



# 2026 - 2027 International Student Health Insurance Plan: Ontario 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	08/01/2026 to 07/31/2027
Student	\$1,940.00

## Plan resources at your fingertips

Enroll	<a href="http://uhcsrinternational.com">uhcsrinternational.com</a>
View benefits, submit a claim and download your ID card via My Account	<a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>
Find an in-network provider	<a href="#">Options PPO</a>
Find a prescription drug provider	<a href="#">Optum Rx</a>
Value-added benefits and services (Student Assist <sup>1</sup> )	<a href="http://uhcsrinternational.com">uhcsrinternational.com</a>

# Plan highlights

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	\$250,000 (For each Injury or Sickness)	
<b>Plan Deductible</b>	\$0 for Each Injury or Sickness	\$20 for Each Injury or Sickness
<b>Coinsurance</b> All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan Certificate.	100% of Allowed Amount for Covered Medical Expenses	75% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> 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.	\$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
<b>Preventive Care Services</b> 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.	100% of Allowed Amount	No Benefits
<b>The following services have per service copays</b> This list is not all inclusive. Please read the plan certificate for complete listing of Copays.	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)

<sup>1</sup>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. <sup>2</sup>Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.  
© 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2026-203057-91. Available through SR International and issued to ITA Global Trust Ltd. as Trustee of the International Student Health and Wellness under policy number 2026-203124-91 The Policy is a Non-Renewable One Year Term Policy. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to <https://www.uhcsrinternational.com/>. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, 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 UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.