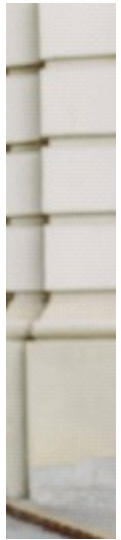




# 2024-2025 Student Health Insurance Plan: Hillsborough Community College



## Who can enroll?

All international students are required to enroll in the insurance on a mandatory basis.

The student (Named Insured, as defined in the 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.

## Coverage periods, plan cost and deadline dates

Rates - New Students	Annual 8-14-24 to 8-13-25	Fall 8-5-24 to 12-31-24	Spring/Summer 1-1-25 to 8-13-25	Summer 5-1-25 to 8-13-25
Student	\$2,016.00	\$822.00	\$1,243.00	\$580.00

Rates - Returning Students	Annual 8-14-24 to 8-13-25	Fall 8-14-24 to 12-31-24	Spring/Summer 1-1-25 to 8-13-25	Summer 5-1-25 to 8-13-25
Student	\$2,016.00	\$773.00	\$1,243.00	\$580.00

Rates are subject to regulatory approval and may change.  
23COL4751-203649-1

# Plan highlights

**Metallic Level:** Gold with actuarial value of 85.220%

Benefits	Preferred Providers	Out-of-Network Providers
<b>Overall Plan Maximum</b>	<b>There is no overall maximum dollar limit on the Policy</b>	
<b>Plan Deductible</b>	\$250 Per Insured Person, per Policy Year	\$1,000 Per Insured Person, per Policy Year
<b>Out-of-Pocket Maximum</b> <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>	\$6,350 Per Insured Person, Per Policy Year	\$12,700 Per Insured Person, Per Policy Year
<b>Coinsurance</b> <i>All benefits are subject to satisfaction of the Deductible, specific benefit limitations, maximums and Copays as described in the plan certificate.</i>	80% of Allowed Amount for Covered Medical Expenses	60% of Allowed Amount for Covered Medical Expenses
<b>Prescription Drugs</b> <i>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>	\$25 Copay for Tier 1 \$50 Copay for Tier 2 \$75 Copay for Tier 3 Up to a 31-day supply per prescription filled at a UnitedHealthcare Pharmacy (UHCP) Retail Network Pharmacy not subject to Policy Deductible	\$50 Copay per prescription generic drug \$75 Copay per prescription brand-name drug 100% of billed charge up to a 30-day supply per prescription not subject to Deductible
<b>Preventive Care Services</b> <i>Including but not limited to: annual physicals, GYN exams, routine screenings and immunizations. No Deductible, Copays, or Coinsurance will be applied when the services are received from a Preferred Provider. Please visit <a href="http://www.healthcare.gov/preventive-care-benefits/">www.healthcare.gov/preventive-care-benefits/</a> for a complete list of the services provided for specific age and risk groups.</i>	100% of Allowed Amount	Allowed Amount after Deductible
<b>The following services have per service copays</b> <i>This list is not all inclusive. Please read the plan certificate for complete listing of copays.</i>	Physician's Visits: \$25 Copay per visit not subject to Deductible Medical Emergency: \$250 after Deductible The Copay will be waived if admitted.	Medical Emergency: \$250 after Deductible The Copay will be waived if admitted

Contact Customer Service at **1-800-767-0700**  
or at [customerservice@uhcsr.com](mailto:customerservice@uhcsr.com)

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