

# 2019–2020 International Student Injury and Sickness Plan for **ST. PAUL'S SCHOOL**



## **Who is eligible to enroll?**

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All international students attending a private secondary school registered for credit courses are eligible and must be enrolled in the plan on a hard waiver basis. 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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This insurance Plan becomes effective at 12:01 am on September 1, 2019

This insurance Plan terminates at 11:59 pm on June 30, 2020

## **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 2019-202814-41 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>	No Overall Maximum Dollar Limit	
<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>	\$0 Copay for Tier 1 \$0 Copay for Tier 2 \$0 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP)	100% of Usual and Customary Charges Up to a 31-day supply per prescription
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible when the services are received from a Preferred Provider. Preventive care limits apply based on age and risk group.</i>	100% of Preferred Allowance	80% of Usual and Customary Charges
<b>Outpatient Physiotherapy</b> <i>60 visits maximum Per Policy Year</i>	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>Assistant Surgeon</b>	30% of surgery allowance	30% of surgery allowance
<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.	<ul style="list-style-type: none"> <li>▶ Physician's Visits</li> <li>▶ Interscholastic Sports Injuries</li> <li>▶ Diabetes Services</li> <li>▶ Allergy Treatment</li> <li>▶ Medical Emergency</li> <li>▶ In-Patient and Out-Patient Mental Illness Treatment</li> <li>▶ Dental Treatment – Injury to Sound, Natural Teeth only</li> </ul>	<ul style="list-style-type: none"> <li>▶ Acne Treatment</li> <li>▶ Hospital Room and Board</li> <li>▶ Out-Patient Lab and X-rays</li> <li>▶ Urgent Care Fees</li> <li>▶ Durable Medical Equipment</li> </ul>

## Exclusions and Limitations

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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. 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.
2. Dental treatment, except:
  - For accidental Injury to Sound, Natural Teeth.
3. Elective Surgery or Elective Treatment.
4. 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.
5. Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation.
6. Injury or Sickness inside the Insured's home country.
7. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law.
8. Participation in a riot or civil disorder. Commission of or attempt to commit a felony.
9. 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, except as specifically provided in the Policy. 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.
  - 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.
10. 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.
11. Preventive care services. Routine physical examinations and routine testing. Preventive testing or treatment. Screening exams or testing in the absence of Injury or Sickness. This exclusion does not apply to benefits specifically provided in the Policy.
12. 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.
13. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment.
14. 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).

## 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 #2019-202814-41.

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.