Who is eligible to enroll?
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/or enrolled for the Fall Semester.

U.S. citizens are not eligible for coverage.

Who can answer questions I have about the plan?
If you have questions please contact Customer Service at 1-888-302-6182 or info@psiservice.com

Where can I get more information about the benefits available?
Please read the plan brochure to determine whether this plan is right before you enroll. The plan brochure provides details of the coverage including costs, benefits, exclusions, and reductions or limitations and the terms under which the coverage may be continued in force. Copies of the plan brochure may be downloaded at www.psiservice.com.

How do I Enroll?
To enroll visit www.psiservice.com, and follow instructions.

All personal e-mails sent securely from the following companies:
· Cisco

What important dates should I be aware of?
The Master Policy becomes effective at 12:01 A.M, July 01, 2016. The individual student’s coverage becomes effective on the first day of the period for which premium is paid or the date the enrollment form and full premium are received by the Company (or its authorized representative), whichever is later. The Master Policy terminates at 11:59 P.M, September 30, 2017. Coverage terminates on that date or at the end of the period through which premium is paid, whichever is earlier. Twelve (12) months is the maximum time coverage can be effective under any policy year for any Insured Person.

How much does the plan cost?

<table>
<thead>
<tr>
<th></th>
<th>12 Month Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$980</td>
</tr>
</tbody>
</table>

*Refunds of premium are allowed only upon entry into the armed forces or ineligibility.

This plan is underwritten by Student Resources (SPC) Ltd., a UnitedHealth Group Company and is based on policy number 2016-202897-1. Available through PGH Global and issued to Global Traveler Organization SP.

The Policy is a Non-Renewable One Year Term Policy.
### Highlights of the Coverage and Services offered by StudentResources (SPC) Ltd., a UnitedHealth Group Company

<table>
<thead>
<tr>
<th></th>
<th>Preferred Providers</th>
<th>Out-of-Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Plan Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan Deductible</strong></td>
<td>$0</td>
<td>$150 For Each Injury or Sickness</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$6,350 Per Insured Person, Per Policy Year</td>
<td>There is no Out-of-Pocket Maximum for Out-of-Network benefits.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% of Preferred Allowance for Covered Medical Expenses</td>
<td>70% of Usual and Customary Charges for Covered Medical Expenses</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>No Benefits</td>
<td>70% of Usual and Customary Charges up to a 31 day supply per prescription (The Policy Deductible does not apply)</td>
</tr>
<tr>
<td><strong>Preventive Care Services</strong></td>
<td>100% of Preferred Allowance</td>
<td>No Benefits</td>
</tr>
<tr>
<td><strong>The following services have per Service Copays/Deductibles</strong></td>
<td>Physician’s Visits: $25 Medical Emergency: $100</td>
<td>Physician’s Visits: $25 Medical Emergency: $100</td>
</tr>
<tr>
<td><strong>Pediatric Dental and Vision Benefits</strong></td>
<td>Refer to the plan brochure for details (age limits apply).</td>
<td></td>
</tr>
<tr>
<td><strong>UnitedHealthcare Global: Global Emergency Services</strong></td>
<td>International Students are covered worldwide except in their home country.</td>
<td></td>
</tr>
</tbody>
</table>

**Preferred Providers**

The Preferred Provider Network for this plan is UnitedHealthcare Options PPO. Preferred Providers can be found using the following link: [www.psiservice.com](http://www.psiservice.com).

**Online Services**

Insureds have online access to their claims status, EOBs, ID Cards, network providers, correspondence and coverage account information by logging in to My Account at [www.psiservice.com](http://www.psiservice.com). To create an online account, select the “My Account” 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 download our UHCSR Mobile App available on Google Play and Apple’s App Store.
Healthiest You: National Telehealth Service
Starting on the effective date of your policy, you have 24/7 access to medical advice through HealthiestYou, a national telehealth service. By calling the toll-free number listed on the front of your medical ID card or visiting www.psiservice.com, you have access to board-certified physicians via phone and/or video, where permitted. This service is especially helpful for minor illnesses, such as allergies, sore throat, earache, pink eye, etc. Based on the condition being treated, the doctor can also prescribe certain medications, saving you a trip to the doctor’s office. Using HealthiestYou can save you money and time, while avoiding costly trips to a doctor’s office, urgent care facility, or emergency room. As an insured with Student Resources (SPC) Ltd., A UnitedHealth Group Company, there is no consultation fee for this service.* Every call with a HealthiestYou doctor is covered 100% during your policy period.

This service is meant to compliment your Student Health Center. If possible, we encourage you to visit your SHC first before using this service. Depending on your school’s set-up, your call may be routed to the Student Health Center during their business hours for further assistance.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Not available in Arkansas; limited services in California, Idaho, Iowa, Louisiana, and Texas.

*If you are an Insured under this insurance Plan, and you call prior to the plan effective date, you will be charged a $40 service fee before being connected to a board-certified physician.

Student Assistance
Insureds have immediate access to the Student Assistance Program, a service that coordinates care using a network of resources. Services available include counseling, financial and legal advice, as well as mediation. Counseling services are offered by Licensed Clinicians who can provide insureds with someone to talk to when everyday issues become overwhelming. Financial services, provided by licensed CPA’s and Certified Financial Planners offer consultations on issues such as financial planning, credit and collection issues, home buying and renting and more. Legal Services are provided by fully credentialed attorneys with at least 5 years of experience practicing law. Mediation services are available to help resolve family-related disputes. Translation services are available in over 170 languages for most services. Insureds also have access to LiveAndWorkWell.com where they can take health risk assessments, use health estimators to calculate things like their target heart rate and BMI, and participate in personalized self-help programs. More information about these services is available by logging into My Account at www.psiservice.com.

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. Acne;
2. Acupuncture;
3. Allergy, including allergy testing;
4. Assistant Surgeon Fees;
5. Milieu therapy, learning disabilities, behavioral problems, parent-child problems, conceptual handicap, developmental delay or disorder or mental retardation;
6. Injections;
7. Cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under this policy or for newborn children;
8. Custodial Care; care provided in: rest homes, health resorts, homes for the aged, halfway houses, college infirmaries or places mainly for domiciliary or Custodial Care; extended care in treatment or substance abuse facilities for domiciliary or Custodial Care;
9. Dental treatment, except for accidental Injury to Sound, Natural Teeth;
10. Elective Surgery or Elective Treatment;
11. 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;
12. Health spa or similar facilities; strengthening programs;
13. Hearing examinations; hearing aids; or cochlear implants; or 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;
14. 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;
15. Injury or Sickness for which benefits are paid or payable under any Workers’ Compensation or Occupational Disease Law or Act, or similar legislation;
16. Injury or Sickness inside the Insured’s home country;
17. Injury or Sickness outside the United States and its possessions, Canada or Mexico, except when traveling for academic study abroad programs, pleasure or to or from the Insured’s home country;
18. Injury or Sickness when claims payment and/or coverage is prohibited by applicable law;
19. Injury sustained while (a) participating in any 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;
20. Investigational services;
21. Prescription Drugs, services or supplies as follows;
   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 cosmetic purposes;
   e) Drugs used to treat or cure baldness; anabolic
      steroids used for body building;
   f) Anorectics - drugs used for the purpose of weight
      control;
   g) Fertility agents or sexual enhancement drugs, such
      as Parlodel, Pergonal, Clomid, Profasi, Metrodin,
      Serophene, or Viagra;
   h) Growth hormones; or
   i) Refills in excess of the number specified or
      dispensed after one (1) year of date of the
      prescription.
22. 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;
23. Research or examinations relating to research studies,
    or any treatment for which the patient or the patient’s
    representative must sign an informed consent
    document identifying the treatment in which the patient
    is to participate as a research study or clinical research
    study, except as specifically provided in the policy;
24. Routine Newborn Infant Care, well-baby nursery and
    related Physician charges; in excess of 48 hours for
    vaginal delivery or 96 hours for cesarean delivery;
25. 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;
26. Services provided normally without charge by the
    Health Service of the institution attended by the Insured;
    or services covered or provided by a student health fee;
27. Temporomandibular joint dysfunction; deviated nasal
    septum, including submucous resection and/or other
    surgical correction thereof; nasal and sinus surgery,
    except for treatment of a covered Injury or treatment of
    chronic purulent sinusitis;
28. 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;
30. Sleep disorders;
31. Surgical breast reduction, breast augmentation, breast
    implants or breast prosthetic devices, or gynecomastia;
    except as specifically provided in the policy;
32. Travel in or upon, sitting in or upon, alighting to or from,
    or working on or around any motorcycle or recreational
    vehicle including but not limiting to: two- or three-
    wheeled motor vehicle; four-wheeled all-terrain vehicle
    (ATV); snowmobile;
33. Skiing; scuba diving;
34. Treatment in a Government hospital, unless there is a
    legal obligation for the Insured Person to pay for such
    treatment;
35. 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
36. Weight management, weight reduction, nutrition
    programs, treatment for obesity, surgery for removal of
    excess skin or fat, except as specifically provided in the
    policy.

NOTE: The information contained herein is a summary of certain benefits which are offered under a student health
insurance policy issued by Student Resources (SPC) Ltd., 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 Student Resources (SPC) Ltd., a
UnitedHealth Group Company 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.