

# 2019–2020 International Student Injury and Sickness Plan for STP - Direct Secondary School Plan White



## Who is eligible to enroll?

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All international students attending a secondary school registered for credit courses who are required to purchase an insurance Plan to be enrolled at the school. Students must actively attend classes for at least the first 31 days after the date for which coverage is purchased or actively attend a school sponsored camp or program. The Company maintains its right to investigate 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 are not eligible for coverage.

## What are the effective and termination dates of coverage?

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The Master Policy becomes effective at 12:01 a.m., July 1, 2019. The Insured Person'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, 2020. The Insured Person's coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier.

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

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Please read the certificate of coverage to determine whether this plan is right before you enroll. The certificate of coverage provides details of the coverage including benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the certificate of coverage are available from the school.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and is based on Policy number 2019-203251-82 available through Student Travel Protection, Ltd. The Policy is a Non-Renewable One Year Term Policy.

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

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If you have questions please contact Customer Service at 1-888-455-9402 or [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com).

## Highlights of the Student Injury and Sickness Insurance Plan of Benefits offered by StudentResources (SPC) Ltd., a UnitedHealth Group Company

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [UHC Options PPO](#)

	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	\$100,000 (For each Injury or Sickness)	
<b>Plan Deductible</b>	\$0	\$0
<b>Coinsurance</b> <i>All benefits are subject to specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	100% of Preferred Allowance for Covered Medical Expenses	80% of Usual and Customary Charges for Covered Medical Expenses
<b>Prescription Drugs</b> \$700 maximum per Policy Year	\$15 Copay per prescription Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	No Benefits
<b>Outpatient Physiotherapy</b>	100% of Preferred Allowance	80% of Usual and Customary Charges
<b>Surgery</b> <i>If two or more procedures are performed through the same incision or in immediate succession at the same operative session, the maximum amount paid will not exceed 50% of the second procedure and 50% of all subsequent procedures.</i>	100% of Preferred Allowance	80% of Usual and Customary Charges
<b>The following services are also included</b> This list is not all inclusive. Please read the plan certificate for complete listing of benefits and any individual benefit maximums or limitations.	⇨Physician's Visits ⇨Acne Treatment ⇨Interscholastic Sports Injuries ⇨Hospital Room and Board ⇨Diabetes Services ⇨Out-Patient Lab and X-rays ⇨Allergy Treatment ⇨Urgent Care Fees ⇨Medical Emergency ⇨Durable Medical Equipment ⇨In-Patient and Out-Patient Mental Illness Treatment ⇨Dental Treatment – Injury to Sound, Natural Teeth only	

### 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. Allergy testing;
3. Nicotine addiction;
4. Assistant Surgeon Fees;
5. Learning disabilities;
6. Biofeedback;
7. Injections.
8. Circumcision;
9. Congenital Conditions, except as specifically provided for Newborn Infants;
10. Cosmetic procedures, except reconstructive procedures to correct an Injury or treat a Sickness for which benefits are otherwise payable under the Policy or for newborn children. The primary result of the procedure is not a changed or improved physical appearance.
11. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
12. Elective Surgery or Elective Treatment.
13. Elective abortion.
14. Foot care for the following:
  - Flat foot conditions.
  - Supportive devices for the foot.

- Routine foot care including the care, cutting and removal of corns, calluses, and bunions (except capsular or bone surgery).
15. Hearing examinations. Hearing aids. Cochlear implants. Other treatment for hearing defects and hearing loss. "Hearing defects" means any physical defect of the ear which does or can impair normal hearing, apart from the disease process. This exclusion does not apply to hearing defects or hearing loss as a result of an infection or Injury.
  16. Hirsutism. Alopecia.
  17. Immunizations. Preventive medicines or vaccines, except where required for treatment of a covered Injury.
  18. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
  19. Injury or Sickness inside the Insured's home country.
  20. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law.
  21. Injury sustained while:
    - Participating in any intercollegiate, or professional sport, contest or competition.
    - Traveling to or from such sport, contest or competition as a participant.
    - Participating in any practice or conditioning program for such sport, contest or competition.
  22. Lipectomy.
  23. Organ transplants
  24. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
  25. Pre-existing Conditions 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 prior Creditable Coverage which provided benefits similar to this Policy.
  26. Prescription Drugs, services or supplies as follows:
    - 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.
    - Immunization agents. Biological sera. Blood or blood products administered on an outpatient basis.
    - Drugs labeled, "Caution - limited by federal law to investigational use" or experimental drugs.
    - Products used for cosmetic purposes.
    - Drugs used to treat or cure baldness. Anabolic steroids used for body building.
    - Anorectics - drugs used for the purpose of weight control.
    - Fertility agents or sexual enhancement drugs, such as Parlodel, Pergonal, Clomid, Profasi, Metrodin, Serophene, or Viagra.
    - Growth hormones.
    - Refills in excess of the number specified or dispensed after one (1) year of date of the prescription.
  27. Reproductive/Infertility services including but not limited to the following:
    - Procreative counseling.
    - Genetic counseling and genetic testing.
    - Cryopreservation of reproductive materials. Storage of reproductive materials.
    - Fertility tests.
    - Infertility treatment (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.
    - Vasectomy.
    - Sexual reassignment surgery.
    - Reversal of sterilization procedures.
  28. Routine eye examinations. Eye refractions. Eyeglasses. Contact lenses. Prescriptions or fitting of eyeglasses or contact lenses. Vision correction surgery. Treatment for visual defects and problems. This exclusion does not apply as follows:
    - When due to a covered Injury or disease process.
  29. Routine Newborn Infant Care, and well-baby nursery and related Physician charge.
  30. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness.
  31. 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.
  32. Skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia Nasal and sinus surgery, except for treatment of a covered Injury or treatment of chronic sinusitis.
  33. Sleep disorders.
  34. Supplies, except as specifically provided in the Policy.
  35. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia.
  36. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.

37. 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).
38. Weight management. Weight reduction. Nutrition programs. Treatment for obesity. Surgery for removal of excess skin or fat.

## UnitedHealthcare Global: Global Emergency Services

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If you are a student insured with this insurance plan, you are eligible for UnitedHealthcare Global Emergency Services. The requirements to receive these services are as follows:

International Students: you are eligible to receive UnitedHealthcare Global services worldwide, except in your home country.

The Assistance and Evacuation Benefits and related services are not meant to be used in lieu of or replace local emergency services such as an ambulance requested through emergency 911 telephone assistance. **All services must be arranged and provided by UnitedHealthcare Global; any services not arranged by UnitedHealthcare Global will not be considered for payment.** If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. UnitedHealthcare Global will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Key Assistance Benefits include:

- Emergency Evacuation
- Dispatch of Doctors/Specialists
- Medical Repatriation
- Transportation After Stabilization
- Transportation to Join a Hospitalized Insured Person
- Return of Minor Children
- Repatriation of Remains

Also includes additional assistance services to support your medical needs while away from home or campus. Check your certificate of coverage for details, descriptions and program exclusions and limitations.

To access services, please refer to the phone number on the back of the Insured Person's ID Card.

When calling the UnitedHealthcare Global Operations Center, please be prepared to provide:

- Caller's name, telephone and (if possible) fax number, and relationship to the patient;
- Patient's name, age, sex, and UnitedHealthcare Global ID Number as listed on the back of your Medical ID Card
- Description of the patient's condition;
- Name, location, and telephone number of hospital, if applicable;
- Name and telephone number of the attending physician; and
- Information of where the physician can be immediately reached.

All medical expenses related to hospitalization and treatment costs incurred should be submitted to UnitedHealthcare Insurance Company for consideration and are subject to all Policy benefits, provisions, limitations, and exclusions. All assistance and evacuation benefits and related services must be arranged and provided by UnitedHealthcare Global. **Claims for reimbursement of services not provided by UnitedHealthcare Global will not be accepted.** A full description of the benefits, services, exclusions and limitations may be found in your certificate of coverage.

This Summary Brochure is based on Policy #2019-203251-82.

NOTE: The information contained herein is a summary of certain benefits which are offered under an international student injury and sickness plan issued by Student Resources (SPC) Ltd. 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. has any rights or responsibilities associated with your receipt of this document.