

# SUNY International Inbound

2024-2025

## Student Health Insurance

### 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.

### The Student Health Insurance Plan Offers You:

- Unlimited coverage for primary care providers, specialists, emergency visits and hospitals
- Unlimited coverage for preventative care, including annual physicals, GYN exams, routine screenings and immunizations
- Prescription Drug Coverage: \$10 copay for tier 1 drugs, and a \$20 copay for tier 2 or 3 drugs
- Unlimited coverage for inter-collegiate athletics
- Unlimited coverage for mental health
- Evacuation and Repatriation Services
- Tele-Doc service for minor sickness, injury & mental health



### How to access information:

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

**888.714.6544**

**[customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)**

For medical providers in the US, please log in to your [myuhc.com](http://myuhc.com) account and then click Find a Doctor.

### To create or login to your UHC student account:

Please visit [myaccount.uhcsr.com](http://myaccount.uhcsr.com) 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 overview policy.

# 2024-2025 SUNY International Summary of Benefits

| Plan Design (Per Person, Annually)                | In-Network                                                                 | Out-of-Network                                                             |
|---------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Annual Deductible</b>                          | \$200                                                                      | \$400                                                                      |
| <b>Coinsurance</b>                                | 0%                                                                         | 10%                                                                        |
| <b>In-Patient Hospital Care</b>                   | 0% coinsurance after deductible                                            | 10% coinsurance after deductible                                           |
| <b>Office Visit</b>                               | Covered in full after deductible                                           | \$50 copay after \$400 deductible                                          |
| <b>Preventative Care Services</b>                 | Covered in full                                                            | Covered in full                                                            |
| <b>Ambulance</b>                                  | 0% coinsurance after deductible                                            | 10% coinsurance after deductible                                           |
| <b>Urgent Care Center</b>                         | Covered in full after deductible                                           | \$50 Copay after deductible                                                |
| <b>Emergency Department</b>                       | 0% coinsurance after deductible                                            | \$75 copay after deductible                                                |
| <b>Prescription Drug Coverage - 30 Day Supply</b> | Tier 1: \$10 Copayment<br>Tier 2: \$20 Copayment<br>Tier 3: \$20 Copayment | Tier 1: \$10 Copayment<br>Tier 2: \$20 Copayment<br>Tier 3: \$30 Copayment |

**Annual Deductible:** An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

**Annual Out of Pocket Maximum:** The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount.

**Copay:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance **plus** any deductibles you owe.

The 2024-2025 benefits listed above are a brief summary of the Student Health Insurance Plan design. Additional Schedule of Medical Expense Benefits/Limitations is specified in the Overview Policy.