

Bellevue University

2023–2024 International Student Health Plan

F-1, J-1, & M-1 VISA HOLDERS

Plan Snapshot

This document represents an abbreviated overview of your plan of insurance. Terms, conditions, exclusions, and limitations to coverage may apply. Additional benefits may be covered. For a detailed listing of coverage, please see the Plan Certificate. *If benefits listed below differ in any way from the Plan Certificate, the Plan Certificate will govern.* Coverage is underwritten by Pan-American International Insurance Corporation.

Summary Schedule of Benefits

Negotiated Rate is referred to as NR and Usual & Customary Charges are referred to as U&C in this schedule. Copays listed are per visit unless otherwise specified.

ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFITS	IN NETWORK	OUT OF NETWORK
Maximum Benefit per Accident or Sickness	\$500,000	
Coinsurance	100% of Negotiated Rate (NR)	80% of Usual & Customary (U&C)
Out-of-Pocket Maximum per Policy Year per Individual	\$6,000	\$12,000
Deductible per Policy Year per Individual	\$0 per Covered Person per Policy Year	
All Physician Visit Copayments or Deductibles for an Injury or Sickness are waived if treatment is received at the Recognized Student Health Center.		
COVERED EXPENSE	IN NETWORK	OUT OF NETWORK
In-Patient Hospital Services		
Room & Board Expenses	100% of NR/\$50 Copay	80% of U&C/ \$70 Copay
Intensive Care Unit or Coronary Care Unit Expenses	100% of NR	80% of U&C
Hospital Miscellaneous Expenses	100% of NR	80% of U&C
Emergency Room and Emergency Room Treatment	100% of NR/ \$100 Copay	80% of U&C/ \$200 Copay
Out-Patient Hospital Miscellaneous	100% of NR	80% of U&C
Physician Services		
Surgery	100% of NR	80% of U&C
Assistant Surgeon	100% of NR	80% of U&C
In-Hospital Visits	100% of NR	80% of U&C
Out-Patient Office Visits	100% of NR/ \$20 Copay	80% of U&C/ \$35 Copay
Out-Patient X-rays or Laboratory	100% of NR	80% of U&C
Out-Patient Physical Therapy	100% of NR/ \$20 Copay	80% of U&C/ \$35 Copay
Acupuncture Maximum/ Chiropractic Maximum	20 visits maximum per Policy Year, up to \$50 per visit	20 visits maximum per Policy Year, up to \$50 per visit
In-Patient Physical Therapy	100% of NR	80% of U&C
Ambulance Services	100% of NR	80% of Actual Charges
Dental Services <i>Injury to Natural Teeth only; \$2,500 maximum benefit per Policy Year</i>	100% of NR	80% of U&C
Prescription Drugs <i>\$3,000 maximum per Policy Year. Prescriptions must be filled at an Express Scripts pharmacy.</i>	100% of Actual Charges after Copay: \$10 generic drugs; \$25 brand drugs; \$50 Specialty drugs	
Intercollegiate, Club and Interscholastic Athletic Sports Conditions <i>\$10,000 maximum benefit per Policy Year</i>	100% of NR	100% of U&C
Behavioral Health Services Benefit –Mental and Nervous Disorders/ Alcohol and Drug Abuse		
In-Patient	100% of NR/ 30 day max	80% of U&C/ 30 day max
Out-Patient	100% of NR/ \$20 Copay per visit/ 30 visit maximum	80% of U&C/ \$35 Copay per visit/ 30 visit maximum
Wellness Expense Benefit <i>\$250 maximum per Policy Year.</i>	100% of NR	80% of U&C
Pregnancy, Complications of Pregnancy, Maternity, and Pre-Natal Expense <i>Conception must occur while continuously covered under Participating Member's plan.</i>	100% of NR/ \$20 Copay	80% of U&C/ \$35 Copay
Elective/Therapeutic Termination Of Covered Pregnancy <i>\$1,000 maximum benefit</i>	100% of NR/ \$20 Copay	80% of U&C/ \$35 Copay
Urgent Care Facility	100% of NR/ \$20 Copay	80% of U&C/ \$35 Copay
Pre-Existing Condition Limitation; <i>\$10,000 maximum benefit during first 6 months of continuous coverage</i>	100% of NR	80% of U&C
Trip Benefit <i>\$1,500 maximum benefit</i>	Trip Delay Quarantine Benefit Amount: \$100 per day up to 15 days	

Questions

Eligibility & Enrollment

Dissinger Reed
A Division of HUB International
mam.StudentServices@hubinternational.com
(800) 476-4802

Benefits or Claims Questions

Administrative Concepts, Inc. (ACI)
(888) 585-9033

Plan Materials & Information

www.dissingerreed.com/bellevue-university/

Insurance ID Card

Your ID card will be emailed from ACI after the start of the term. To request another copy, visit www.acitpa.com/smic-idcard

Find a Medical Provider

After you receive your ID card, log in to your UHC account at myuhc.com, then click "Find a Provider," or call (877) 370-4094.

Find a Pharmacy

Visit www.express-scripts.com or call (800) 400-0136