contact Customer Service at customerservice@uhcsr.com.

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

How do I Enroll?

For all enrollment questions please contact Insurance for Students at 1-800-356-1235



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
3. Allergy, including allergy testing,
4. Milieu therapy, learning disabilities, behavioral problems; parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
5. Biofeedback
6. Circumcision;
7. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
8. 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;
9. Dental treatment, except for accidental injury to sound, natural teeth.
10. Elective Surgery or Elective Treatment.
11. 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;
12. 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)
13. 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;
14. Hirsutism. Alopecia.
15. 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
16. Injury caused by, contributed to, or resulting from use of alcohol, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
17. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
18. Injury or Sickness inside the Insured's home country;
19. 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.
20. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law
21. Injury sustained while (a) participating in any interscholastic, club, 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;
22. Lipectomy.
23. 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;
24. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
25. Prescription Drugs, services or supplies as follows, except as specifically provided in the policy:
 - 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.
26. 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;
27. Routine Newborn Infant Care, well-baby nursery and related Physician charges; except as specifically provided in the policy;
28. 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;
29. Deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury
30. 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
31. Sleep disorders;
32. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
33. Supplies, except as specifically provided in the policy.
34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
35. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
36. 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).
37. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.