International Student Injury and Sickness Insurance Plan for American Association of Community Colleges

The American Association of Community Colleges is pleased to offer an Injury and Sickness Insurance Plan underwritten by UnitedHealthcare Insurance Company. Registered international students, visiting faculty, scholars or other persons who are in the United States on a visa issued for scholarly/educational purposes and with a current passport, who are temporarily residing outside their home country are eligible to enroll in the plan. Insured students must actively attend classes for at least the first 31 days from their effective date of coverage, or the entire period for which coverage is purchased, whichever is the lesser, except in the case of medical withdrawal (as verified and approved by the school with proper documentation from a physician).

Highlights of the Coverage and Services offered by UnitedHealthcare StudentResources are:

- Up to $500,000 Per Insured Person, Per Policy Year Maximum Benefit for Covered Medical Expenses.
- Students: $75 Deductible Per Insured Person Per Policy Year for Preferred Providers, $200 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Dependents: $100 Deductible Per Insured Person Per Policy Year for Preferred Providers, $200 Deductible Per Insured Person, Per Policy Year for Out of Network Providers.
- Covered Medical Expenses for Preferred Providers are payable at 100% of Preferred Allowance and Out of Network benefits are payable at 80% of Usual and Customary charges (all benefits are subject to the Deductible, specific benefit limitations, maximums and copays as described in the policy).
- Out-of-Network Out-of-Pocket maximum of $5,000 Per Insured Person, Per Policy Year. After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% up to the policy Maximum Benefit subject to any applicable benefit maximums. Refer to the plan brochure for details about how the Out-of-Pocket Maximum applies.
- Prescription Drug Benefits: $15 Copay for Tier 1 / $30 Copay for Tier 2 / 50% Coinsurance per prescription for Tier 3 up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP). Prescriptions must be filled at a UHCP network pharmacy. Mail order through UHCP at 2.5 times the retail copay up to a 90-day supply.
- Preventive Care Services which include, but are not limited to, annual physicals, GYN exams, routine screenings and immunizations are covered at 100% with no Copay or deductible only when the services are received from a Preferred Provider. Please see www.healthcare.gov for complete details of the services provided for specific age and risk groups.
- Coverage available for eligible Dependents and Domestic Partners.
- The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link, www.studentinsuranceusa.com.
- FrontierMEDEX – International Students are covered worldwide except in their home country.
- Online Services: UnitedHealthcare StudentResources Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging into My Account at www.uhcsr.com/myaccount. To create an online account, select the “create My Account Now” 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 visit our mobile site at my.uhcsr.com to access an electronic ID card.

Your student health insurance coverage, offered by UnitedHealthcare Insurance Company, may not meet the minimum standards required by the healthcare reform law for restrictions on annual dollar limits. The annual dollar limits ensure that consumers have sufficient access to medical benefits throughout the annual term of the policy. Restrictions for annual dollar limits for group and individual health insurance coverage are $1.25 million for policy years before September 23, 2012; and $2 million for policy years beginning on or after September 23, 2012 but before January 1, 2014. Restrictions on annual dollar limits for student health insurance coverage are $100,000 for policy years before September 23, 2012 and $500,000 for policy years beginning on or after September 23, 2012, but before January 1, 2014. Your student health insurance coverage puts a policy year limit of $500,000 that applies to the essential benefits provided in the Schedule of Benefits unless otherwise specified. If you have any questions or concerns about this notice, contact Customer Service at 1-800-767-0700. Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.
For your school’s rates and to enroll in the plan, please go to www.studentinsuranceusa.com.

PRE-EXISTING CONDITION means any condition for which medical advice, diagnosis, care treatment, including the use of Prescription Drugs, is recommended or received from a Physician within the 6 months immediately prior to the Insured’s Effective Date under the policy. Pregnancy will not be considered to be a Pre-Existing Condition.

Exclusions and Limitations
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. Addiction, such as: nicotine addiction, except as specifically provided in the policy; and caffeine addiction; non-chemical addiction, such as: gambling, sexual, spending, shopping, working and religious; codependency;
2. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation, except as specifically provided in the policy;
3. Biofeedback;
4. Circumcision;
5. Congenital conditions, except as specifically provided in benefits for Reconstructive Surgery or except as specifically provided for Newborn or adopted Infants;
6. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn or adopted children; removal of warts, non-malignant moles and lesions;
7. Dental treatment, except for accidental Injury to Natural Teeth;
8. Eye examinations, eye refractions, eyeglasses, contact lenses, prescriptions or fitting of eyeglasses or contact lenses, vision correction surgery, or other treatment for visual defects and problems; except when due to a covered Injury or disease process or except as specifically provided in the policy;
9. Flat foot conditions; supportive devices for the foot; subluxations of the foot; fallen arches; weak feet; chronic foot strain; symptomatic complaints of the feet; and routine foot care including the care, cutting and removal of corns, calluses, toenails, and bunions (except capsular or bone surgery);
10. Hearing examinations; hearing aids; or except as specifically provided in the policy; other treatment for hearing defects and problems, except as a result of an infection or trauma. “Hearing defects” means any physical defect of the ear which does or can impair normal hearing, apart from the disease process;
11. Hirsutism; alopecia;
12. Immunizations, except as specifically provided in the policy, preventive medicines or vaccines, except where required for treatment of a covered Injury; or as specifically provided in the policy;
13. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
14. Injury sustained by reason of a motor vehicle accident to the extent that benefits are paid or payable by any other valid and collectible insurance;
15. Injury sustained while (a) participating in any interscholastic, intercollegiate, or professional sport, contest or competition; (b) traveling to or from such sport, contest or competition as a participant; or (c) while participating in any practice or conditioning program for such sport, contest or competition;
16. Loss sustained or contracted in consequence of the Insured’s being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
17. Organ transplants; including organ donation;
18. Participation in a riot or civil disorder; commission of or attempt to commit a felony; or fighting;
19. Pre-Existing Conditions, except for individuals who have been continuously insured for at least 6 consecutive months under any health insurance plan or policy or employer-provided health benefit arrangement. Credit for time served will be given when covered under Creditable Coverage provided the individual becomes eligible and enrolls under this policy within 63 days of termination of the prior plan. This exclusion will not be applied to an Insured Person who is under age 19;
20. Prescription Drug Services - no benefits will be payable for:
   a) 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;
   b) Immunization agents, except as specifically provided in the policy, biological sera, blood or blood products administered on an outpatient basis;
   c) Drugs labeled, “Caution - limited by federal law to investigational use” or experimental drugs;
   d) Products used for unapproved cosmetic indications;
   e) Drugs used to treat or cure baldness, and anabolic steroids used for body building;
   f) Anorectics - drugs used for the purpose of weight control;
   g) Fertility agents, such as: Parlodel, Pergonal, Clomid, Profasi, Metrodin, or Serophene;
   h) Growth hormones; or
   i) Refills in excess of the number specified or dispensed after one (1) year of date of the prescription;
21. Reproductive/Infertility services including but not limited to: family planning; fertility tests; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; premarital examinations; impotence, organic or otherwise; female sterilization procedures, except as specifically provided in the policy; vasectomy; sexual reassignment surgery; reversal of sterilization procedures;
22. Routine Newborn Infant Care, well-baby nursery and related Physician charges except as specifically provided in the policy;
23. Preventive care services; routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of Injury or Sickness; except as specifically provided in the policy;
24. Services provided normally without charge by the Health Service of a college or university; or services covered or provided by a student health fee;
25. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled flight of a commercial airline;
26. Suicide or attempted suicide while sane or insane (including drug overdose); or intentionally self-inflicted Injury;
27. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, or gynecomastia; except as specifically provided in the policy;
28. Travel in or upon, sitting in or upon, alighting to or from, or working on or around any: four-wheeled all-terrain vehicle (ATV); jet ski; ski cycle;
29. Scuba diving or riding in a rodeo;
30. Treatment in a Government hospital, unless there is a legal obligation for the Insured Person to pay for such treatment;
31. 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); and
32. Weight management, weight reduction, nutrition programs, treatment for obesity, surgery for removal of excess skin or fat.