



2025 - 2026

# International Student Health Insurance Plan: Southlands Christian Schools - Global Care High School

## Who can enroll?

All International students attending a High School registered for credit courses are required to enroll in this plan unless proof of comparable coverage is furnished. The credit course requirement is waived for the Summer if the International Student is enrolled in ESL courses and/or enrolled for the Fall Semester.

The student (Named Insured, as defined in the Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, its only obligation is refund of premium.

U.S. citizens and residents are not eligible for coverage.

## Plan costs

Annual	
Coverage dates	08/01/2025 to 07/31/2026
Student	\$1,701.00

## Plan resources at your fingertips

View benefits, submit a claim and download your ID card via My Account

<https://www.uhcsriinternational.com/>

Find an in-network provider

[Options PPO](#)

Value-added benefits and services (Student Assist<sup>1</sup>, UHC Global<sup>3</sup>)

<https://www.uhcsriinternational.com/>

# Plan highlights

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	250,000 (For each Injury or Sickness)	
Plan Deductible	\$0 for Each Injury or Sickness	\$20 for Each Injury or Sickness
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan Certificate.</i>	100% of Allowed Amount for Covered Medical Expenses	75% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or 90 Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90 day supply.</i>	\$10 Copay per prescription Tier 1 \$20 Copay per prescription Tier 2 \$20 Copay per prescription Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy  \$10,000 maximum per Policy Year	No Benefits
Preventive Care Services <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.</i>	100% of Allowed Amount	No Benefits
The following services have per service copays <i>This list is not all inclusive. Please read the plan certificate for complete listing of Copays.</i>	Physician's Visits: \$25 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible	Physician's Visits: \$25 not subject to Deductible  Medical Emergency: \$250 not subject to Deductible

Questions about your plan?

Contact Customer Service at 1-888-251-6253  
or at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

\*Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. \*Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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