



2024 - 2025

International Student Health Insurance Plan TN Board of Regents - Global Care Basic



ITA Global Trust Ltd - Global Care Basic – APSU	2024-203197-92
ITA Global Trust Ltd - Global Care Basic - ChSCC	2024-203196-92
ITA Global Trust Ltd - Global Care Basic - CISCC	2024-203195-92
ITA Global Trust Ltd - Global Care Basic - CoSCC	2024-203194-92
ITA Global Trust Ltd - Global Care Basic - DSCC	2024-203193-92
ITA Global Trust Ltd - Global Care Basic - ETSU	2024-203192-92
ITA Global Trust Ltd - Global Care Basic - JSCC	2024-203191-92
ITA Global Trust Ltd - Global Care Basic - MTSU	2024-203190-92
ITA Global Trust Ltd - Global Care Basic - MSCC	2024-203189-92

ITA Global Trust Ltd - Global Care Basic - NoSCC	2024-203187-92
ITA Global Trust Ltd - Global Care Basic - PSCC	2024-203186-92
ITA Global Trust Ltd - Global Care Basic - RSCC	2024-203185-92
ITA Global Trust Ltd - Global Care Basic - STCC	2024-203184-92
ITA Global Trust Ltd - Global Care Basic - RCAT	2024-203183-92
ITA Global Trust Ltd - Global Care Basic - TSU	2024-203182-92
ITA Global Trust Ltd - Global Care Basic - TTU	2024-203181-92
ITA Global Trust Ltd - Global Care Basic - UM	2024-203180-92
ITA Global Trust Ltd - Global Care Basic - VSCC	2024-203179-92

Who can enroll?:

International students or other persons with a current passport who: 1) are engaged in educational activities; 2) are temporarily located outside his/her home country as a non-resident alien; 3) have not obtained permanent residency status in the U.S.; and 4) are enrolled in an associate, bachelor, master or Ph.D. degree program at a university or other educational institution; Visiting Scholars, Optional Practical Training Students and formal English as a Second Language program students with an F1 or J1 visa must enroll in this insurance plan unless proof of comparable coverage is furnished. The six credit hour requirement is waived for Summer if the applicant was enrolled in this plan as a fulltime student in the immediately preceding Spring term.

Eligible students who do enroll may also insure their Dependents. Eligible Dependents are the student's legal spouse and dependent children under 26 years of age.

The student (Named Insured, as defined in this Certificate) must actively attend classes for at least the first 31 days after the date for which coverage is purchased with the exception of International Visiting Scholars or those engaged in an Optional Practical Training Program. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend classes. The Company maintains its right to investigate eligibility or 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.

The eligibility date for Dependents of the Named Insured shall be determined in accordance with the following:

1. If a Named Insured has Dependents on the date he or she is eligible for insurance.
2. If a Named Insured acquires a Dependent after the Effective Date, such Dependent becomes eligible:
 - a. On the date the Named Insured acquires a legal spouse.
 - b. On the date the Named Insured acquires a dependent child who is within the limits of a dependent child set forth in the Definitions section of this Certificate.

Dependent eligibility expires concurrently with that of the Named Insured.

U.S. citizens and residents are not eligible for coverage as a student or Dependent.

Coverage periods, plan cost and deadline dates

Rates	Annual 8/1/24-7/31/25	Fall 8/1/24-12/31/24	Fall 1 9/1/24-12/31/24	Fall 2 10/1/24-12/31/24	Spring 1/1/25-5/31/25
Student	\$1,856.00	\$778.00	\$621.00	\$468.00	\$768.00
Spouse	\$23,519.00	\$9,859.00	\$7,861.00	\$5,928.00	\$9,730.00
Each Child	\$11,898.00	\$4,988.00	\$3,977.00	\$2,999.00	\$4,922.00

Rates	Spring 1 2/1/25-5/31/25	Spring 2 3/1/25-5/31/25	Spring/Summer 1/1/25-7/31/25	Spring/Summer 1 2/1/25-7/31/25	Spring/Summer 2 3/1/25-7/31/25	Summer 6/1/25-7/31/25
Student	\$610.00	\$468.00	\$1,078.00	\$921.00	\$778.00	\$310.00
Spouse	\$7,732.00	\$5,928.00	\$13,660.00	\$11,663.00	\$9,859.00	\$3,930.00
Each Child	\$3,911.00	\$2,999.00	\$6,910.00	\$5,900.00	\$4,988.00	\$1,989.00

Rates are subject to regulatory approval and may change.

23COL4751-202907-92

Plan resources at your fingertips

Enroll www.uhcsinternational.com

View benefits, submit a claim and download your ID card via My Account www.uhcsinternational.com

Find an in-network provider [UHC Options PPO](#)

Find a prescription drug provider [Optum Rx](#)

Value-added benefits and services (Student Assist¹, HealthiestYou², UHC Global³) www.uhcsinternational.com

Student Health Center <https://global.uhcsinternational.com/>

Plan highlights

Student Health Center Benefits: The Deductible and Copays will be waived and benefits will be paid at the Preferred Provider Benefit level when treatment is rendered at the Student Health Center.

Benefits	Preferred Providers	Out-of-Network Providers
Overall Plan Maximum	Student Only: \$500,000 (For each Injury or Sickness) Dependents: \$250,000 (For each Injury or Sickness)	
Plan Deductible	Student Only: \$100 per Insured Person, per Policy Year Dependents: \$250 per Insured Person, per Policy Year	Student Only: \$500 per Insured Person, per Policy Year Dependents: \$750 per Insured Person, per Policy Year
Out-of-Pocket Maximum <i>After the Out-of-Pocket Maximum has been satisfied, Covered Medical Expenses will be paid at 100% for the remainder of the Policy Year subject to any applicable benefit maximums. Refer to the plan certificate for details about how the Out-of-Pocket Maximum applies.</i>	Student Only: \$10,000 (Per Insured Person, Per Policy Year)	Student Only: \$15,000 (Per Insured Person, Per Policy Year)
Coinsurance <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	Student and Dependents: 80% of Allowed Amount for Covered Medical Expenses	Student and Dependents: 70% of Allowed Amount for Covered Medical Expenses
Prescription Drugs <i>Prescriptions must be filled at a UHCP network pharmacy. UHCP Mail Order Network Pharmacy or Preferred 90-Day Retail Network Pharmacy at 2.5 times the retail Copay up to a 90-day supply.</i>	Student: \$20 Copay for Tier 1 30% Coinsurance per prescription Tier 2 45% Coinsurance per prescription Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible Dependents: \$20 Copay per prescription for Tier 1 30% Coinsurance per prescription for Tier 2 40% Coinsurance per prescription for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Deductible	Student and Dependents: No Benefits
Preventive Care Services \$1,000 Maximum Per Policy Year <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. Preventive care limits apply based on age and risk group. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider.</i>	Student and Dependents: 100% of Allowed Amount not subject to Deductible	Student and Dependents: No Benefits
The following services have per service copays This list is not all inclusive. Please read the plan certificate for complete listing of copays.	Student Only: Physician's Visits: \$30 not subject to Deductible Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible Room and Board: \$500 not subject to Deductible	Student Only: Medical Emergency: \$300 not subject to Deductible Room and Board: \$100 not subject to Deductible Dependents: Medical Emergency: \$200 not subject to Deductible
Intercollegiate Sports (Student Only) (\$10,000 Maximum For Each Injury)	Paid as any other Injury	Paid as any other Injury

Questions about your plan?

Contact Customer Service at **1-888-251-6253**
or at customerservice@uhcsrinternational.com

*Student Assist services are provided through OptumHealth Behavioral Solutions and OptumHealth Care Solutions, UnitedHealth Group companies. The Student Assist is not a substitute for medical attention. If you have an emergency medical condition, you should call 911 or your local emergency services number. †HealthiestYou and the HealthiestYou logo are trademarks of Teladoc Health, Inc., and may not be used without written permission. HealthiestYou does not replace the primary care physician. HealthiestYou does not guarantee that a prescription will be written. HealthiestYou operates subject to state regulation and may not be available in certain states. HealthiestYou does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. HealthiestYou physicians reserve the right to deny care for potential misuse of services. ‡Non-Insurance Travel Assistance services are provided by or through United Healthcare Services, Inc., and affiliates under the UnitedHealthcare Global brand. © 2024 UnitedHealthcare Services, Inc. All Rights Reserved. The written materials contained in this document are a confidential property of UnitedHealth Group. Do not distribute or reproduce any materials without the express written consent of UnitedHealth Group. This plan is underwritten by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company, Governors Square, Building 4, 2nd Floor, 23 Lime Tree Bay Avenue, P.O. Box 1051, Grand Cayman, Cayman Islands. This plan is based on policy number 2024-202907-92. Available through SR International and issued to Tennessee International Student Care Plan under policy number 2024-202907-92. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the coverage may be continued in force, please refer to <https://www.uhcsrinternational.com>. NOTE: The information contained herein is a summary of certain benefits which are offered under a student health insurance policy issued by H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP, a UnitedHealth Group Company. 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 UnitedHealthcare has any rights or responsibilities associated with your receipt of this document. Changes in federal, state or other applicable legislation or regulation or changes in Plan design required by the applicable state regulatory authority may result in differences between this summary and the actual Policy of insurance. Benefits and rates described herein are subject to regulatory approval and may change.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。请致电 1-866-260-2723。

**United
Healthcare**