



Insurance for Students



FutureHealth

IFS Secure Plus Plan

INTERNATIONAL STUDENT
HEALTH INSURANCE
SCHEDULE OF BENEFITS



Welcome! This is a short-term medical Plan intended to provide Accident and Illness coverage while you are temporarily away from your Home Country and studying abroad.

2021-2022 IFS Secure Plus Plan Rates

Age Band	\$100 Deductible/ ER \$100		\$250 Deductible/ ER \$100		\$400 Deductible/ ER \$100	
	Monthly Rate (30 Days)	Annual Rate	Monthly Rate (30 Days)	Annual Rate	Monthly Rate (30 Days)	Annual Rate
Student Age 12-24	\$ 108.00	\$ 1,311.00	\$ 99.00	\$ 1,198.00	\$ 85.00	\$ 1,026.00
Student Age 25-29	\$ 164.00	\$ 1,993.00	\$ 151.00	\$ 1,836.00	\$ 133.00	\$ 1,614.00
Student Age 30-64	\$ 471.00	\$ 5,727.00	\$ 438.00	\$ 5,329.00	\$ 364.00	\$ 4,421.00

- **Using an In-Network medical Provider in the U.S results in lower out-of-pocket costs to you.** See the section titled "Preferred Provider Network" for assistance with locating a Provider.
- **Pre-Authorization is a process for obtaining approval for specified non-emergency, medical procedures or treatments.** Failure to Pre-Authorize when required will result in a reduction in payment by the Insurer. See the section titled, "Pre-Authorization Requirements and Procedures" for more complete details.
- **Prescription Medication must be obtained from a CVS/Caremark pharmacy.** Present your Medical Identification card to the pharmacist and a discount will be applied. Payment is due at the time of purchase. Follow the claims filing procedures for reimbursement per the benefits shown under the Schedule of Benefits. See the section titled, "How to File a Claim" for instructions on reimbursement. A list of participating pharmacies can be viewed at www.gbg.com.
- **Hospital Emergency Rooms** should only be used in Medical Emergency situations. A Medical Emergency situation is where your life or health is in jeopardy. Using an emergency room is very expensive. If you are using an emergency room for convenience or for any reason other than a Medical Emergency, you will be responsible for a large portion of the payment.

How You Can Reach Us

Questions about Enrollment, ID Card, Waiver Assistance:

- 1-800-356-1235 or
- info@insuranceforstudents.com

To Enroll in this plan, please visit: www.InsuranceforStudents.com

Pre-Authorization, and Help Locating a Provider (24/7)

- Worldwide Collect +1.786.814.4125
- Inside USA/Canada Toll Free +1.866.914.5333

We look forward to providing you with this valuable insurance protection and outstanding service during your period of study.

SCHEDULE OF BENEFITS

The Schedule of Benefits is a summary outline of the benefits covered under this insurance Plan. The benefits are divided into three sections: Medical Expense Benefits, Non-Medical Expense Benefits, and Accidental Death & Dismemberment Benefits. Please read the Description of Benefits sections for full details. All benefits described are subject to the definitions, exclusions and provisions.

ELIGIBLE PERSONS

Eligible Person is an individual who meets all the requirements of one of the covered Classes shown below:

Class 1

A registered full time undergraduate or a graduate student attending classes who is a minimum age of 12 years and maximum of 64 years:

- Student must have a current passport and be travelling outside their Home Country; and
- Student must have a valid F, J, M, or Q visa. F1 visa holder on OPT are not eligible.

Class 2

- The spouse or domestic partner of a Class 1 Insured Person

Class 3

- The Dependent child(ren) of a Class 1 Insured Person

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are subject to the Insured Person's Deductible, Copayment, and Coinsurance amount. After satisfaction of the Deductible and applicable Copayments, the Insurer will pay eligible benefits set forth in this Schedule at the specified Plan Coinsurance and reimbursement level.

GENERAL FEATURES AND PLAN SPECIFICATIONS

U.S. Provider Network

United Healthcare

Area of Coverage

Worldwide Basis and Home Country

Home Country Coverage per Period of Insurance

\$1,000

Maximum Benefit Payable per Period of Insurance

Unlimited

Lifetime Maximum

Unlimited

Individual Deductible per Period of Insurance

- In-Network Provider **Option of \$100 /\$250 /\$400** per Insured Person, 2x Individual per family
- Out-of-Network Provider \$1,000 per Insured Person, 2x Individual per family

The Deductible for In-Network does not accrue towards the Out-of-Network Deductible.

COPAYMENTS

Copayments do not apply to the Deductible or the Out-of-Pocket Maximum. When a Copayment applies, the service is not subject to Deductible.

- **Student Health Center Copayment** \$0 per visit not subject to Deductible

- **Physician/Specialist Office Visit Copayment** \$25

- **Urgent Care Center Copayment** \$50

- **Emergency Room Copayment** \$100 per Occurrence
(waived if admitted)

- **Advanced Medical Imaging Copayment** \$250

Out-of-Pocket-Maximum per Period of Insurance

- In-Network \$7,500 per Insured Person
- Out-of-Network Unlimited per Insured Person

The Deductible does not apply to the Out-of-Pocket Maximum

Pre-Existing Condition Limitation

(12 months Lookback Period)

Student: Pre-Existing Conditions are covered without a Waiting Period.

Dependents: Pre-Existing Conditions are covered after a 24 months Waiting Period.

Note: All Deductibles and Copayments will be waived when treatment is rendered at the Student Health Center. Benefits will be paid at the In-Network Coinsurance percentage, subject to Usual, Customary and Reasonable charges.

COVERED SERVICES AND BENEFIT LEVELS

Subject to Deductible, Coinsurance, Copayment, and Maximum Benefit per Period of Insurance

WHAT THE INSURANCE PLAN COVERS

The following Coinsurance applies for In-Network Providers in the U.S. or for expenses incurred outside the U.S. (if available). Coinurance reduces to 70% UCR when Out-of-Network Providers in the U.S. are used.

HOSPITALIZATION AND INPATIENT BENEFITS

Accommodations including semi-private room 80% Preferred Allowance

Intensive Care/Cardiac Care 80% Preferred Allowance

Mental Health 80% Preferred Allowance

Inpatient Consultation/Visit by a Physician or Specialist 80% Preferred Allowance

Diagnostic Testing and Hospital Miscellaneous Expense 80% Preferred Allowance

HOSPITALIZATION AND INPATIENT BENEFITS (CONTINUED)

Pre-Admission Testing

80% Preferred Allowance

Extended Care/Skilled Nursing Facility/Inpatient Rehabilitation

- Maximum Benefit per Period of Insurance: 45 days
- Must be confined to facility immediately following a Hospital stay

80% Preferred Allowance

OUTPATIENT BENEFITS

Physician Visit or Consultation by Specialist

- Office visit Copayment applies
- Urgent Care Center Copayment applies

80% Preferred Allowance

Diagnostic Testing

- X-Ray and Laboratory

80% Preferred Allowance

Advanced Medical Imaging

- Magnetic Resonance Imaging (MRI)
- Computed tomography (CT)
- Positron Emission Tomography (PET)
- Other radiology imaging procedure
- Copayment applies

80% Preferred Allowance

Therapeutic Services, Physical Therapy, Chiropractic, Occupational Therapy, Vocational and Speech Therapy

- Maximum Benefit per covered Illness or Injury: 12 visits
- Office visit Copayment applies

80% Preferred Allowance

Mental Health

- Office visit Copayment applies

80% Preferred Allowance

SURGICAL BENEFITS (INPATIENT/OUTPATIENT)

Inpatient, Outpatient or Ambulatory Surgery Includes:

- Surgeon's Fees
- Out of network Assistant Surgeon or Anesthesiologist (up to 25% of Usual, Customary & Reasonable for surgery)
- Facility fees
- Laboratory tests
- Medications and dressings
- Other medical services and supplies

80% Preferred Allowance

Reconstructive Surgery

- Reconstructive surgery is required as a result of Medically Necessary, non-cosmetic medical condition, to restore or improve function

80% Preferred Allowance

EMERGENCY BENEFITS

Emergency Room and Medical Services

- Copayment waived, if admitted
 - Non-emergency use of the emergency room is Not Covered
- 80% Preferred Allowance

Ambulance Services

- Emergency local ground ambulance
- 80% Preferred Allowance

Emergency Dental

- Limited to accidental Injury of sound natural teeth sustained while covered
 - Maximum Benefit per Period of Insurance: \$1,000, up to \$250 per tooth
- 80% Preferred Allowance

Palliative Dental Care

- Sudden onset of pain
 - Maximum Benefit per Period of Insurance: \$600
- 80% Preferred Allowance

MATERNITY CARE

Normal delivery or Medically Necessary C-Section, pre-natal, post-natal care, and Complications of Pregnancy

80% Preferred Allowance

Elective Abortion

- Maximum Benefit per Period of Insurance: \$750
- 80% Preferred Allowance

OTHER BENEFITS (INPATIENT/OUTPATIENT)

Preventive Care and Annual Exams

- Newborn to 12 months: 9 visit maximum
 - Child/Adult: Annual exams, immunizations
 - In-Network or Student Health Center only
- 100% Preferred Allowance
(Student Health Center payable at UCR)

Homeopathic Care and Acupuncture

- Maximum Benefit per Period of Insurance: \$500
- 80% Preferred Allowance

Cancer Care and Oncology

80% Preferred Allowance

Home Health Care

80% Preferred Allowance

Hospice Care

- Inpatient Maximum Benefit per Period of Insurance: 45 Days
 - Outpatient Maximum Benefit per Period of Insurance: \$5,000
- 80% Preferred Allowance

Diabetic Medical Supplies

- Includes Insulin Pumps and associated supplies
 - Maximum Benefit per Period of Insurance: \$10,000
- 80% UCR

Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV+), AIDS Related Complex (ARC), Sexually transmitted diseases and all related conditions

80% Preferred Allowance

OTHER BENEFITS (INPATIENT/OUTPATIENT) (CONTINUED)

Durable Medical Equipment

- Reimbursement of rental up to the purchase price 80% UCR
- Maximum Benefit per Period of Insurance: \$5,000

Alcohol and Substance Abuse

- Rehabilitative treatment only 80% Preferred Allowance

Prescription Medications

- Up to 31-day supply per prescription \$20 Copayment per prescription for Tier 1
- Includes contraceptives \$40 Copayment per prescription for Tier 2
- CVS/Caremark network pharmacy is required \$60 Copayment per prescription for Tier 3

Motor Vehicle Accident

- Injuries caused by Accident 80% Preferred Allowance
- Office visit Copayment applies

Sports and Other Activities

- Injuries arising from Intramural and Club sports 80% Preferred Allowance

Passive War and Terrorism

Included

NON-MEDICAL EXPENSE BENEFITS

Non-Medical Expense Benefits do not accumulate towards the Medical Expense Maximum Benefit payable per Period of Insurance or toward the Lifetime Maximum.

ADDITIONAL BENEFITS

Compassionate Care Visit

- Maximum Benefit per Period of Insurance: \$1,000 80%

Medical Evacuation and Repatriation

100%

Return of Mortal Remains

100%

ACCIDENTAL DEATH AND DISMEMBERMENT

Principal Sum for Primary Insured Person

\$5,000

Time Period for Loss

90 days from the date of the covered Accident

Loss of:

Benefit: Percentage of Principal Sum

Accidental Death

100%

Loss of Both Hands or Feet, or Loss of Entire Sight of Both Eyes

100%

Loss of One Hand and One Foot

100%

Loss of One Hand or Foot and Entire Sight of One Eye

100%

Loss of One Hand or Foot

50%

Loss of Sight of One Eye

50%



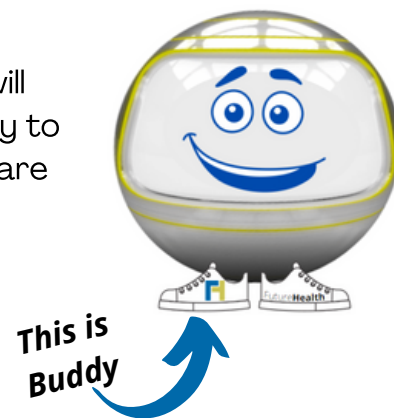
A Student Assistance Program



Hotline # 833-445-5058

- ▶ 24/7/365 Confidential and free hotline for any issue, mental health or otherwise
- ▶ Free access to online health and wellness education and documentaries
- ▶ Hotline and website available in multiple languages
- ▶ \$50 gift cards given out to top website users every quarter
- ▶ Up to 3 face-to-face mental health visits paid for when referred by hotline
- ▶ Your buddy will email you daily to see how you are doing

EASY to register! Visit
www.MyFutureHealth.com



Have A Question? Contact Us At:



413-858-2610



Q@fhsmail.com

DIALCARE

PHYSICIAN ACCESS

DialCare Physician Access is a modern, easy-to-use telemedicine solution for non-emergency illnesses and general care. Members have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing students convenient access to quality care while studying and traveling in the U.S. When medically appropriate, a DialCare doctor may prescribe a short term, non-DEA controlled medication that they can pick up at the pharmacy of their choice.

**Members can
conveniently
connect with a
doctor with no
consult fee.**

**Disclosure: THIS PLAN IS NOT INSURANCE and
is not intended to replace health insurance.**



When to use DialCare Physician Access:

- ☒ For non-emergency medical issues and questions
- ☒ During or after normal business hours, nights, weekends and holidays
- ☒ If member lives a significant distance from a primary care doctor
- ☒ When a primary care doctor is not available
- ☒ When traveling and in need of non-urgent medical care or advice



What conditions can be treated?

- | | |
|--|--|
| ☒ Allergies | ☒ Cold & flu |
| ☒ Fever | ☒ Sore throat |
| ☒ Respiratory infections | ☒ Digestive issues |
| ☒ Asthma | ☒ Joint aches & pains |
| ☒ Gout | ☒ Sports injuries |
| ☒ Sinus infections | ☒ Ear infections |
| ☒ Bronchitis | ☒ Rashes |
| ☒ Insect bites | ☒ Urinary tract infections |
| ☒ Skin inflammations | ☒ And more! |

DialCare
PHYSICIAN ACCESS