

**2017/2018 INTERNATIONAL STUDENT INSURANCE PLAN OPTIONS**

Administered by Insurance for Students, Inc 800-356-1235

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Underwriter	Student Resources (SPC) Ltd., a UnitedHealth Group Company						
Plan	UHC GLOBAL CARE ESSENTIAL			IFS PRIME PLAN		IFS PRIME PLUS PLAN	
Benefit	\$100,000 For each Injury or Sickness			\$500,000 For each Injury or Sickness		No Overall Maximum Dollar Limit	
	IN NETWORK – UHC Options Network	OUT OF NETWORK		IN NETWORK – UHC Options Network	OUT OF NETWORK	IN NETWORK – UHC Options Network	OUT OF NETWORK
<b>Deductible</b>	\$100 Per Policy Year OR \$500 Per Policy Year	\$500 Per Policy Year OR \$750 Per Policy Year		\$250 Per Policy Year	\$1,000 Per Policy Year	\$200 Per Sickness/Injury	\$1,000 Per Policy Year
<b>Coinsurance</b>	80% except as noted	60% except as noted		80% except as noted	60% except as noted	80% except as noted	60% except as noted
<b>Out-of-Pocket Maximum</b>	NONE			NONE		\$6,350	\$10,000
<b>Pre-existing Conditions Period</b>	6 Months			6 Months		NONE	
<b>INPATIENT</b>	<b>Inpatient</b>	<b>Inpatient</b>		<b>Inpatient</b>	<b>Inpatient</b>		
<b>Room &amp; Board/Hospital Miscellaneous</b>	80% Preferred Allowance \$100 Copay Per Hospital Visit	60% Usual & Customary \$100 Deductible Per Hospital Visit		80% Preferred Allowance \$200 Copay Per Hospital Visit	60% Usual & Customary \$200 Deductible Per Hospital Visit	80% Preferred Allowance	60% Usual & Customary
<b>Routine Newborn Care (Max 4 Days)</b>	Paid as any other sickness			Paid as any other sickness		Paid as any other sickness	
<b>Surgery</b>	80% Preferred Allowance	60% Usual & Customary		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>Physician Visits</b>	80% Preferred Allowance	60% Usual & Customary		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>Psychotherapy</b>	Paid as any other sickness			Paid as any other sickness		Paid as any other sickness	
<b>OUTPATIENT</b>	<b>Outpatient</b>	<b>Outpatient</b>		<b>Outpatient</b>	<b>Outpatient</b>	<b>Outpatient</b>	<b>Outpatient</b>
<b>Surgery</b>	80% Preferred Allowance \$100 Copay Per Date of Service	60% Usual & Customary \$100 Deductible Per Date of Service		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>Physician Visits</b>	80% Preferred Allowance \$35 Copay per Visit	60% Usual & Customary \$35 Deductible Per Visit		80% Preferred Allowance \$30 Copay per Visit	60% Usual & Customary	80% Preferred Allowance \$30 Copay per Visit	60% Usual & Customary
<b>Medical Emergency Expenses</b>	80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit		80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit	80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit
<b>X-Rays &amp; Laboratory</b>	80% Preferred Allowance \$20 Copay Per Visit	60% Usual & Customary \$20 Deductible Per Visit		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>CAT/MRI</b>	80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit		80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit	80% Preferred Allowance \$200 Copay per Visit	60% Usual & Customary \$200 Deductible per Visit
<b>Physiotherapy</b>	80% Preferred Allowance \$35 Copay Per Visit	60% Usual & Customary \$35 Deductible Per Visit		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>Prescription Drugs</b>	70% Reimbursement, \$1,000 Maximum Per Policy Year			70% Reimbursement, \$3,000 Maximum Per Policy Year		70% Reimbursement	
<b>Psychotherapy</b>	Paid as any other sickness			Paid as any sickness		Paid as any sickness	
<b>Preventative Care Services</b>	No Benefits			100% Preferred Allowance \$1000 Maximum Per Policy Year	No Benefits	100% Preferred Allowance	No Benefits
<b>OTHER</b>	<b>Other</b>	<b>Other</b>		<b>Other</b>	<b>Other</b>	<b>Other</b>	<b>Other</b>
<b>Ambulance</b>	80% Preferred Allowance	60% Usual & Customary		80% Preferred Allowance	60% Usual & Customary	80% Preferred Allowance	60% Usual & Customary
<b>Alcoholism/Drug Abuse</b>	Paid as any other sickness			Paid as any other sickness		Paid as any other sickness	
<b>Maternity &amp; Complications of Pregnancy</b>	Paid as any other sickness \$5,000 maximum for Normal Delivery, \$7,500 Maximum for C-Section			Paid as any other sickness		Paid as any other sickness	
<b>Repatriation &amp; Med. Evacuation</b>	Benefits Provided by UHC GLOBAL			Benefits Provided by UHC GLOBAL		Benefits Provided by UHC GLOBAL	
<b>Daily Rates</b>		<b>\$100 Deductible</b>	<b>\$500 Deductible</b>		<b>\$250 Deductible</b>		<b>\$200 Deductible</b>
	<b>Student 24 &amp; Under</b>	<b>\$1.51</b>	<b>\$1.35</b>	<b>Student 24 &amp; Under</b>	<b>\$2.00</b>	<b>Student 24 &amp; Under</b>	<b>\$2.92</b>
	<b>Student 25 - 30</b>	<b>\$2.40</b>	<b>\$2.16</b>	<b>Student 25 - 30</b>	<b>\$3.12</b>	<b>Student 25 - 30</b>	<b>\$4.18</b>
	<b>Student 31 - 40</b>	<b>\$5.28</b>	<b>\$4.74</b>	<b>Student 31 - 40</b>	<b>\$9.43</b>	<b>Student 31 - 40</b>	<b>\$9.09</b>
	<b>Students 41 &amp; over</b>	<b>\$12.20</b>	<b>\$10.96</b>	<b>Students 41 &amp; over</b>	<b>\$15.11</b>	<b>Students 41 &amp; over</b>	<b>\$18.81</b>