

2021–2022

## International Student Injury and Sickness Plan

Endorsed by Southlands Christian Schools

### Who is eligible to enroll?

All International students attending a High School registered for credit courses are required to purchase 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. U.S. citizens are not eligible for coverage.

### Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 888-251-6253 or [customerservice@pghstudent.com](mailto:customerservice@pghstudent.com).

### Where can I get more information about the benefits available?

Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage 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 certificate of coverage are available from PGH Global and may be viewed at [www.pghintlstudent.com](http://www.pghintlstudent.com).

### Important dates

The Master Policy becomes effective at 12:01 A.M, **August 31, 2021**. 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, **July 31, 2022**. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

### NOTICE: Cancellations/Refunds

Once you are enrolled in the plan, there are no refunds or cancellations after the deadline, except for ineligibility or entry into the armed forces. The Policy is a Non-Renewable One-Year Term Policy and does not guarantee enrollment in the next policy year.

### Plan Cost

Rates	Annual (8/21/21 – 7/31/22)
Student	\$1,100.00

\*30 Day Rates are for illustrative purposes only, minimum purchase period is 90 days.

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 2021-203057-91. Available through PGH Global and issued to IHC-SP-Global Care Highschool under policy number 2021-203123-91. The Policy is a Non-Renewable One Year Term Policy.

This schedule applies to the Named Insured (student) only. Dependents are covered under a separate Schedule of Benefits.

Highlights of the Student Only Injury and Sickness Insurance Plan of Benefits offered by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company		
<b>Preferred Providers:</b> The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: <a href="http://www.pghintlstudent.com">www.pghintlstudent.com</a>		
	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	\$250,000 (For Each Injury or Sickness)	
Plan Deductible	\$0	\$20 (for Each Injury or Sickness)
<b>Coinsurance</b> <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 Preferred Allowance for Covered Medical Expenses	75% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <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>	\$10 Copay for Tier 1 \$20 Copay per prescription for Tier 2 \$20 Copay per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) (\$10,000 Maximum, Per Policy Year)	No Benefits
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group.</i>	100% of Preferred Allowance	No Benefits
<b>The following services have per service Copays</b> <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
<b>UnitedHealthcare Global: Global Emergency Services</b>	International Students are covered worldwide except in their home country.	

## 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. Behavioral problems. Conceptual handicap. Developmental delay or disorder or mental retardation. Learning disabilities. Milieu therapy. Parent-child problems.
3. Injections.
4. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy. The primary result of the procedure is not a changed or improved physical appearance.
5. Custodial Care.  
Care provided in: rest homes, health resorts, homes for the aged, halfway houses or places mainly for domiciliary or Custodial Care. Extended care in treatment or substance abuse facilities for domiciliary or Custodial Care.
6. Dental treatment, except:
  - accidental Injury to Sound, Natural Teeth.
7. Elective Surgery or Elective Treatment.
8. Elective abortion.
9. Health spa or similar facilities. Strengthening programs.
10. Hearing examinations. Hearing aids. Cochlear implants. Other treatment for hearing defects and hearing loss.  
"Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to hearing defects or hearing loss as a result of an infection or Injury.
11. Home health care.
12. Hospice care.
13. 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.
14. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
15. Injury or Sickness inside the Insured's home country.
16. Injury or Sickness outside the United States and its possessions, Canada or Mexico except when traveling for academic study abroad programs, pleasure or to or from the Insured's home country.
17. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law.
18. Injury sustained while:  
Participating in any intercollegiate or professional sport, contest or competition.  
Traveling to or from such sport, contest or competition as a participant.  
Participating in any practice or conditioning program for such sport, contest or competition.
19. Investigational services.
20. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
21. Pre-existing Conditions in excess of \$5,000. This exclusion will not be applied to individuals who have been continuously insured under the student insurance Policy for at least 6 consecutive 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 prior Creditable Coverage 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.

## 22. Prescription Drugs, services or supplies as follows:

- 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.
- Immunization agents, except as specifically provided in the Policy. Biological sera. Blood or blood products administered on an outpatient basis.
- Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
- Products used for cosmetic purposes.
- Drugs used to treat or cure baldness. Anabolic steroids used for body building.
- Anorectics - drugs used for the purpose of weight control.
- Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
- Growth hormones.
- Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.

## 23. Reproductive services for the following:

- Procreative counseling.
- Genetic counseling and genetic testing.
- Cryopreservation of reproductive materials. Storage of reproductive materials.
- Fertility tests.
- Infertility treatment (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.

24. 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, except as specifically provided in the Policy.

25. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:

- When due to a covered Injury or disease process.

26. Routine Newborn Infant Care, and well-baby nursery and related Physician charge in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery.

27. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness. This exclusion does not apply to benefits specifically provided in the Policy.

28. 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.

29. Temporomandibular joint dysfunction. 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 sinusitis.

30. Sleep disorders.

31. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the Policy.

32. Scuba diving.

33. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

34. 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).

35. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat. This exclusion does not apply to benefits specifically provided in the Policy.

## UnitedHealthcare Global: Global Emergency Services

If you are a student insured with this insurance plan, you and your insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren) are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students, insured spouse, Domestic Partner or Civil Union Partner and insured minor child(ren): you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your plan certificate for details, descriptions and program exclusions and limitations.

To access services please refer to the phone number on the back of your ID Card or access **My Account** and select My Benefits/Additional Benefits/UHC Global Emergency Services.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your plan certificate or the Master Policy.

## Highlights of Services offered by UnitedHealthcare StudentResources

### 24/7 Student Support

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments and participate in personalized self-help

programs. More information about these services is available by logging into **My Account** at [www.pghintlstudent.com](http://www.pghintlstudent.com).

### Online Services

Insured's 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.pghintlstudent.com](http://www.pghintlstudent.com). 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 UHCSR Mobile App available on Google Play and the App Store.

**PRE-EXISTING CONDITION** means 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.

This Summary Brochure is based on Policy #2021-203123-91.

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.