



2024 - 2025

International Student Health Insurance Plan: St. Petersburg College English Program - Global Care Basic



Who can enroll?

All international students, scholars or other persons with a current passport are required to enroll in this insurance Plan at registration unless proof of comparable coverage is furnished.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of International Visiting Scholars. 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 as a student or Dependent.

Plan resources at your fingertips

Enroll <https://www.uhcsinternational.com/>

View benefits, submit a claim and download your ID card via My Account uhcsr.com/myaccount

Find an in-network provider [Options PPO](#)

Find a prescription drug provider [Optum Rx](#)

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) uhcsr.com/myaccount

	Annual	Fall 14-Weeks	Fall 7-Weeks	Spring/Summer 14-Weeks
Coverage dates	08/26/24 - 08/24/25	08/26/24 - 01/05/25	10/14/24 - 01/05/25	01/06/25 - 08/24/25
Student	\$1,287.00	\$471.00	\$297.00	\$817.00
Spouse	\$20,943.00	\$7,652.00	\$4,833.00	\$13,290.00
One Child	\$10,601.00	\$3,873.00	\$2,446.00	\$6,727.00

	Spring/Summer 7-Weeks	Summer 14-Weeks	Summer 7-Weeks
Coverage dates	02/24/25 - 08/24/25	04/28/25 - 08/24/25	05/26/25 - 08/24/25
Student	\$644.00	\$421.00	\$322.00
Spouse	\$10,471.00	\$6,847.00	\$5,235.00
One Child	\$5,301.00	\$3,466.00	\$2,650.00

Plan highlights

Student Health Center Benefits (Students Only): The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider Benefit level when treatment is rendered at the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	Student Only: \$500,000 (For each Injury or Sickness) Dependents: \$250,000 (For each Injury or Sickness)	
	Student Only: \$100 per Insured Person, per Policy Year Dependents: \$250 per Insured Person, per Policy Year	Student Only: \$500 per Insured Person, per Policy Year Dependents: \$750 per Insured Person, per Policy Year
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	Student and Dependents: 80% of Allowed Amount for Covered Medical Expenses	Student and Dependents: 70% 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>	Student Only: \$20 Copay per prescription for Tier 1 30% Coinsurance per prescription for Tier 2 45% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible Dependents: \$20 Copay per prescription for Tier 1 30% Coinsurance per prescription for Tier 2 40% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	Student and Dependents: 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>	Student and Dependents: 100% of Allowed Amount (\$1,000 maximum, Per Policy Year)	Student and Dependents: 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>	Student Only: Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible Room and Board: \$500 not subject to Deductible	Student Only: Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-888-251-6253**
or at 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. †HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ‡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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