



STUDENT MEDICOVER

Summary of Benefits

24-25 Student Health Insurance Plan

Student Medcover Health Benefits
For Ball State University





We care, so we are here.

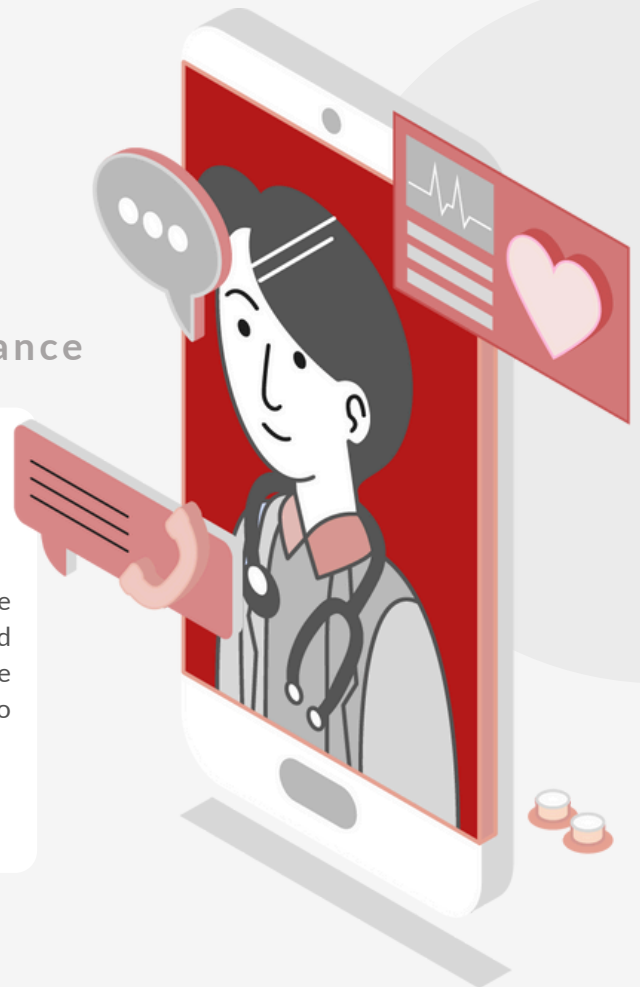
STUDENT MEDICOVER

International Student Health Insurance

Student Medicover strives to make high-quality, affordable care accessible to every international student.

By partnering with UnitedHealthcare, we provide cost-effective, comprehensive insurance plans and strive to make high-quality, affordable care accessible to every international student, aiming to build a supportive, vibrant, and healthy community.

Go to our website and learn more: smcovered.com



How We Differ



One Stop Shop

One call to our team puts marketing, underwriting, customer service and claims at your direct disposal.



Telehealth from Healthiest You

24/7 access to medical advice through HealthiestYou, a national telehealth service to contact physicians via phone and/or video, where permitted.



Provider Network

Our national network provides access across the country to over 6,600 hospitals, 1.4 million physicians and other health care professionals.



Global Emergency Services

- Emergency Evacuation
- Medical Repatriation
- Transportation After Stabilization
- Repatriation of Remains

sm@smcovered.com

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111 Anza Blvd, Ste 201, Burlingame, CA 94010



Student Medicover

2024-2025 STUDENT HEALTH INSURANCE PLAN

Designed Exclusively for International Students

Underwritten by: H&W Indemnity (SPC), Ltd. for and on behalf of Student Resources SP A UnitedHealth Group Company

Administered by:

UnitedHealthcare StudentResources

Introduction

This plan is a preferred provider organization or "PPO" plan. It provides a higher level of coverage when Covered Medical Expenses are received from healthcare providers who are part of the plan's network of "Preferred Providers." The plan also provides coverage when Covered Medical Expenses are obtained from healthcare providers who are not Preferred Providers, known as " Out-of-Network Providers." However, a lower level of coverage may be provided when care is received from Out-of-Network Providers and the Insured Person may be responsible for paying a greater portion of the cost. If the Covered Medical Expense is incurred for Emergency Services when due to a Medical Emergency Services, benefits will be paid at the Preferred Provider level of benefits.

Who is Eligible?

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, with no less than 6 credit hours (unless such school's full-time status requires less credited hours or if the student is graduating at the end of the term for which coverage is purchased); Visiting Scholars, Optional Practical Training Students and formal English as a Second Language program students with an F-1 or J1 visa are eligible to enroll in this insurance Plan.

24-25 Academic Year Coverage and Rates

*PRICE PER 30 DAYS

ALL PREMIUM APPLY TO STUDENT AGE UNDER 25

SUPREME	ELITE	PRIME 100	PRIME 500	BASIC
\$193.8	\$184.5	\$132	\$106.2	\$70.8

Financial Rating : A.M. Best has affirmed the financial strength rating (FSR) of "A" (excellent) and the issuer credit rating of "A" for the majority of the UnitedHealth Group Incorporated (UnitedHealth)(Minnetonka, MN) [NYSE:UNH]. Currently A.M. Best has affirmed the ICR of "bbb+" and debt rating of UnitedHealth.

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Who is Eligible?

All International students attending a High School registered for credit courses are eligible to enroll in the plan. The credit course requirement is waived for the summer if the International Student is enrolled in ESL courses and/or enrolled for the Fall Semester.

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. 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.

24-25 Academic Year Coverage and Rates

GLOBAL CARE PLUS (AGE 25-26)	GLOBAL CARE BASIC (AGE UNDER 23)
\$168	\$83.1

Financial Rating : A.M. Best has affirmed the financial strength rating (FSR) of "A" (excellent) and the issuer credit rating of "A" for the majority of the UnitedHealth Group Incorporated (UnitedHealth)(Minnetonka, MN) [NYSE:UNH]. Currently A.M. Best has affirmed the ICR of "bbb+" and debt rating of UnitedHealth.

Medicover Plans Benefit Highlights - Preferred Provider

	SUPREME	ELITE
Policy Maximum Benefit	Unlimited	Unlimited
Coinsurance	90%	90%
Deductible	\$0	\$0
Out of Pocket Maximum	\$5,000	\$5,000
UHC Network	Choice Plus	Choice Plus
Surgery	90% after Deductible	90% after Deductible
Physician's visit	90% after \$20 Copay per visit	90% after \$20 Copay per visit
Physiotherapy's visit	90% after \$30 Copay per visit	90% after \$30 Copay per visit
Medical Emergency Expense	90% after \$150 Copay per visit	90% after \$150 Copay per visit
Diagnostic X-ray Services	90% after Deductible	90% after Deductible
Radiation Therapy	90% after Deductible	90% after Deductible
Laboratory Procedures	90% after Deductible	90% after Deductible
Tests & Procedures	90% after Deductible	90% after Deductible
Ambulance Services	90% after Deductible	90% after Deductible
Vision Benefit	\$100 Routine Eye Exam & \$100 Vision Care Supplies Benefit (100% Coinsurance)	\$100 Routine Eye Exam & \$100 Vision Care Supplies Benefit (100% Coinsurance)
Preventive Care Services	100%	100%
Urgent Care Center	90% after \$50 Copay per visit	90% after \$50 Copay per visit
Wellness Program Benefits	\$500	N/A
Prescription Drugs *UnitedHealthcare Pharmacy, Retail Network Pharmacy UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy	\$15 Copay per prescription Tier 1 \$30 Copay per prescription Tier 2 \$50 Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible	\$15 Copay per prescription Tier 1 30% Copay per prescription Tier 2 50% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible

This is not a schedule of benefit. For full schedule of benefit, please refer to the [Policy Certificate](#).

Medicover Plans Benefit Highlights - Preferred Provider

	PRIME 100	PRIME S
Policy Maximum Benefit	Unlimited	Unlimited
Coinsurance	80%	80%
Deductible	\$100	\$100
Out of Pocket Maximum	\$6,350	\$7,350
Intercollegiate Sports	N/A	80% after Deductible \$10,000 maximum per injury
Surgery	80% after Deductible	80% after Deductible
Physician's visit	80% after \$25 Copay per visit	80% after \$25 Copay per visit
Physiotherapy's visit	80% after \$30 Copay per visit	80% after \$30 Copay per visit
Medical Emergency Expense	80% after \$200 Copay per visit	80% after \$200 Copay per visit
Diagnostic X-ray Services	80% after Deductible	80% after Deductible
Hospital Misc Exp	80% after Deductible	80% after Deductible
Laboratory Procedures	80% after Deductible	80% after Deductible
Tests & Procedures	80% after Deductible	80% after Deductible
Ambulance Services	80% after Deductible	80% after Deductible
Vision Benefit	\$100 Routine Eye Exam & \$100 Vision Care Supplies Benefit (100% Coinsurance)	\$100 Routine Eye Exam & \$100 Vision Care Supplies Benefit (100% Coinsurance)
Preventive Care Services	100%	100%
Urgent Care Center	80% after \$50 Copay per visit	80% after \$50 Copay per visit
Prescription Drugs *UnitedHealthcare Pharmacy, Retail Network Pharmacy UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy	\$15 Copay per prescription Tier 1 30% Copay per prescription Tier 2 50% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible	\$15 Copay per prescription Tier 1 30% Copay per prescription Tier 2 50% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible

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Medicover Plans Benefit Highlights - Preferred Provider

	PRIME 500	BASIC
Policy Maximum Benefit	Unlimited	\$500,000 For Each Injury of Sickness
Coinsurance	80%	80%
Deductible	\$500	\$500
Out of Pocket Maximum	\$7,350	N/A
UHC Network	Choice Plus	Options PPO
Surgery	80% after Deductible	80% after Deductible
Physician's visit	80% after \$50 Copay per visit	80% after \$50 Copay per visit, 30 Visits Max
Physiotherapy's visit	80% after \$50 Copay per visit	80% after \$35 Copay per visit, 30 Visits Max
Medical Emergency Expense	80% after \$200 Copay per visit	80% after \$300 Copay per visit
Diagnostic X-ray Services	80% after Deductible	80% after Deductible
Hospital Misc Exp	80% after Deductible	80% after Deductible
Laboratory Procedures	\$30 Copay, then 80% after Deductible	80% after Deductible
Tests & Procedures	80% after Deductible	80% after Deductible
Ambulance Services	80% after Deductible	80% after Deductible
Vision Benefit	N/A	N/A
Preventive Care Services	100%	N/A
Urgent Care Center	80% after \$75 Copay per visit	80% after \$100 Copay per visit
Prescription Drugs *UnitedHealthcare Pharmacy, Retail Network Pharmacy UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy	\$25 Copay per prescription Tier 1 30% Copay per prescription Tier 2 50% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible	N/A

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Medicover Plans Benefit Highlights - Preferred Provider

	GC PLUS	GC BASIC
Policy Maximum Benefit	Unlimited	\$500,000 For Each Injury of Sickness
Coinsurance	80%	80%
Deductible	\$500	\$100
Out of Pocket Maximum	\$6,850	N/A
UHC Network	Choice Plus	Options PPO
Surgery	80% after Deductible	80% after Deductible
Physician's visit	80% after \$30 Copay per visit	80% after \$30 Copay per visit
Physiotherapy's visit	80% after Deductible	80% after \$30 Copay per visit
Medical Emergency Expense	80% after \$250 Copay per visit	80% after \$300 Copay per visit
Diagnostic X-ray Services	80% after Deductible	80% after Deductible
Radiation Therapy	80% after Deductible	80% after Deductible
Laboratory Procedures	80% after Deductible	80% after Deductible
Tests & Procedures	80% after Deductible	80% after Deductible
Ambulance Services	80% after Deductible	80% after Deductible
Vision Benefit	N/A	N/A
Preventive Care Services	100%	100% (\$1,000 maximum per policy year)
Urgent Care Center	80% after \$50 Copay per visit	80% after \$50 Copay per visit
Prescription Drugs *UnitedHealthcare Pharmacy, Retail Network Pharmacy UHCP Mail Order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy	\$15 Copay per prescription Tier 1 30% Copay per prescription Tier 2 45% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible	\$20 Copay per prescription Tier 1 30% Copay per prescription Tier 2 45% Copay per prescription Tier 3 up to a 31-day supply per prescription not subject to Deductible

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