



INTERNATIONAL STUDENT INSURANCE

Student Resources LTD, a United Healthcare Group Company

Summary of Coverage

Overall Plan Maximum: There is no overall maximum dollar limit on the policy

Plan Deductible: \$100 per insured person per policy year, \$300 if out-of-network

Out-of-Pocket Maximum: \$6,350 per person per policy year, \$8,000 if out-of-network

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.

Coinsurance: 80% of Preferred Allowance for Covered Medical Expenses, 70% of URC if Out-of-Network

Prescription Drugs: \$15 Copay for Tier 1, 20% Coinsurance for Tier 2, 30% Coinsurance for Tier 3, Up to a 31 –day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)- No benefits if Out-of-Network

Preventive Care Services: 100% of Preferred Allowance. Includes but not limited to: annual physical, GYN exams, routine screenings and immunizations. No copay or deductible when services are received from a Preferred Provider. No benefits if out-of-network.

Copays/Deductibles: Physicians Visits: \$25, Medical Emergency: \$200

UnitedHealthcare Global: Global emergency services cover students worldwide except in their home country.

Intercollegiate Sports: \$10,000 maximum per injury. 80% of PA in-network, 70% of URC out-of-network

Benefit Period: 52 Weeks

Emergency Global Services: 100% of the Covered Expenses for Key Services. All Services must be arranged and provided by UnitedHealthcare Global. Key Services include Emergency Evacuation & Repatriation of Remains, Family Reunion, and more. Natural disaster evacuation is limited to \$100,000.

Preferred Providers: The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: www.pghstudent.com/dissingerreed1

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 are available from the University may be viewed at www.pghstudent.com/dissingerreed1

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.pghstudent.com/dissingerreed1 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 Mobile App available on Google Play and Apple's App Store.

Monthly Premium		
Student Age Category	Daily Rate	30 Day Rate
24 years old & under	\$3.46	\$103.80
25-30 years old	\$4.77	\$143.10
31-40 years old	\$9.75	\$292.50
41+ years old	\$15.11	\$453.30
Spouse rate	\$12.98	\$389.40
Child rate (each)	\$8.65	\$259.50

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

Who can answer questions I have about the plan?

If you have questions please contact Sarah Doherty at (913) 491-6385 college@dissingerreed.com



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