



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

2025- 2026

International Student Health Insurance Plan: Mission College- OPT Students

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 F-1 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 fulltime student in the immediately preceding Spring term.

Participants engaged in Optional Practical Training (OPT) or Academic Training (A/T), are eligible for coverage on a voluntary basis, if the OPT/AT training follows a course of study, the Participants enroll in the plan no later than 30 days after the previous insurance coverage period ends, the Participants maintain their valid visa status, and the coverage period is no longer than 12 months in duration (24 months for STEM OPT).

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 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 or Dependent.

Plan Cost

30-Day Rates	
Student	\$156.50
Spouse	\$456.25
Each Child	\$231.50

Plan resources at your fingertips

Enroll	www.uhcsrinternational.com
View benefits, submit a claim and download your ID card via My Account	uhcsr.com/ myaccount
Find an in-network provider	Select Plus
Find a prescription drug provider	Optum Rx

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	\$250,000 (For each Injury or Sickness)	
Plan Deductible	\$100 per Insured Person, per Policy Year	\$100 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>	90% of Allowed Amount for Covered Medical Expenses	70% of Allowed Amount for Covered Medical Expenses
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	\$7,500 (Per Insured Person, Per Policy Year) \$15,000 (For all Insureds in a Family, Per Policy Year)	\$15,000 (Per Insured Person, Per Policy Year) \$30,000 (For all Insureds in a Family, Per Policy Year)
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>	50% Coinsurance per prescription for Tier 1 50% Coinsurance per prescription for Tier 2 50% 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 <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 \$250 maximum, Per Policy Year	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 after Deductible Room and Board: \$100 after Deductible	Physician's Visits: \$25 not subject to Deductible Medical Emergency: \$250 after Deductible Room and Board: \$100 after Deductible

Questions about your plan?

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

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POLICY NUMBER: 2025-203785-91

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 1 - 07/22/2025

This applies to the following members:

2025-203789-91

2025-203790-91

Policy:

N/A

Certificate:

From:

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

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Summary Flyer OPT 203790-91 only:

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