2026 - 2027 International Student Health Insurance Plan: Monroe University – Basic

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.

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 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	**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 costs

	Annual 09/01/26 - 08/31/27	Fall 1 09/01/26 - 04/18/27	Fall 2 09/01/26 - 12/31/26	Winter 1 01/01/27 - 08/31/27	Winter 2 01/01/27 - 04/18/27	Spring 04/19/27 - 08/31/27
Student	$1,156.00	$728.00	$386.00	$770.00	$342.00	$428.00
Spouse	$21,003.00	$13,235.00	$7,020.00	$13,983.00	$6,215.00	$7,768.00
Each Child	$10,630.00	$6,698.00	$3,553.00	$7,077.00	$3,146.00	$3,932.00

Plan highlights

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)	
Plan Deductible	**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 All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan Certificate.	**Student and Dependents:** 80% of Allowed Amount for Covered Medical Expenses	**Student and Dependents:** 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.	**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 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.	**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 This list is not all inclusive. Please read the plan Certificate for complete listing of Copays.	**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**

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

 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 2026-202907-91. Available through SR International and issued to ITA Global Trust Ltd. as Trustee of the International Student Health and Wellness under policy number 2026-203883-91. 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.

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