



PLEASE NOTE:
THIS DOCUMENT HAS
CHANGED. PLEASE SEE THE
BACK COVER FOR DETAILS

2026 - 2027 International Student Health Insurance Plan: Lipscomb University

Who can enroll?

International students or other persons with a current passport who: 1) are engaged in educational activities; 2) are temporarily located outside his/her home country as a non-resident alien; 3) have not obtained permanent residency status in the U.S.; and 4) are enrolled in an associate, bachelor, master or Ph.D. degree program at a university or other educational institution, with no less than six credit hours (unless such school's full-time status requires less); Visiting Scholars with an F1 or J1 visa are eligible to enroll in this insurance Plan. The six credit hour requirement is waived for Summer if the applicant was enrolled in this plan as a full-time student in the immediately preceding Spring term.

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 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.

Plan resources at your fingertips

Enroll	https://www.uhcsrinternational.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 Assist ¹ , HealthiestYou ² , UHC Global ³)	uhcsr.com/myaccount

Plan Cost

	Annual 08/18/26 - 8/17/27	Fall 08/18/26 - 01/05/27	Spring 01/06/27 - 08/17/27	Summer 05/01/27 - 08/17/27
Student	\$1,560.00	\$603.00	\$957.00	\$466.00

Plan highlights

Student Health Center Benefits: 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	\$500,000 (For each Injury or Sickness)	
Plan Deductible	\$100 per Insured Person, per Policy Year	\$500 per Insured Person, per Policy Year
Coinsurance All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan Certificate.	80% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs 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.	\$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	No Benefits
Preventive Care Services 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 (\$1,000 maximum, Per Policy Year)	No Benefits
The following services have per service copays This list is not all inclusive. Please read the plan Certificate for complete listing of Copays.	Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible	Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible

Questions about your plan?

Contact Customer Service at **1-888-251-6253** or at customerservice@uhcsrinternational.com

¹Student 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. ²HealthiestYou 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. ³Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand.

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**United
Healthcare**

POLICY NUMBER: 2026-202907-91

NOTICE:

The benefits contained within have been revised since publication. The revisions are included within the body of the document, and are summarized on the last page of the document for ease of reference.

NOC 2 - 09/01/2026

This applies to the following member:
2026-203802-91

Policy:
N/A

Certificate:
N/A

Summary Flyer:

Dates and Rates have changed:

From-

Annual

08/17/26 - 8/16/27 \$1,560.00

Fall

08/17/26 - 01/05/27 \$607.00

Spring

01/06/27 - 04/30/27 \$492.00

Summer

05/01/27 - 08/16/27 \$461.00

To-

Annual

08/17/26 - 8/16/27 \$1,560.00

Fall

08/17/26 - 01/05/27 \$603.00

Spring

01/06/27 - 04/30/27 \$957.00

Summer

05/01/27 - 08/16/27 \$466.00