

## SUNY International Scholar and OPT Student Health Insurance

### The Student Health Insurance Plan Offers You:

- <u>Unlimited coverage</u> for primary care providers, specialists, emergency visits and hospitals
- <u>Unlimited coverage</u> for preventative care, including annual physicals, GYN exams, routine screenings and immunizations
- Prescription Drug Coverage: \$30 copay for tier 1 drugs, and a \$60 copay for tier 2 and 25% coinsurance for tier 3.
- Unlimited coverage for inter-collegiate athletics
- Unlimited coverage for mental health
- Evacuation and Repatriation Services
- Tele-Doc service for minor sickness, injury & mental health

#### Who is eligible:

All international students and visiting scholars (J1, M1, & F1 visa holders) are eligible and are required to be enrolled in the plan, unless a waiver is granted by SUNY. (See the separate brochure with plan benefits for J1 Scholars and F1 students on OPT.) Eligible students and scholars may also (or may be required to) insure their dependents. Eligible Dependents are the student's spouse or domestic partner and dependent children under 26 years of age. International visitors on others types of visa may be eligible. Please consult with the SUNY plan administrators for any eligibility questions.





#### How to access information:

To check claims status, ask benefit questions, locate a provider inside the USA, or to inquire about specific drug coverage under this policy:

**888-714-6544** or <a href="mailto:customerservice@uhcsr.com">customerservice@uhcsr.com</a>

For medical providers inside the USA, please log in to your <u>myuhc.com</u> account and then click Find a Doctor.

To create or login to your UHC student account:

Please visit <u>myaccount.uhcsr.com</u> or download UHC's mobile app from your smartphone (UHCSR Mobile App) available on the App Store or Google play.

Your UHC student account allows you to:

- View and download your insurance card
- Review claims and dates of service
- Locate participating providers

For further details of the coverage including cost, benefits, exclusions, and reductions or limitations and the terms under which the policy may be continued in force, please refer to the Certificate, available at www.uhcsr.com



# **2022-23 SUNY International OPT And Scholars Insurance Benefits (Includes COVID-19)**

Plan Design (Per Person, Annually)	In-Network Benefits	Out of Network Benefits
Annual Deductible	\$200 (student pays this 1	\$400 (student pays this 1
	time, annually, not with each visit)	time, annually, not with each visit)
Coinsurance	20%	40%
Preventative Care Services	Covered in full (annual	Covered in full (annual
	physical, OBGYN)	physical, OBGYN)
Primary Care Visit	\$25 copay after \$200	\$50 copay after \$400
	deductible is met	deductible is met
Urgent Care Visit	\$25 coinsurance/copay after	\$50 copay
	\$200 deductible is met	after \$400 deductible is met
Emergency Room	20% coinsurance/copay after	\$75 copay after \$400
	\$200 deductible is met	deductible is met
Ambulance	20% coinsurance/copay after	40% coinsurance/copay after
	\$200 deductible is met	\$400 deductible is met
In-Patient Hospital Care	20% coinsurance/copay after	40% coinsurance/copay after
	\$200 deductible is met	\$400 deductible is met
Prescription Drugs	\$30 (tier 1)/\$60 (tier 2)/25%	\$30 (tier 1)/\$60 (tier 2)/25%
	(tier 3)	(tier 3)

The benefits listed above are a brief summary of the Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations are specified in the Master Policy.