

International Student Injury and Sickness Insurance Plan Global Care Preferred 2014-2015



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Meridian Benefits Consulting is pleased to offer an International Student Injury and Sickness Insurance Plan offered through PGH Global and underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and made available through International Health Consortium SP. Eligibility Statement: All international students, scholars or other persons with a current passport who: 1) are engaged in educational activities; and 2) are temporarily located outside his/her home country as a non resident alien; and 3) have not obtained permanent residency status in the U.S. are eligible to enroll in this plan. Those enrolled in an English language or similar program or an Optional Practical Training Program or with an F or J visa are also eligible to enroll in the plan. The named insured must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of those with a J visa or those engaged in an Optional Practical Training Program.

Highlights of the Coverage and Services:

- Unlimited Maximum Benefit for Covered Medical Expenses.
- \$50 Deductible for Preferred Providers Per Insured Person, Per Policy Year that is waived when treatment is rendered at the Student Health Center. \$300 Deductible for Out of Network Providers Per Insured Person, Per Policy Year.
- Covered Medical Expenses for Preferred Providers are payable at 90% of Preferred Allowance and Out of Network benefits are payable at 70% of Usual and Customary charges (all benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and copays as described in the policy). If a Preferred Provider is not available in the Network Area, benefits will be paid at the level of benefits shown as Preferred Provider benefits.
- Preferred Provider Out-of-Pocket Maximum of \$5,000 Per Insured Person, Per Policy Year and \$10,000 for all insured in a Family per Policy Year. Out Of Network Out-of-Pocket Maximum of \$7,000 Per Insured Person, Per Policy Year and \$14,000 for all insured in a Family per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the Plan Brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: \$15 Copay for Tier 1 / \$30 Copay for Tier 2 / \$50 Copay for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Network Pharmacy (UHP). Prescriptions must be filled at a UnitedHealthcare Pharmacy (UHCP). Mail order through UHCP at 2.5 times the retail copay.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no copay or deductible only when the services are received from a Preferred Provider. Preventive care limitations apply based on age and risk group factors.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, www.mbcgroups.com.
- FrontierMEDEX: – International Students are covered worldwide except in their home country.
- Coverage available for eligible Dependents.
- U.S. citizens are not eligible for this insurance coverage as an Insured or a Dependent.
- 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.mbcgroups.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 visit our mobile site at my.uhcsr.com to access an electronic ID card
- The Master Policy becomes effective on July 01, 2014. 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 on September 30, 2015. 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.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company, and is based on policy 2014-202818-91.

Please read the Plan Brochure to determine whether this plan is right for you before you enroll. The Plan Brochure provides details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force. Copies of the brochure may be viewed and downloaded at www.mbcgroups.com.

If you have any questions, please contact Customer Service at 1-888-251-6253.

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

How do I Enroll?

To enroll visit www.mbcgroups.com, and follow instructions.



A NAFSA Global Associate

2014-202818-91 Requires 3 Month Minimum	Monthly
Student 24 and Under	\$ 84
Student 25-30	\$118
Student 31-40	\$201
Student 41+	\$429
Spouse	\$387
Each Child	\$253

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. Acupuncture;
2. Biofeedback;
3. Congenital conditions, except as specifically provided for Newborn or adopted Infants;
4. 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;
5. 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;
6. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
7. Elective Surgery or Elective Treatment;
8. 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;
9. Health spa or similar facilities; strengthening programs;
10. 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;
11. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation;
12. Injury or Sickness inside the Insured's home country;
13. Injury or sickness outside the United States and its possessions except when traveling for academic study abroad programs, business or pleasure, or to or from the Insured's home country;
14. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
15. Injury sustained while (a) participating in any interscholastic, 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;
16. Investigational services;
17. Participation in a riot or civil disorder; commission of or attempt to commit a felony;
18. 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.
19. 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;
 20. 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;
 21. 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;
 22. 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;
 23. 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;
 24. 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;
 25. 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;
 26. Supplies, except as specifically provided in the policy;
 27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
 28. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
 29. 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
 30. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.