



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

# 2026-2027 International Student Health Insurance Plan Keck Graduate Institute

## 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 6 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 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                                                                                                                  | <a href="http://www.uhcsrinternational.com">www.uhcsrinternational.com</a> |
| View benefits, submit a claim and download your ID card via My Account                                                  | <a href="http://uhcsr.com/myaccount">uhcsr.com/myaccount</a>               |
| Find an in-network provider                                                                                             | Options PPO                                                                |
| Find a prescription drug provider                                                                                       | Optum Rx                                                                   |
| Value-added benefits and services (Student Assist <sup>1</sup> , HealthiestYou <sup>2</sup> , UHC Global <sup>3</sup> ) | <a href="http://www.uhcsrinternational.com">www.uhcsrinternational.com</a> |

## Coverage periods, plan cost and deadline dates

|                               | Annual            | Fall              | Spring            | Spring/Summer     |
|-------------------------------|-------------------|-------------------|-------------------|-------------------|
| Coverage dates                | 08/01/26-07/31/27 | 08/01/26-12/31/26 | 01/01/27-05/15/27 | 01/01/27-07/31/27 |
| Student                       | \$1,995.00        | \$836.00          | \$738.00          | \$1,159.00        |
| Spouse                        | \$1,980.00        | \$830.00          | \$732.00          | \$1,150.00        |
| One Child                     | \$1,980.00        | \$830.00          | \$732.00          | \$1,150.00        |
| Two or more Children          | \$3,960.00        | \$1,660.00        | \$1,464.00        | \$2,300.00        |
| Spouse and 2 or more Children | \$5,940.00        | \$2,490.00        | \$2,196.00        | \$3,450.00        |

## Plan highlights

| Benefits                                                                                                                                                                                                                                                                                                  | Preferred Providers                                                                                                                     | Out-of-Network Providers                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Overall Plan Maximum</b>                                                                                                                                                                                                                                                                               | \$100,000 (per Insured Person, per Policy)                                                                                              |                                                                                                                                                                     |
| <b>Plan Deductible</b>                                                                                                                                                                                                                                                                                    | \$100 per Insured Person, per Policy Year                                                                                               |                                                                                                                                                                     |
| <b>Out-of-Pocket Maximum</b><br>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. | \$5,000 per Insured Person, per Policy Year                                                                                             |                                                                                                                                                                     |
| <b>Coinsurance</b><br>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                                                                                      | 60% of Allowed Amount for Covered Medical Expenses                                                                                                                  |
| <b>Prescription Drugs</b><br>This plan does not include a pharmacy network for Prescription Drugs.<br>All Prescription Drug benefits are payable under the Out-of-Network Provider benefits                                                                                                               | No Benefits                                                                                                                             | 70% of Billed Charge up to a 31-day supply after Deductible<br><br>\$1,000 Maximum Per Policy Year                                                                  |
| <b>Preventive Care Services</b><br>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group<br><br>(\$250 maximum, Per Policy Year)                                                                      | Allowed Amount after Deductible                                                                                                         | Allowed Amount after Deductible                                                                                                                                     |
| <b>The following services have per service copays</b><br>This list is not all inclusive. Please read the plan Certificate for complete listing of Copays.                                                                                                                                                 | Room and Board: \$50 after Deductible<br><br>Physician's Visits: \$35 after Deductible<br><br>Medical Emergency: \$200 after Deductible | Room and Board Allowed Amount after Deductible<br><br>Physician's Visits: Allowed Amount after Deductible<br><br>Medical Emergency: Allowed Amount after Deductible |

## Questions about your plan?

Contact Customer Service at 1-888-251-6253 or at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

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

© 2026 United HealthCare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. 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 2026-203410-91. Available through SR International and issued to [Client Name] under policy number 2026-203410-91. 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 [www.uhcsrinternational.com](http://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.

**United  
Healthcare**

POLICY NUMBER: 2026-203410-91

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 - 07/29/2026

Policy:

N/A

Cert:

N/A

Flyer:

Student rates have changed as follows from:

Annual

\$1,980.00

Fall

\$830.00

Spring

\$732.00

Spring/Summer

\$1,150.00

To:

Annual

\$1,995.00

Fall

\$836.00

Spring

\$738.00

Spring/Summer

\$1,159.00