

### Who is eligible to enroll?

International students with F-1 visas enrolled in a full time associate, bachelor, master or Ph.D. degree program, or formal ESL program at a university, who are currently registered with no less than 6 credits hours (unless such school's full-time status requires less credited hours or if student is graduating at the end of the term for which coverage is purchased), and International Visiting Scholars with J-1 visas are eligible to enroll in this insurance Plan. The six credit hours 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 may also insure their dependents with F-2 or J-2 Visas. Eligible Dependents are the student's spouse and dependent children under 26 years of age.

U.S. citizens are not eligible for coverage as a student or a dependent.

### Who can answer questions I have about the plan?

If you have questions please contact Customer Service at 1-888-302-6182 or [info@psiservice.com](mailto:info@psiservice.com)

### Where can I get more information about the benefits available?

Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure may be downloaded at [www.psiservice.com](http://www.psiservice.com).

### How do I Enroll?

To enroll visit [www.psiservice.com](http://www.psiservice.com), and follow instructions.

All personal e-mails sent securely from the following companies:

- Cisco

### What important dates should I be aware of?

The Master Policy becomes effective at 12:01 A.M, July 01, 2016. The individual student's coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 P.M, September 30, 2017. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.

### How much does the plan cost?

Rates	12 Month Rates	
	2016-202820-1 \$0/\$150 Deductible Option	2016-202820-3 \$500/\$750 Deductible Option
Student 24 & Under	\$690	\$588
Student 25-29	\$1,116	\$877
Student 30+	\$2,800	\$2,392
Spouse	\$7,270	\$6,058
Each Child	\$1,611	\$1,368

\*Refunds of premium are allowed only upon entry into the armed forces or ineligibility.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and is based on policy number 2016-202820-1/3. Available through PGH Global and issued to Global Traveler Organization SP.

The Policy is a Non-Renewable One Year Term Policy.

**Highlights of the Coverage and Services offered by  
StudentResources (SPC) Ltd., a UnitedHealth Group Company**

	<b>Preferred Providers</b>	<b>Out-of-Network Providers</b>
<b>Overall Plan Maximum</b>	\$2,000,000 Per insured person, per policy year	
<b>Plan Deductible</b>	Policy 2016-202820-1: \$0 Policy 2016-202820-3: \$500 For each Injury or Sickness	Policy 2016-202820-1: \$150 Policy 2016-202820-3: \$750 For each Injury or Sickness
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan brochure.</i>	80% of Preferred Allowance for Covered Medical Expenses	70% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> <i>Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail Copay up to a 90 day supply.</i>	\$20 Copay for Tier 1 \$40 Copay for Tier 2 \$60 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Copay or Deductible when the services are received from a Preferred Provider. Preventive care limits apply based on age and risk group factors.</i>	100% of Preferred Allowance	No Benefits
<b>The following services have per Service Copays/Deductibles</b> <i>This list is not all inclusive. Please read the plan brochure for complete listing of Copays/Deductibles.</i>	Physician's Visits: \$25 Medical Emergency: \$150	Physician's Visits: \$25 Medical Emergency: \$150
<b>UnitedHealthcare Global: Global Emergency Services</b>	International Students are covered worldwide except in their home country.	

**Preferred Providers**

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [www.psiservice.com](http://www.psiservice.com).

**Online Services**

Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to *My Account* at [www.psiservice.com](http://www.psiservice.com). To create an online account, select the "My Account" link and follow the simple, onscreen directions. All you need is your 7-digit Insurance ID number or the email address on file. Insureds can also download our UHCSR Mobile App available on Google Play and Apple's App Store.

**Student Assistance**

Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA's and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into **My Account** at [www.psiservice.com](http://www.psiservice.com).

## Healthiest You: National Telehealth Service

Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting [www.psiservice.com](http://www.psiservice.com), you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor's office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor's office, urgent care facility, or emergency room. As an insured with StudentResources (SPC) Ltd., A UnitedHealth Group Company, there is no consultation fee for this service.\* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service. Depending on your school's set-up, your call may be routed to the Student Health Center during their business hours for further assistance.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho, Iowa, Louisiana, and Texas.

\*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a \$40 service fee before being connected to a board-certified physician.

**PRE-EXISTING CONDITION** means any condition which is diagnosed, treated or recommended for treatment within the 6 Months immediately prior to the Insured's Effective Date under the policy.

### Exclusions and Limitations:

No benefits will be paid for: a) loss or expense caused by, contributed to, or resulting from; or b) treatment, services or supplies for, at, or related to any of the following:

1. Acne;
2. Acupuncture;
3. Allergy, including allergy testing;
4. Assistant Surgeon Fees;
5. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Injections;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are

otherwise payable under this policy or for newborn or adopted children;

8. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process;
12. Health spa or similar facilities; strengthening programs;
13. Hearing examinations; hearing aids; or cochlear implants; or other treatment for hearing defects and problems, except as a result of an infection or trauma. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
14. Immunizations, except as specifically provided in the policy, preventive medicines or vaccines, except where required for treatment of a covered Injury or as specifically provided in the policy;
15. Injury caused by, contributed to, or resulting from the use of illegal drugs, or any drugs or medicines that are not taken in the recommended dosage or for the purpose prescribed by the Insured Person's Physician;
16. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
17. Injury or Sickness inside the Insured's home country;
18. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, pleasure or to or from the Insured's home country;
19. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
20. Injury sustained while (a) participating in any interscholastic, intramural, club, or intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
21. Investigational services;
22. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
23. Pre-existing Conditions, in excess of \$2,500, for a period of 6 months. The Pre-existing Condition exclusionary period will be reduced by the total number of months that the Insured provides documentation of continuous coverage under a prior health insurance policy which provided benefits similar to this policy, provided the coverage was continuous to a date within 63 days prior to the Insured's effective date under this policy. This exclusion will not be applied to an Insured Person who is under age 19;
24. Prescription Drugs, services or supplies as follows:

- a) Therapeutic devices or appliances, including: hypodermic needles, syringes, support garments and other non-medical substances, regardless of intended use, except as specifically provided in the policy;
  - b) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
  - c) Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs;
  - d) Products used for cosmetic purposes;
  - e) Drugs used to treat or cure baldness; anabolic steroids used for body building;
  - f) Anorectics - drugs used for the purpose of weight control;
  - g) Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra;
  - h) Growth hormones; or
  - i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
25. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
  26. Research or examinations relating to research studies, or any treatment for which the patient or the patient's representative must sign an informed consent document identifying the treatment in which the patient is to participate as a research study or clinical research study, except as specifically provided in the policy;
  27. Routine Newborn Infant Care, well-baby nursery and related Physician charges; in excess of 48 hours for vaginal delivery or 96 hours for cesarean delivery;
  28. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
  29. Services provided normally without charge by the Health Service of the institution attended by the Insured; or services covered or provided by a student health fee;
  30. Temporomandibular joint dysfunction; deviated nasal septum, including submucous resection and/or other surgical correction thereof; nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic purulent sinusitis;
  31. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
  32. Sleep disorders;
  33. Suicide or attempted suicide while sane or insane (including drug overdose). Intentionally self-inflicted Injury.
  34. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
  35. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all-terrain vehicle (ATV); snowmobile;
  36. Skiing; scuba diving;
  37. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
  38. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered); and
  39. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat except as specifically provided in the policy.



A NAFA Global Associate



**NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by Student Resources (SPC) Ltd., 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 Student Resources (SPC) Ltd., a UnitedHealth Group Company 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.**